





HEIGHT IN INBORN ERRORS OF METABOLISM REQUIRING HYPOPROTIDIC DIET: A LONGITUDINAL FOLLOW UP STUDY ABOUT 213 PATIENTS

K. Busiah^{1,2}, C. Roda³, A. Brassier², C. Pontoizeau⁴, C. Ottolenghi⁴, M. Piketty⁵, A-S. Crosnier⁶, L. Perin⁶, Y. Le Bouc⁶, J-B Arnoux², I. Netchine⁶, P. de Lonlay².

- ¹ Pediatric endocrinology, diabetology and obesity unit; DFME, CHUV, Lausanne, Suisse
- ² Reference Center of Inherited Metabolic Diseases, Hospital Necker Enfants Malades, APHP, Imagine institute, Filière G2M, metabERN, INEM, University Paris Descartes, Paris, France
- ³Université Paris Descartes, Sorbonne Paris Cité, EA 4064, Epidémiologie environnementale, Paris, France
- ⁴Metabolic biochemistry, Hospital Necker Enfants Malades, APHP, Imagine institute, Filière G2M, metabERN, University Paris Descartes, Paris, France
- ⁵Service des Explorations Fonctionnelles, Hospital Necker Enfants Malades, APHP, Paris, France
- ⁶ Service des Explorations Fonctionnelles, Hospital Trousseau, APHP, Paris, France

Background

□ Intoxication-Type Inborn Errors of Metabolism

(IEM) are diseases that affect proteins catabolism.

☐ Treatment requires strict protein restrictive diet.

Aims of the study

To evaluate growth, pubertal status, and protein intake.

Mapple sirup disease:34, 16% Urea cycle disease: 77, 36% organic aciduria: 89, 42%

