# Persistent Elevation of Gonadotropins In A Girl with Aromatase Deficiency Despite Adequate Estradiol Supplementation-A Case for Reset Hypothalamic-Gonadal Axis



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### Background

Aromatase deficiency associated with atypical genitalia in infancy and delayed puberty later

Normalization of gonadotropin levels and pubertal development with estrogen replacement

## **Case Report**

A 16-year old girl with novel *CYP19A1* mutations, misdiagnosed as CAH, with persistently elevated gonadotropin levels despite adequate estrogen treatment

### **Clinical Details**

## Delayed Puberty at 13.5 y age

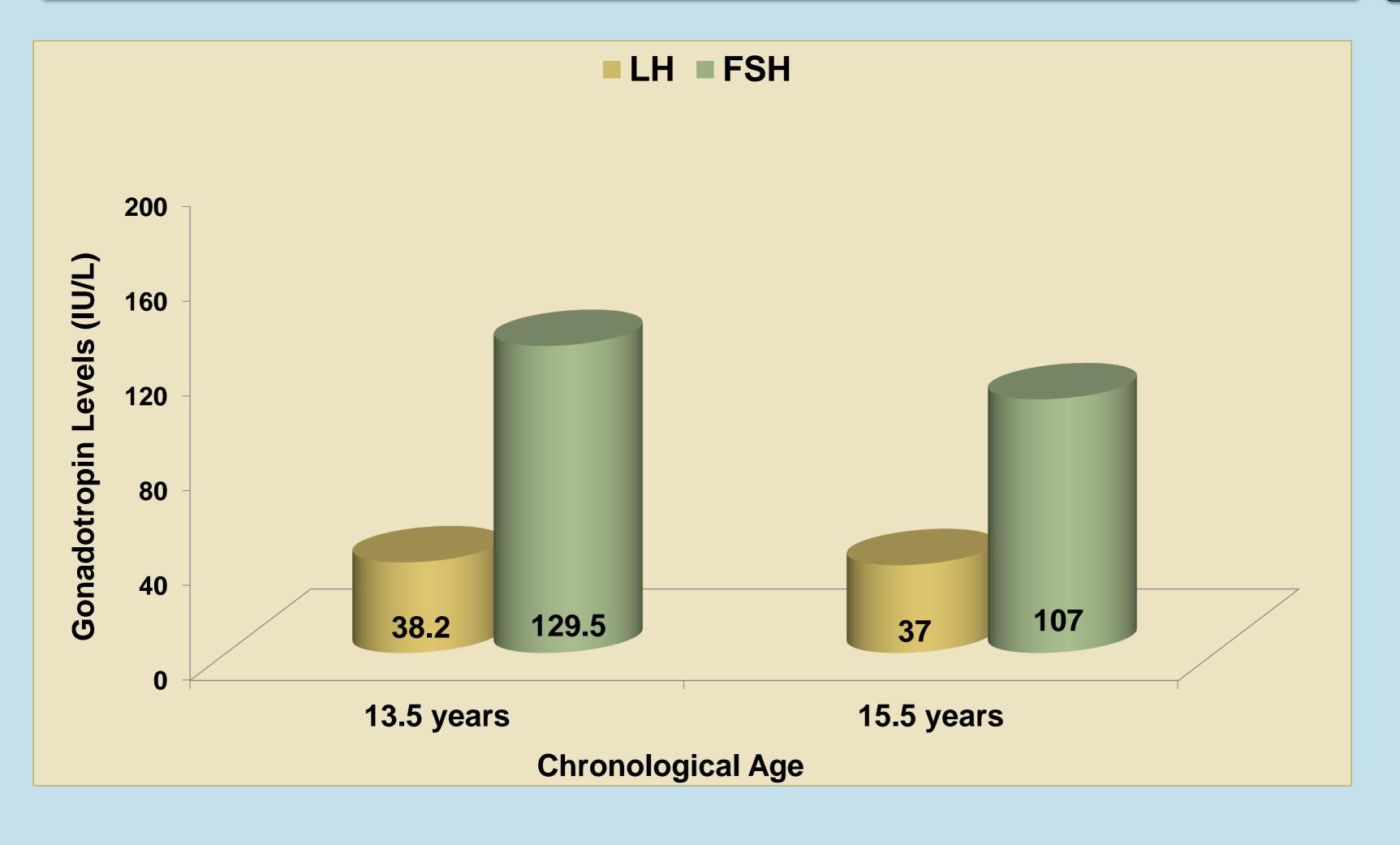
- Neonatal presentation- clitoromegaly, labial fusion
- No palpable gonads, Ultrasound showed uterus; 46 XX,
- Mildly elevated 170HP
- Diagnosed as 210HD; HC; Persistently low 170HP at low HC doses
- Gene study for 210HD normal; HC stopped at 11 years

