

DELAYED PUBERTY IN GIRL : CLINICAL AND ETIOLOGIC STUDY

INTRODUCTION

Delayed puberty in girls is evoked at the absence of breast development after the age of 13 years. It is relatively rare and must contrary to the boy look for an organic cause.

. OBJECTIVE: :Search the frequency and etiology of delayed puberty in girls

METHOD

This is a retrospective study of patients consulting for delayed puberty and collected in 5 years. The of patients was compared to the number of delayed puberty observed in boys. All patients underwent a complete clinical examination, a gonadal balance (FSH, LH, E2) and a radiological assessment (wrist and the left hand X-ray , pelvic ultrasound) . A complementary paraclinical exploration was carried out depending on the etiological context (karyotype, ovarian or adrenal androgens exploration , hypophysioigramm , MRI HH) . All patients were followed and reassessed every six months

RESULTS

60 cases have been reported vs 110 in boys. The average age in the consultation was 15.8 years (14- 20) . Etiological exploration revealed an organic cause in 2/3 of cases: Turner syndrome 35%, Idiopathic hypogonadotropic hypogonadism 15%, Kalmann syndrome 10% , autoimmune oophoritis 3% hypogonadotropic hypogonadism post radiotherapy 3%, PCOS 2%
In 32% of cases, it was a simple delayed puberty.

DISCUSSION

Delayed puberty in girls is defined by a lack of breast development before the age of 13. It is more rarer in girls. But , it is often organic. The main difficulty is to distinguish a simple delayed puberty of a true hypogonadism. Indeed, the difficulty is whether it is necessary to start treatment or wait for the occurrence of spontaneous puberty. The causes can be divided schematically simple delayed puberty, functional hypogonadism, hypogonadotropic hypogonadism and the hypogonadotrophic hypogonadism. The diagnosis of delayed puberty remains a diagnosis of exclusion.. Etiological exploration must be considered because the patient may have a serious organic lesion . ..pecific treatment should be undertaken where possible; Delayed puberty may regress or persist then and requires (if no contraindication) replacement therapy

Conclusion

In agreement with the literature, delayed puberty in girls is twice less than boys. It is usually organic, and must be explored early. In all cases, early and prolonged management is essential to ensure optimal growth and pubertal development and normal reproductive function