Background
Precocious puberty associated with profound hypothyroidism is a rare condition. It is usually characterized by breast development, vaginal bleeding, and lack of pubic hair. Multi cystic ovaries in profound hypothyroidism patients with precocious puberty have been rarely described.

Objective
To report a case of Precocious puberty and primary hypothyroidism in a 6 years and 10 months girl with pituitary macro adenoma and dextral ovarian cyst.

Case Presentation Summary
A 6 year and 10 month old girl was referred to Wahidin Hospital with precocious puberty. The girl was admitted with vaginal bleeding as the main complaint. Vaginal bleeding occurred since 6 months before with 3-4 days cycle. Breast enlargement and hairy axillary since a year before. Her mother had menarche at 14 years old. There was consanguinity of her both parents. On physical examination: pigmented hairy axillary, breast budding, no pubic hair. Body weight 20 kg, height 108 cm. Genetic height potential 142.5 cm - 159.5 cm (CDC NCHS 2000). Laboratory: hemoglobin 8.4 g/dL, perif blood smear dismorphic anemia from Fe deficiency with differential diagnosis chronic illness. Low LH but FSH and estradiol elevated. Low FT4 (0.22 ng/dL), T3 (total) (<0.4 ng/mL) and T4 (total) (1.24 µg/dL) with high TSHS (2.738 µU/mL) and prolactin (255.3 bg/mL). Tumor marker : AFP, CEA and Beta HCG normal with light elevation in Ca-125. MSCT abdominal scan ovarial cystic. Bone age for left hand appropriate with 6 years and 10 months girl. Head CT scan suggestive pituitary macro adenoma, bilateral fronto temporal hypoplasia. This patient treated with levothyroxine 100 mcg/24 hour oral, which result in tumor reduction.

Discussion
Precocious puberty associated with profound hypothyroidism is a rare condition and can be treated with levothyroxine which can give tumor reduction and stop bleeding.

Key words: Precocious puberty, hypothyroidism, pituitary macro adenoma, levothyroxine

References: