



Dopamine Beta-Hydroxylase Deficiency Leading to Growth Hormone Deficiency

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BACKGROUND

- Dopamine beta-hydroxylase (DBH) deficiency is characterized by lack of sympathetic noradrenergic function.
- Affected individuals exhibit profound deficits in autonomic regulation of cardiovascular function.
- DBH deficiency is a congenital disorder; however, the diagnosis is not generally recognized until late childhood.
- In this report, we present a case with DBH deficiency leading to growth hormone deficiency.

CASE

- A ten year old girl who has been taking growth hormone therapy was referred with a history of sudden onset malaise and somnolence.
- Her body weight and height were 19 kg (-2.4 SD) and 115 cm (-2.3 SD), respectively.
- Physical examination findings were unremarkable except for irregular heartbeat and blood pressure, somnolence, and weak deep tendon reflexes.
- Ophthalmoscopic eye and cardiovascular examinations were normal.
- Laboratory studies revealed abnormal levels of serum catecholamins and their urine metabolites.
- Serum;
 - Epinephrine 11.1 pg/ml (N: 4-83)
 - Norepinephrine 78.1 pg/ml (N: 80-498)
 - Dopamine 52.9 pg/ml (<30)
- Urine;
 - Metanephrine 47 µg/day (N: 26-230)
 - Normetanephrine 40.8 µg/day (N: 44-540)
- Other laboratory and radiological studies were unremarkable.
- Oral administration of 50 mg Droxidopa, twice daily, increased blood pressure and reversed all symptoms.

CONCLUSION

- This patient with growth hormone deficiency is the first case associated with DBH deficiency.
- Norepinephrine is a major regulator of the release of growth hormone.
- Low norepinephrine synthesis inhibits growth hormone secretion.
- DBH deficiency should keep in mind in case of irregular heartbeat and blood pressure together with growth hormone deficiency.