#### On Evaluation

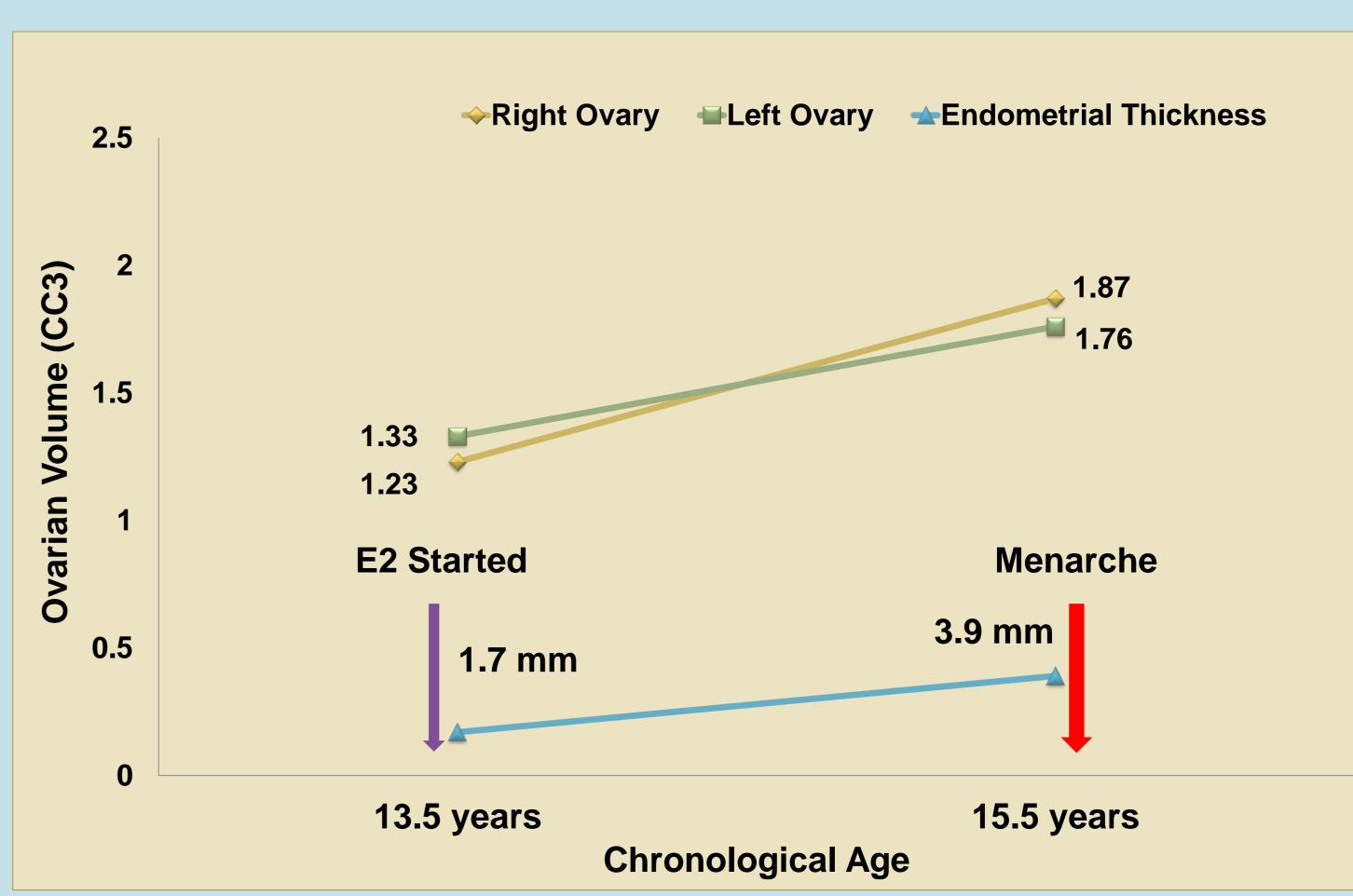
- Delayed Bone Age; Breast stage II, Pubic hair V
- Elevated gonadotropin levels; undetectable estrogen levels
- Perinatal history of maternal virilisation
- Genetic study two novel heterozygous mutations on exon 4 (p.Arg115Ter) and exon 5 (p.Tyr184Ter) of CYP19A1
- Estrogen Replacement Started

# Post Estrogen Replacement

# **Gonadotropin Levels**



# Ovarian Volumes and Endometrial Thickness



High Gonadotropins In Presence Of Adequate Pubertal Progress

**Ovarian Cysts Not Observed At Any Time Point** 

## Conclusion

- Novel heterozygous mutation in CYP19A1 identified
- Gonadotropin levels did not decrease with estrogen replacement
- Absence of ovarian cysts despite high FSH levels
- Indicates abnormal pituitary responsiveness to estradiol

## References

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- Janner M, Flück CE, Mullis PE. Impact of estrogen replacement throughout childhood on growth, pituitary-gonadal axis and bone in a 46,XX patient with CYP19A1 deficiency. Horm Res Paediatr. 2012;78(4):261-8