Figure 1: Diagnosis of IEM included

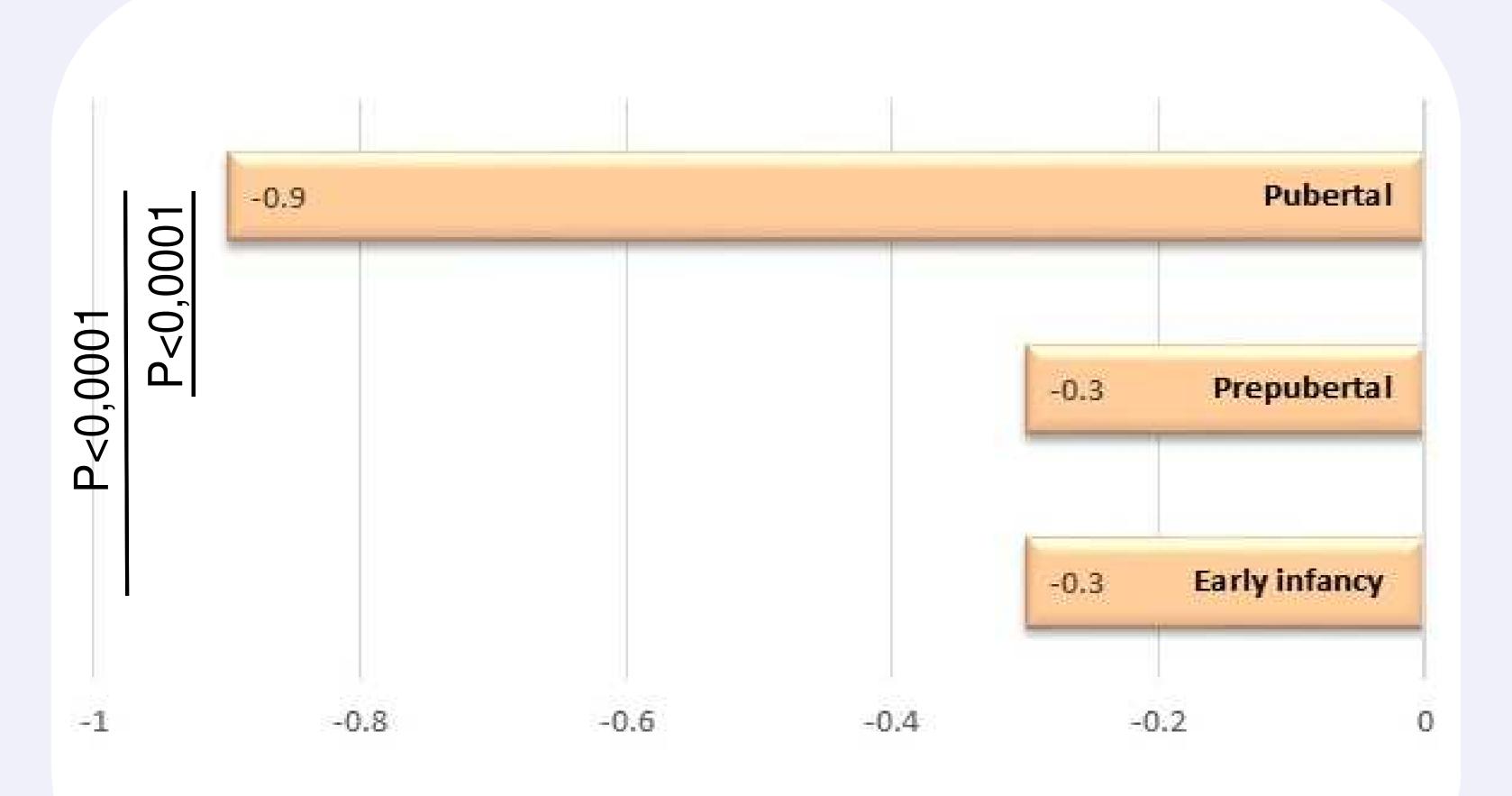


Figure 3: Height (SDs) according to age subgroups

Methods

- ☐ Longitudinal follow up cohort study
- ☐ 213 patients who required a hypoprotidic normocaloric diet since neonatal period or early infancy
- ☐ Height was recorded:
 - □ before 4 years (early infancy, n=189);
 - ☐ between 4 and 8 years for girls and 9 years for boys (prepuberty, n=168)
 - \square after 8/9 years (puberty, n=136).

