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### BACKGROUND

The primary goal of GH treatment in GHD children and adolescents is to normalize height, in order to attain an adult height within the target height (TH) range

### AIM

To investigate height improvement in GHD paediatric patients treated with GH in our Country

### SUBJECTS

737 patients with isolated GHD (39.5% females)  
13 tertiary Centres for Paediatric Endocrine Care  
Near adult height (NAH): growth velocity (GV) < 2 cm/year

### INCLUSION CRITERIA

GHD defined as

1. serum GH below 10 ng/ml after two standard stimulation tests (20 ng/ml if GHRG + arginine test)

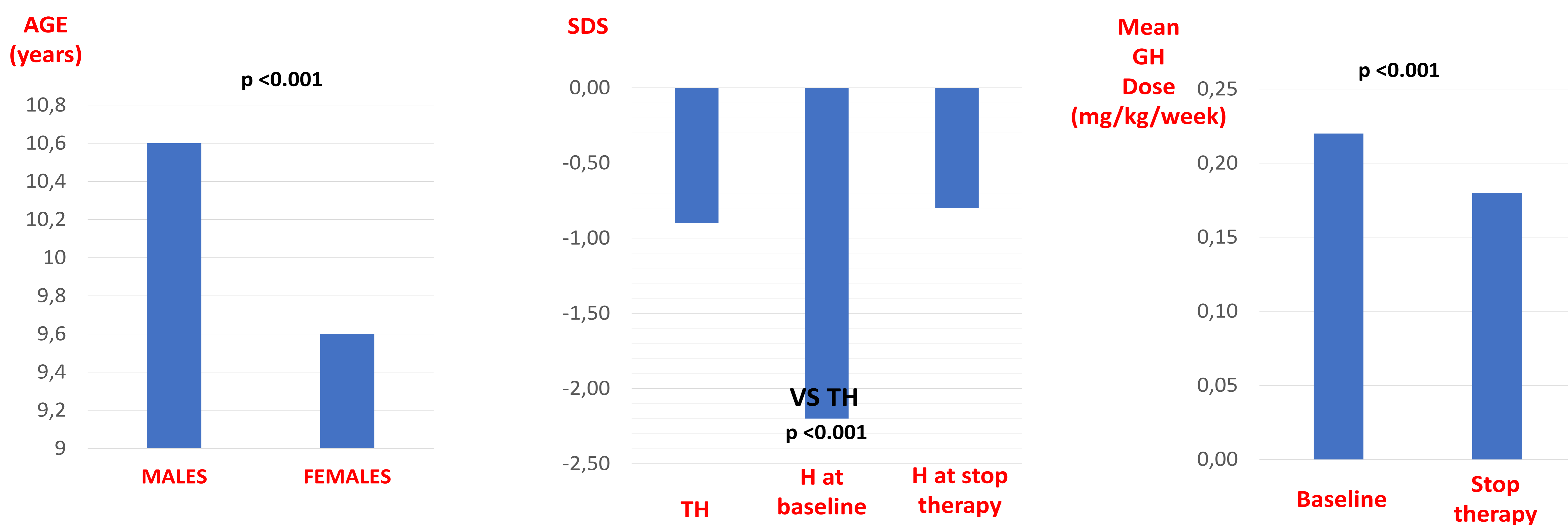
AND

2. a) height < -3 SDS OR  
b) height < -2 SDS and GV < -1 SDS OR  
c) height < -1.5 SDS than TH and GV < -2 SDS

### EXCLUSION CRITERIA

Any condition which could affect linear growth

### RESULTS 1



### RESULTS 2

NAH: significantly and positively correlated with TH, baseline height and height at puberty onset (p < 0.001 for each), but not with baseline age and GH dose

Regression analysis: baseline height and TH were the most important factors affecting NAH

### DISCUSSION

- Italian patients seem to be older than data from literature, but NAH is within the genetic growth potential
- Most of them could have a transient prepubertal GHD (priming with sexual steroids was never performed)
- The baseline GH dose seems similar to what reported in literature and decreased during the follow-up
- Patients recruitment and data collection about GH retesting, IGF1, and MRI findings are still ongoing