

Long-term outcome in young women treated for Central Precocious Puberty

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BACKGROUND & OBJECTIVE

GnRH-analogs (GnRHa) are the recommended treatment for Central Precocious Puberty (CPP).

Despite a spontaneous pubertal development is normally observed after treatment discontinuation, data on reproductive function and emotional sphere in young adulthood are still scanty.

We aimed to evaluate the long-term outcomes in terms of adult height, adiposity, reproductive and emotional function in young women with previous CPP treated with GnRHa.

PATIENTS and METHODS

- ❖ A cohort of 63 young women (25.5 ± 5.31 years) with history of CPP treated with GnRHa. All subjects received diagnosis of CPP at a mean age of 7.01 ± 1.35 years, and were treated for 2.02 ± 1.43 years. Mean chronological age and bone age (BA) at the end of treatment were 10.15 ± 0.87 and 12.1 ± 0.86 years, respectively. Menarche occurred 15.5 ± 9.59 months (range 2-43) after discontinuation of GnRHa treatment.
- ❖ All subjects underwent the following evaluations: gynecologic and menstrual cycle pattern history; anthropometric measurements and physical examination including signs of hyperandrogenism; pelvic US; Female Sexual Function Index (FSFI) questionnaire to investigate sexual and emotional sphere.

RESULTS

- ❖ Adult height (AH) (158.4 ± 6.3 cm) was within the genetic target (158.1 ± 4.7 cm) and significantly higher than predicted stature at diagnosis (155 ± 5.4 cm; $p=0.0001$) (**Figure 1**).
- ❖ Mean height gain ($+3.1$ cm) was negatively correlated with BA at the end of treatment ($r: -0.3684$; $p=0.0035$) and with uterine length at diagnosis ($r: -0.29$; $p=0.025$).
- ❖ Height gain was higher in patients treated under 6 years ($+4.3$ cm) compared to those treated between 6-8 years ($+2.0$ cm, $p<0.0001$).
- ❖ Overweight was detected in 36.5% of patients at diagnosis and increased up to 46% during treatment; however in adult age only 30.2% of subjects were overweight (**Figure 2**).
- ❖ Gynecologic history revealed that 34.1% had menstrual irregularities and 27.3% received diagnosis of PCOS (**Figure 3**).
- ❖ Assessment of emotional and sexual sphere revealed dyspareunia in 70%, difficulties in reaching orgasm in 60% of the patients.
- ❖ Only 10% of patients planned pregnancy (due to young age of most women) and none of them reported fertility problems.