Results

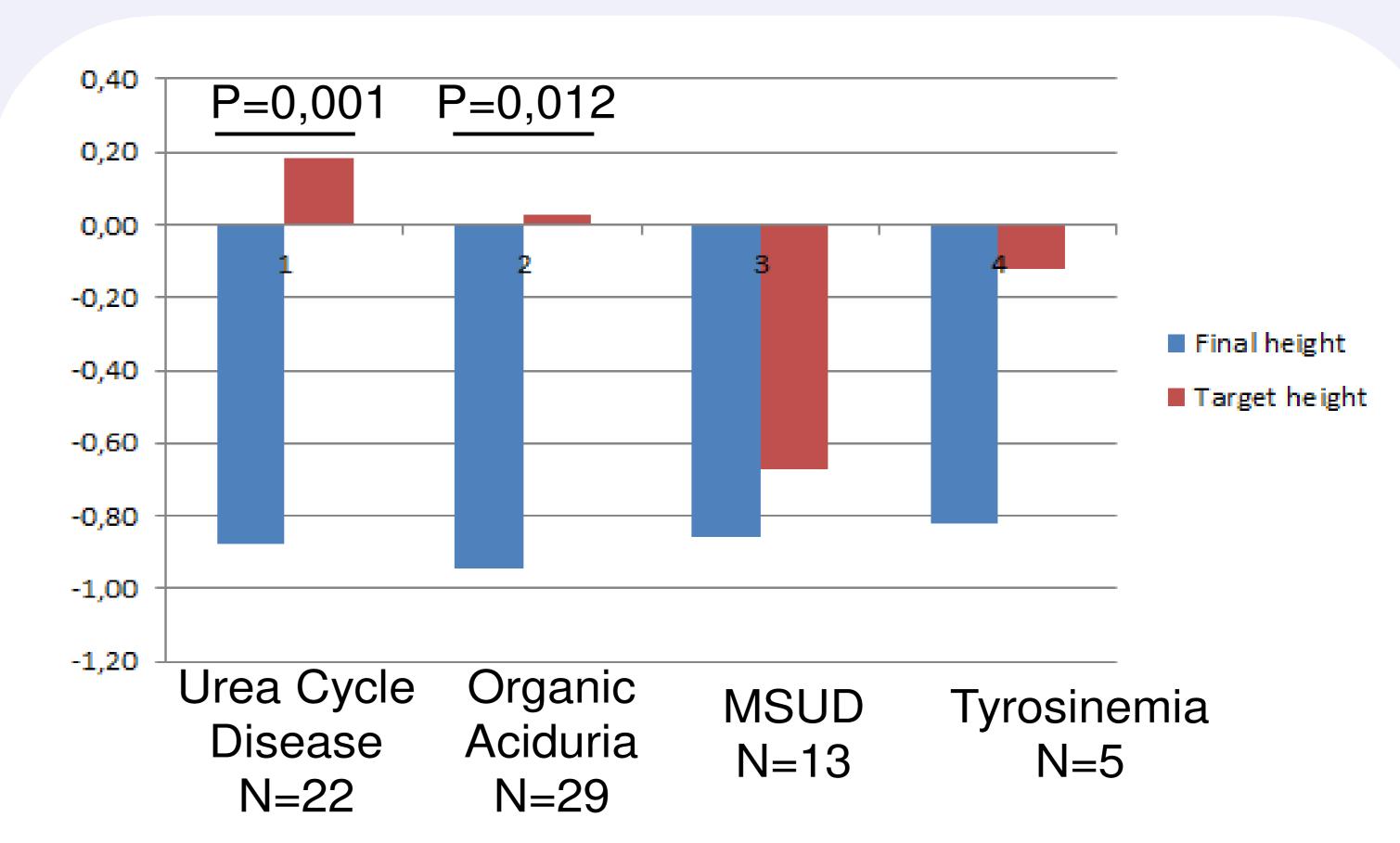


Figure 2: Final height (SDs) according to diagnosis

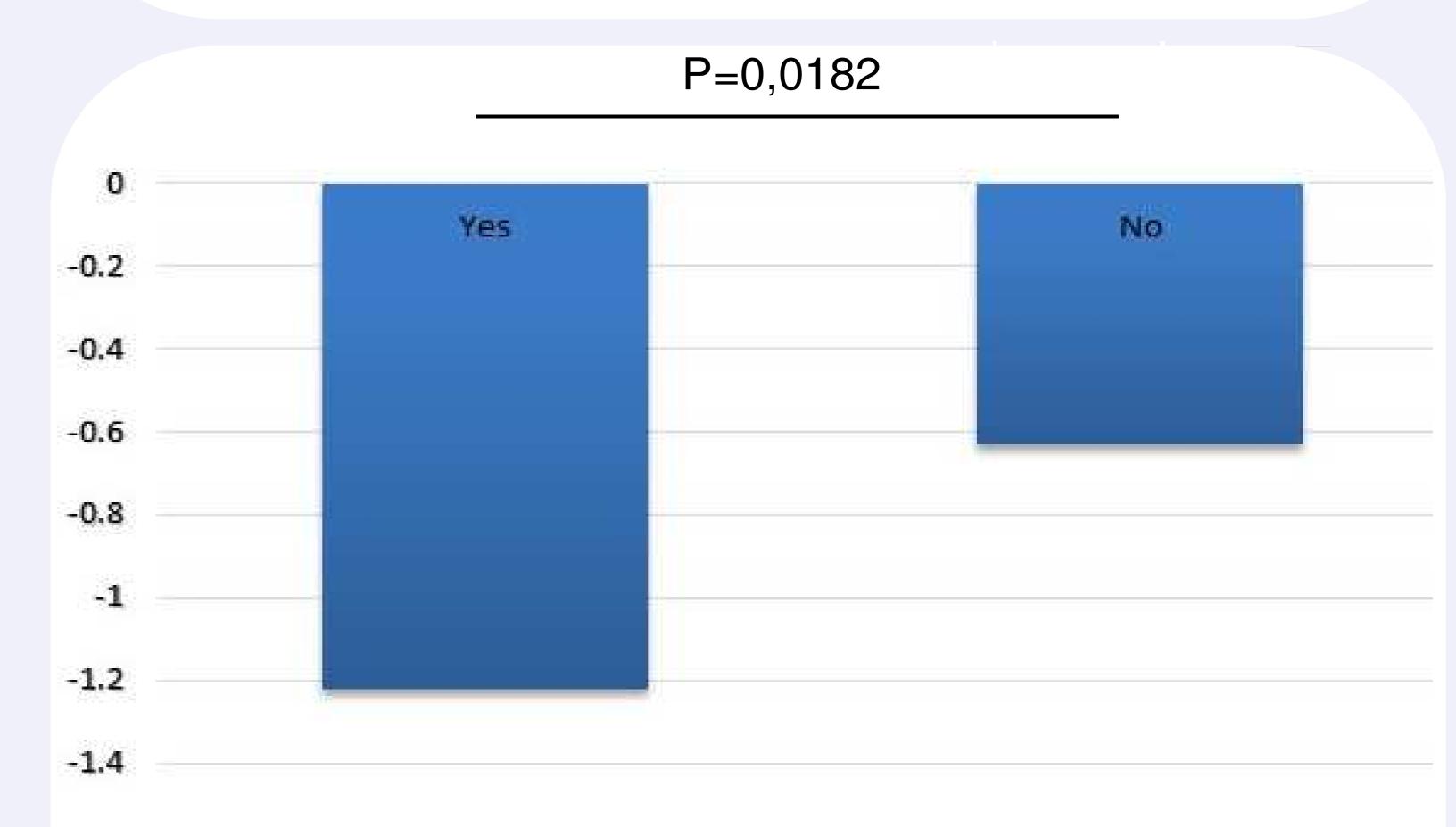


Figure 4: Height (SDs) in pubertal subgroup according to additional amino acid mixture

Conclusions

- ☐ In intoxication-type IEM with hypoprotidic diet, may be associated with impaired final height.
- ☐ Growth retardation is more frequent in the pubertal subgroup.
- ☐ In the pubertal subgroup, growth retardation is more frequent when patient receive amino acid mixture free of pathological precursor.







Poster presented at:



