

Bone mineral density (BMD) in women with Turner syndrome (TS) from the DSD-LIFE cohort, an epidemiological study T8

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Aim

- Determine BMD in adult TS from DSD life from paediatric cohort,
- Analyze various factors related to the trabecular (lumbar spine = LS) and cortical bone (femoral neck = FN) mineralization

Materials and Methods

Cross-sectional clinical outcome study
BMD of the LS and FN expressed in g/cm²; in women's T scores.
Osteoporosis if T score < -2.5 and Osteopenia between -1 and -2.5 Tscore

Results

113 patients with TS
Germany n: 34, Netherlands n:41,
Poland n:3 France n:39
8.3% patients had History of fracture
10.9% of the cohort presented osteoporosis

Means

Age: 30.15 ± 11.1 yrs.
Height : 152.4 ± 6.9 cm,
Gynaecological Age: 14.7 ± 10 yrs
Weight : 59.1 ± 13.6 kg
BMI : 25.5 ± 5.6 kg/m²

The median for BMD

FN : 0.84g/cm² (IQR 0.75 ; 0.92 g/cm²) -T score: -0.7 SD (IQR -1.5 ; -0.2 SD)
LS : 1.0 g/cm² (IQR 0.93 ; 1.09g/cm²) - T score : -0.6 SD (IQR -1.4 ; -0.1 SD)

Comparison tests of means versus theoretical average = 0 (Student's t-tests): the average of the score differs significantly from 0 ($p <0.001$)

No Difference bewteen

Karyotype
Monosomy ,n:58
NoMonosomy,n:59

Puberty
Spontaneous, n: 26
Induction, n:55

Declared treatment
contraceptive pill, n:48
HRT , n: 50

Physical Activity
Sedentary, n:20
Intermedary,n:36
Sporty, n:30

BMD with Age

Lumbar Spine

Femoral Neck

$r=-0.2181$, $p=0.0450$

Stratification on Age

FN

$p=0.0004$

n: 84 < 40yrs> n:22

Stratification on Height



n: 36 <150 cm> n: 67

Conclusion The data of this study report a positive efficiency of estrogenic substitution on bone in TS adult and highlights the need to encourage hormonal treatment compliance for those patients

Ref Quality of health care in adolescents and adults with disorders/differences of sex development (DSD) in six European countries (dsd-LIFE). Thyen U, Ittermann T, & al Koehler B; dsd-LIFE group. BMC Health Serv Res. 2018 Jul 5;18(1):527.

