

# 3-years Height Outcome during rh-Growth Hormone Therapy in Subjects with Achondroplasia and Hypochondroplasia

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**Background.** Achondroplasia (ACH) and hypochondroplasia (HCH) are the most common forms of chondrodysplasia. ACH is characterized by rhizomelic short stature, macrocephaly and lumbar lordosis. Because HCH is clinically milder, HCH is often goes unrecognized in childhood but is diagnosed in adult life when disproportionate short stature becomes obvious.

**Objectives.** Although episodic reports showed the recombinant human growth hormone (rhGH) treatment may improve short-term height (Ht) in HCH or ACH subjects, poor data were available for long-term outcome.

**Method.** After thorough search of pertinent English-language literature, meta-analysis evaluation of the efficacy of 3-yr rhGH treatment in patients with HCH or ACH were performed.

**Conclusions.** *The rhGH treatment progressively improved Ht outcome of short children with ACH and HCH though with minor catch-up growth. Future studies using carefully titrated rhGH protocols are need to optimize treatment protocols.*

**Results.** In total ACH patients (n=498), mean Ht at rhGH therapy start was subnormal [Ht  $-5.069$  SDS (95%CI  $-5.109$  to  $-5.029$ )] in all the studies. For ACH subjects, Ht progressively improved during 12 months of rhGH treatment with low catch-up growth [n=494; Ht  $-4.325$  SDS (95%CI  $-4.363$  to  $-4.287$ );  $P<0.0001$ ]. Then, Ht trend of ACH subjects appeared constant until 36-months [n=60;  $-4.124$  SDS (95%CI  $-4.190$  to  $-4.059$ )]. From baseline [n=494; SHtR  $-4.325$  SDS (95%CI  $-4.363$  to  $-4.287$ );  $P<0.0001$ ], Sitting Ht Ratio (SHtR) was clinically unchanged in ACH subjects after 2-yr [n=45; SHtR 64.637% (95%CI 59.931 to 69.344);  $P<0.0001$ ]. In HCH sample [n=74, pre-treated Ht  $-3.071$  SDS (95%CI  $-3.779$  to  $-2.362$ )], rhGH therapy progressively produced similar catch-up growth of ACH group at 12 months [n=74;  $-2.654$  SDS (95%CI  $-3.043$  to  $-2.264$ );  $P<0.0001$ ]: Then, rhGH-induced Ht was progressively improved until 36 months [n=22;  $-2.493$  SDS (95%CI  $-2.870$  to  $-2.116$ );  $P<0.0001$ ].