One year use of Anastrazole improves the Predicted Adult Height of male adolescents with and without associated GH therapy



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INTRODUCTION



D Estrogen is an essential regulator of bone maturation,

growth plate fusion, and cessation of longitudinal growth.

 Aromatase inhibitors (AI) block the conversion of androgens
 to estrogens, and can be used to delay bone maturation in males.

We sought to determine whether the blockage of estrogen
 biosynthesis due to the use of the AI Anastrazole increases
 the Predicted Adult Height (PAH) in boys with short stature
 with and without associated Growth Hormone (GH) therapy.

□ The results are summarized in Table 01 and Figure 01.

Table 01 – Comparison between TH, Basal PAH and PAH after 1 year of 1 mg/day oral Anastrazole use.

Group	TH (cm)	Basal PAH (cm)	PAH (cm)	<i>p</i> *	PAH - TH	PAH -Basal
						PAH
"ØGH"	173.7 ± 4.39	170.62 ± 3.9	176.8 ± 3.89	0.003	+3,1	+ 6,2
"GH"	171.48 ± 4.48	168.77 ± 4.1	175.11 ± 4.46	<0.001	+3,6	+ 6,3
Total	172.28 ± 4.50	169.43 ± 4.06	175.71 ± 4.27	<0.001	+3,4	+ 6,3

TH = Target Height; PAH = Predicted Adult Height; "φGH" = Group that did not receive Growth Hormone; "GH" = Group that received Growth Hormone.



PATIENTS & METHODS

- 28 boys with short PAH used oral Anastrazole 1mg/day for one year.
- 18 received GH therapy for GH deficiency or Intrauterine
 Growth Retardation ("GH" group).
- 10 were diagnosed with Idiopatic Short Stature and did not receive GH ("ØGH" group).
- □ PAH was calculated based on Bayley/Pinneau formula.
- Clinical parameters were assessed every 3 months, Hormonal data were collected twice a year.

□ Statistic Analisys: CI 95%, significance level ($p \le 0.05$)

One year use of Anatrazole in boys with short PAH can improve the PAH in "GH" and "ØGH" groups. The complete follow up until adulthood will determine if this increase in PAH will reflect in better final adult height.

RESULTS

□ The medium age at the beginning of treatment was 13,6 years.

We observed no major side effects.

After one year of Anastrazole use we observed statistically significant increases in PAH, compared to TH and basal PAH in both group.

The authors have no conflict of interest

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