Figure 1

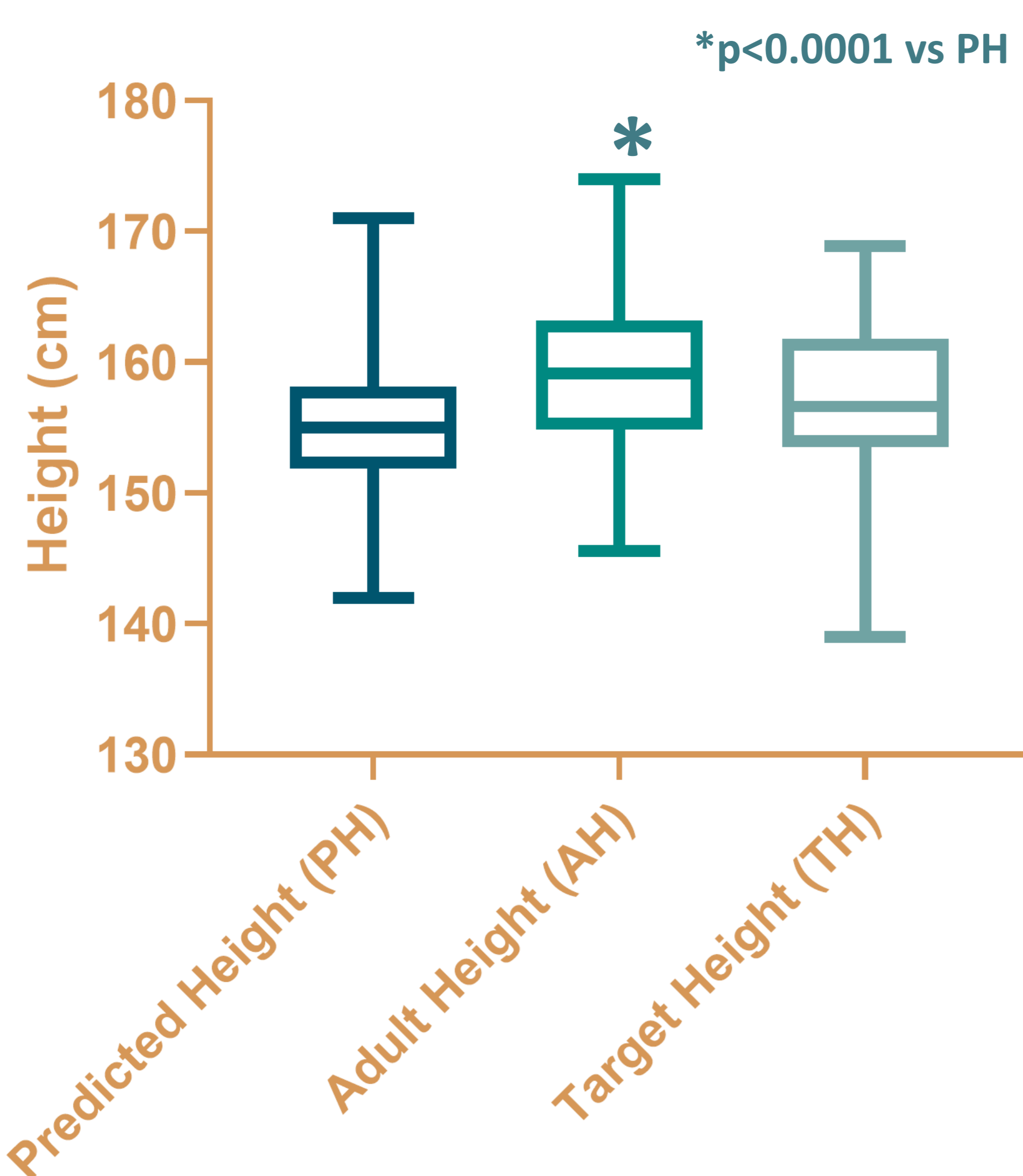


Figure 2

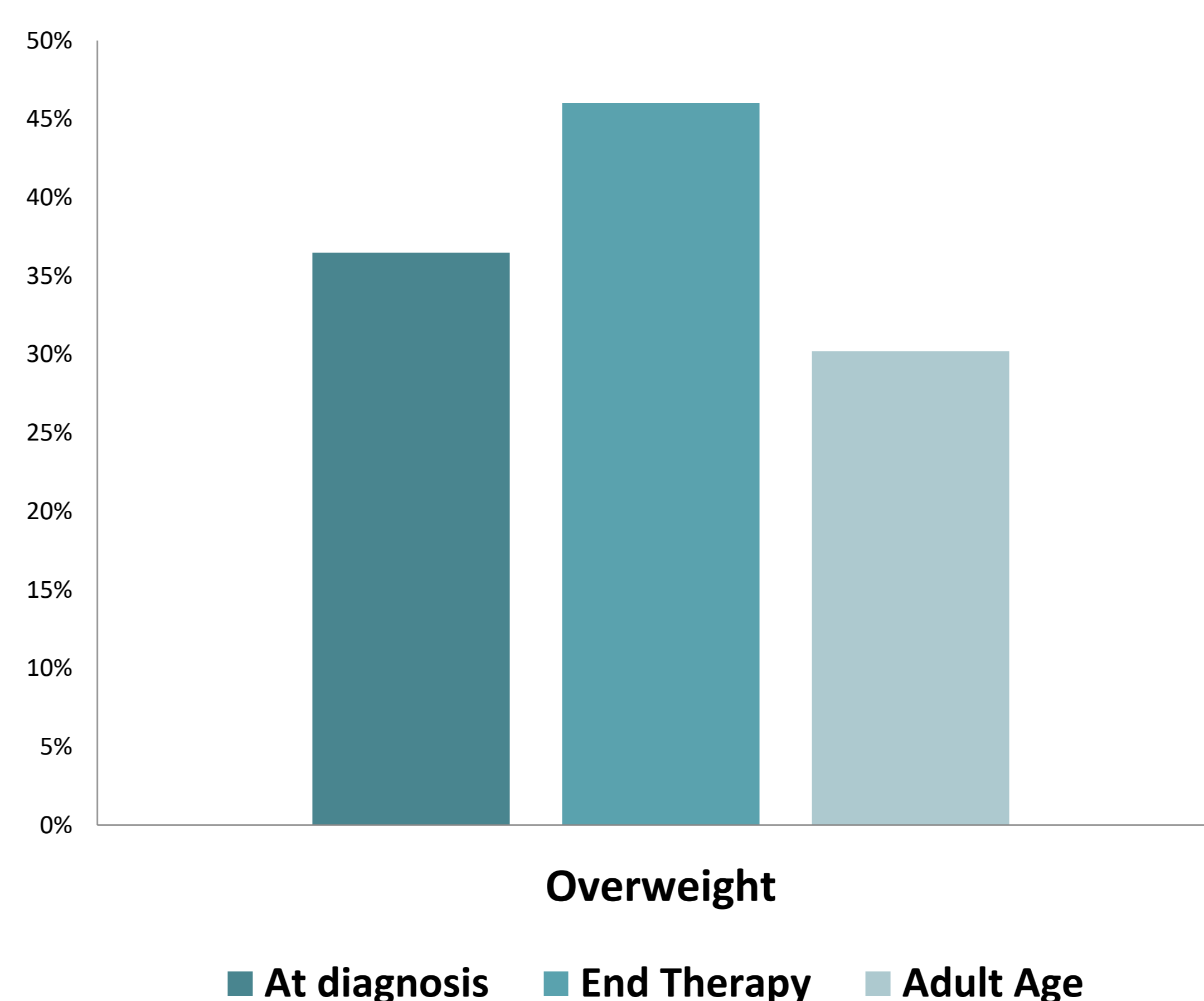
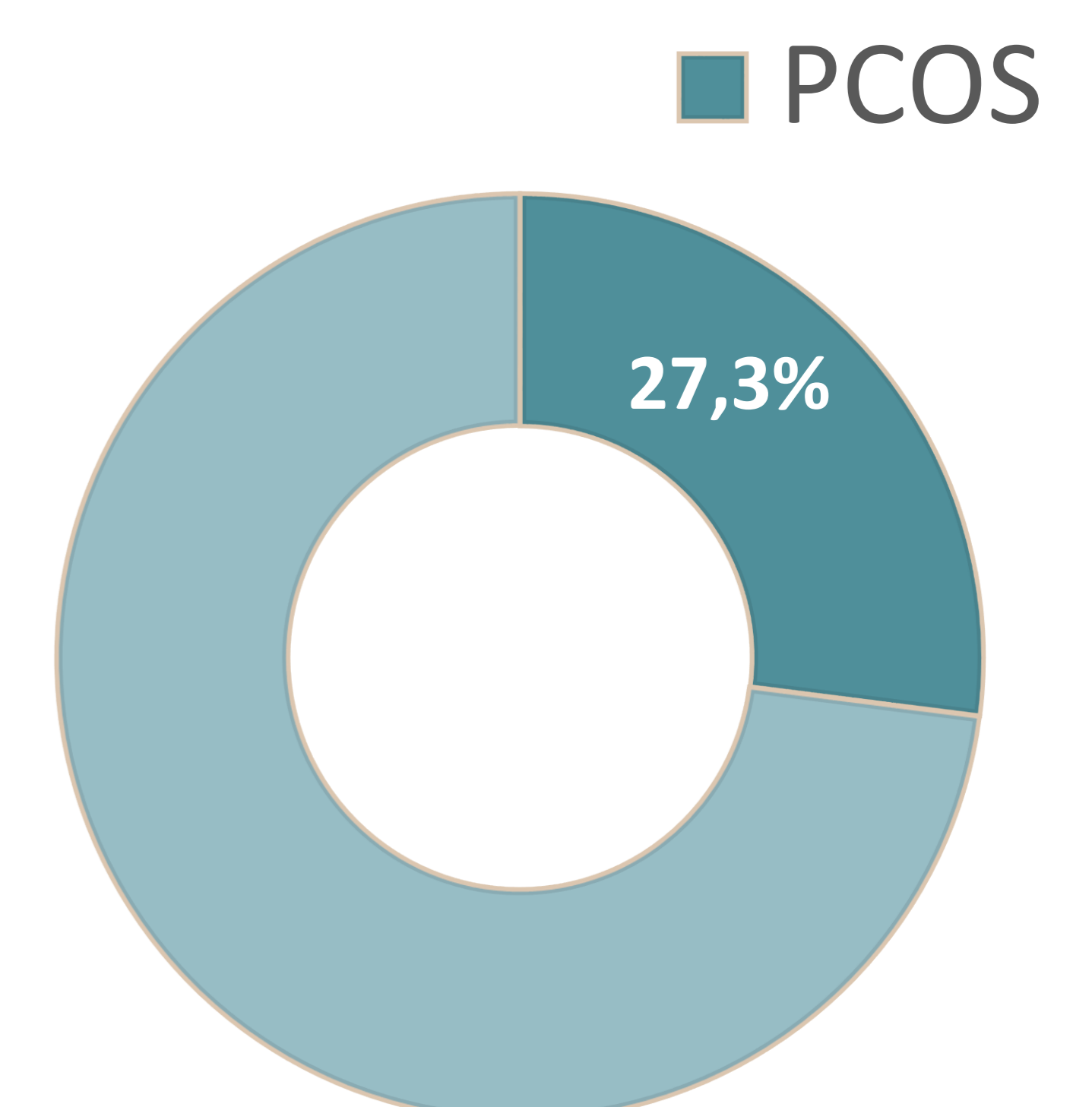


Figure 3



CONCLUSIONS

- ❖ The results of our study demonstrate that girls with CPP treated with GnRHa attain a normal AH, with a wider height gain in those patients who started treatment before the age of 6 years.
- ❖ Treatment with GnRHa is associated with an increase in BMI, but this effect seems to be transient, does not resulting in an increased risk of overweight/obesity in young adulthood.
- ❖ Young adults previously treated for CPP may have an increased prevalence of PCOS compared to general population, as well as problems in affective-sexual sphere. Whether these findings are related to GnRHa therapy or are intrinsic to CPP per se needs to be further elucidated.