

# Long-term follow-up in a Chinese child with congenital lipoid adrenal hyperplasia due to a *StAR* gene mutation

Xiu Zhao, Zhe Su\*, Xia Liu, Jianming Song, Yungen Gan, Pengqiang Wen, Shoulin Li, Li Wang, Lili Pan

Shenzhen Children's Hospital, Shenzhen, China

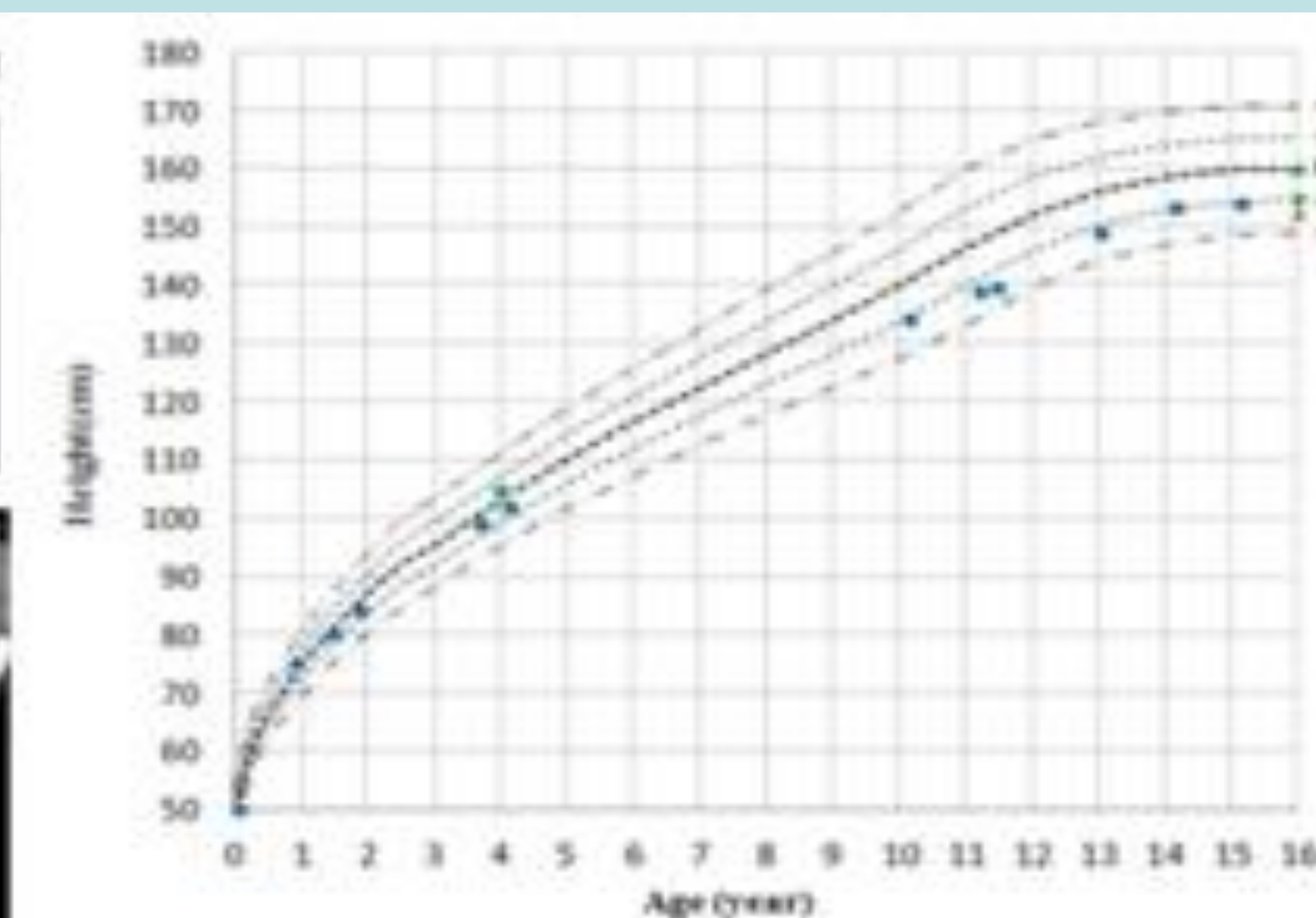
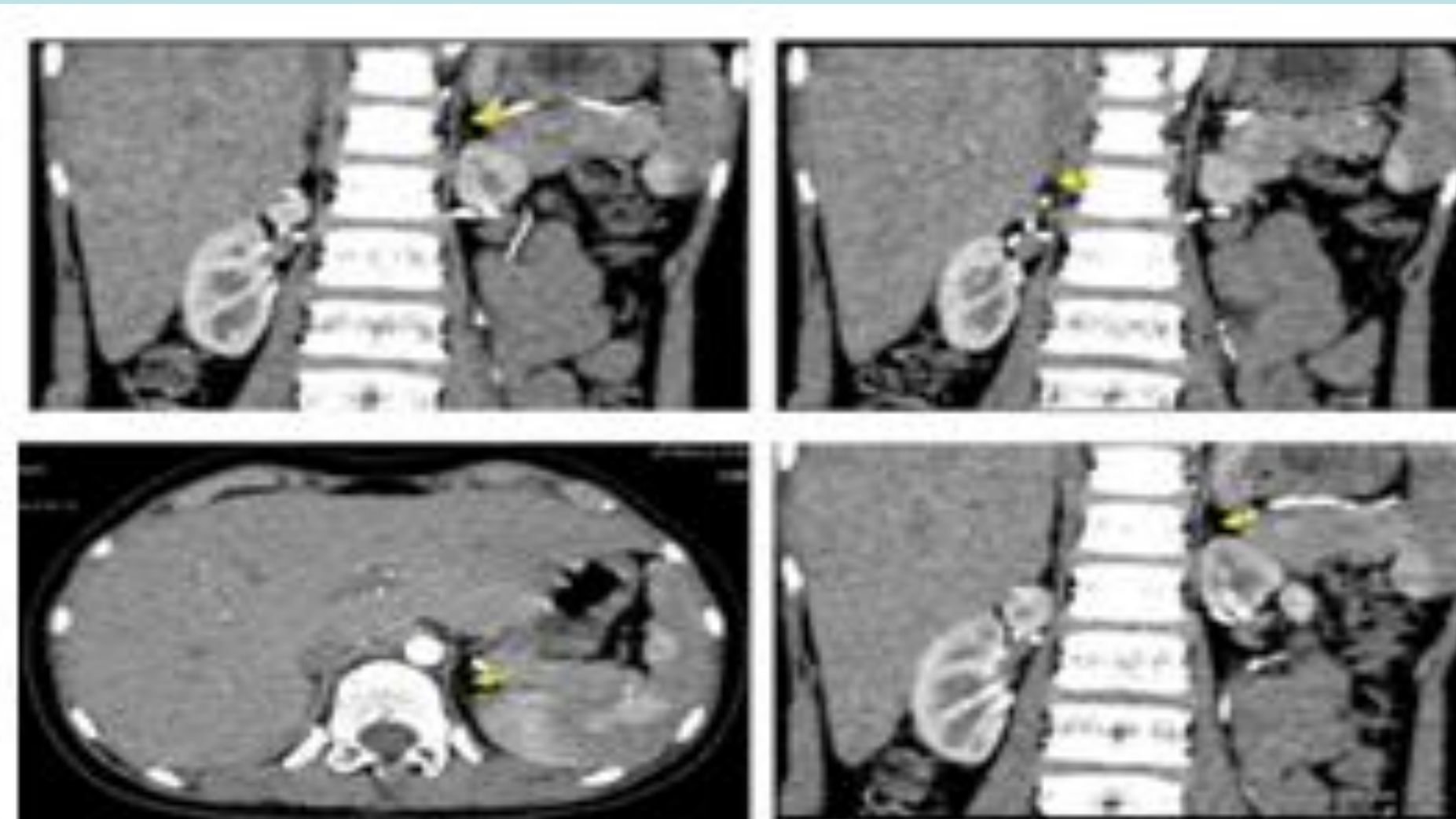
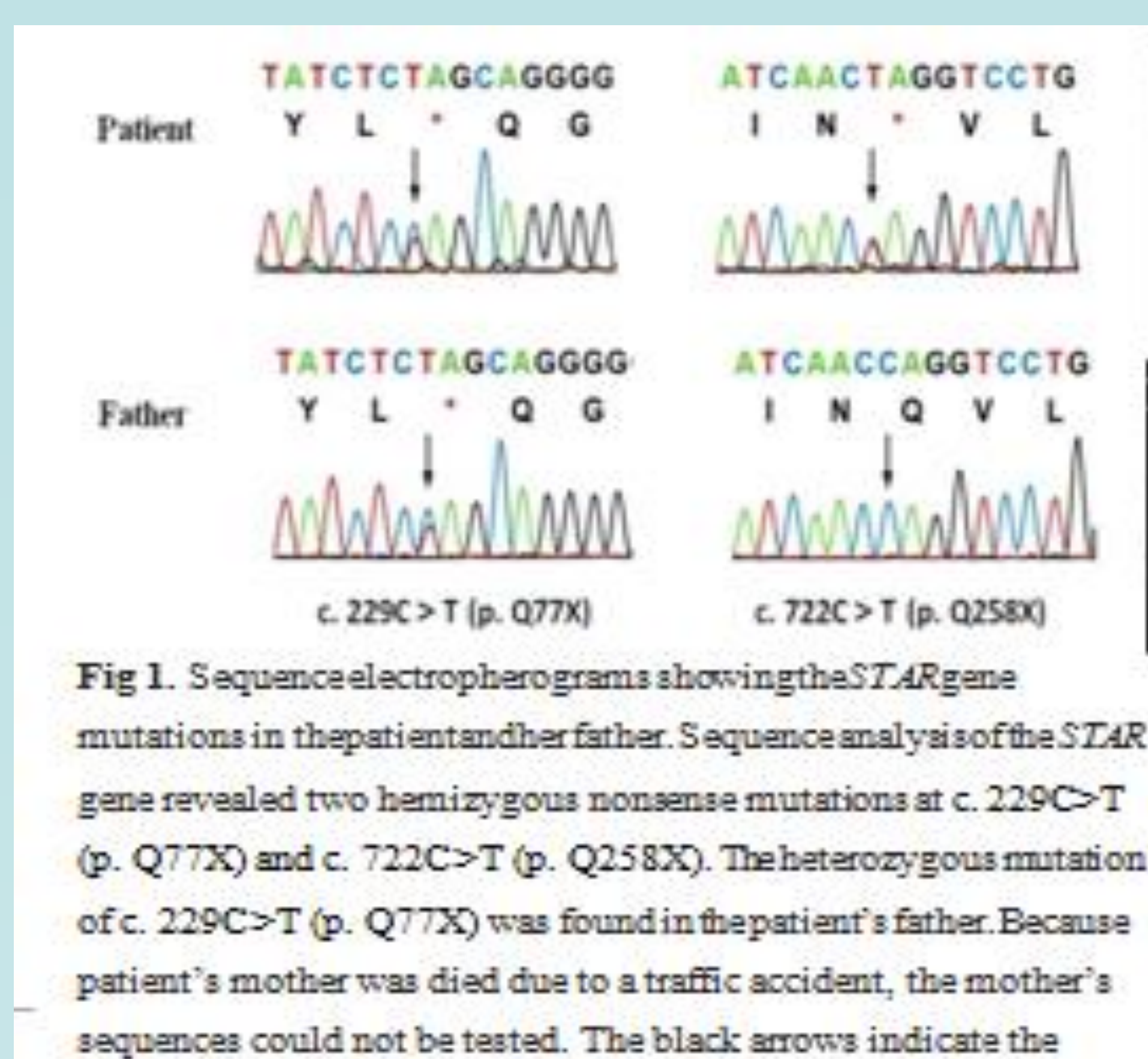
## Objectives:

To show some special character and Long-term follow-up in a Chinese child with congenital lipoid adrenal hyperplasia due to a *StAR* gene mutation

## Methods:

We report a case of CLAH caused by mutations in the steroidogenic acute regulatory protein (*StAR*) gene.

## Results:



The patient had typical early-onset adrenal crisis at 2 months of age. She had normal-appearing female genitalia and a karyotype of 46, XY. The serum cortisol and adrenal steroids levels were always nearly undetectable, but the adrenocorticotropic hormone levels were extremely high. Genetic analysis revealed compound heterozygous mutations at c. 229C>T (p.Q77X) in exon 3 and c. 722C>T (p.Q258X) in exon 7 of the *StAR* gene. The former mutation was previously detected in only two other Chinese CLAH patients. Both mutations cause truncation of the *StAR* protein. The case reported here seemed to be a classic instance of CLAH with very small adrenal glands and is thus far the second reported CLAH case with small adrenal glands. In a 15-year follow-up, her height was approximately average for females before age 4 and fell to -1 SDS at 10 years of age. Her bone age was similar to her chronological age from age 4 to age 15.

## Conclusions:

In conclusion, this is a classic case of CLAH with exceptionally small adrenal glands. Q77X mutation seems to be more common in the Chinese CLAHs. Additionally, this is the first report of the growth pattern of CLAH after a 15-year follow-up.

## References:

1. Hauffa BP, Miller WL, Grumbach MM, Conte FA, Kaplan SL: Congenital adrenal hyperplasia due to deficient cholesterol side-chain cleavage activity (20, 22-desmolase) in a patient treated for 18 years. *Clin Endocrinol (Oxf)* 1985, 23:481-493.
2. Kaur J, Casas L, Bose HS: Lipoid congenital adrenal hyperplasia due to *STAR* mutations in a Caucasian patient. *Endocrinol Diabetes Metab Case Rep* 2016, 2016:150119.
3. Bizzarri C, Pisaneschi E, Mucciolo M, Pedicelli S, Galeazzi D, Novelli A, Cappa M: Lipoid congenital adrenal hyperplasia by steroidogenic acute regulatory protein (*STAR*) gene mutation in an Italian infant: an uncommon cause of adrenal insufficiency. *Ital J Pediatr* 2017, 43:57.
4. Katsumata N, Tanae A, Shinagawa T, Nagashima-Miyokawa A, Shimizu M, Yasunaga T, Tanaka T, Hibi I: Homozygous Q258X mutation in the steroidogenic acute regulatory gene in a Japanese patient with congenital lipoid adrenal hyperplasia. *Endocr J* 1997, 44:441-446.
5. Kang E, Kim YM, Kim GH, Lee BH, Yoo HW, Choi JH: Mutation Spectrum of *STAR* and a Founder Effect of the p.Q258\* in Korean Patients with Congenital Lipoid Adrenal Hyperplasia. *Mol Med* 2017, 23.
6. Kim JM, Choi JH, Lee JH, Kim GH, Lee BH, Kim HS, Shin JH, Shin CH, Kim CJ, Yu J, et al: High allele frequency of the p.Q258X mutation and identification of a novel mis-splicing mutation in the *STAR* gene in Korean patients with congenital lipoid adrenal hyperplasia. *Eur J Endocrinol* 2011, 165:771-778.

