Patients with Floating-Harbor syndrome have broad spectrum of clinical presentation, but most of them have short stature, low birth weight, delayed bone age, delayed speech development, typical craniofacial features, anomaly of fingers and toes, cryptorchidism in males, renal anomalies, strabismus. It is a rare disorder—about 50 cases in literature.

Clinical phenotype
- some typical craniofacial features, like triangular face, short philtrum, wide mouth with a thin vermillion border of the upper lip, low-set ears, long nose
- strabismus, defect of vision; brachydactyly, clinodactyly, broad finger tips
- short stature
- low body mass
- speech development delay especially in verbal communication, but his speech understanding and general development is in quite good level
- testis 2ml in scrotum, G1, P1, Ax1, Tanner 1
- kidney defect not found

Thyroid function
- Euthyroidism TSH 1,1uU/ml; FT4 15,6 pmol/l
- thyroid antibodies were negative
- Thyroid USG — normal echogenicity and echostructure; bilaterally focal lesion up to 3.7x5,5x3,2mm and 4,9x5,2x2,6mm; total volume 1,43ml.

Other laboratory tests
- Creatinine, ALT, morphology, CK, Na, K, Ca, Pi, Mg in normal range.
- 25OHD below lower limit despite suplementation

HbA1c and antibodies
- HbA1c in normal range 5%
- TGA IgA negative; antibodies GAD, IA2, ZnT8 negative

OGTT – glucose, insulin
Fasting glucose 55mg%; 87ng% in 120’ of OGTT.
Fasting insulin <1.6 uU/ml; 3,3uU/ml in 120’ of OGTT.
After OGTT urine test revealed massive glucosuria

Lipids
Elevated total cholesterol: 231 mg/dl;
LDL-cholesterol: 131mg/dl;
Trigliceries 77mg/dl;
HDL 85mg/dl.

Growth hormone therapy
rGH treatment was started for SGA patient one month ago.

Conclusions
- The patient with Floating-Harbor syndrome didn’t revealed endocrinopaties, but SGA, short stature, bone age delay and glucosuria