

## Final and Near-final Adult Height and BMI after Long-term Growth Hormone Treatment in Patients with Turner Syndrome (TS)

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### Introduction

Short stature is the most common finding in patients with Turner syndrome. Improving the final adult height in these patients is a challenge both for the patients and physicians. In addition, children with Turner syndrome (TS) respond variably to GH therapy.

### Aim

We investigated the clinical response of patients with to growth hormone treatment for height improvement over the period of seven years

### Methodology

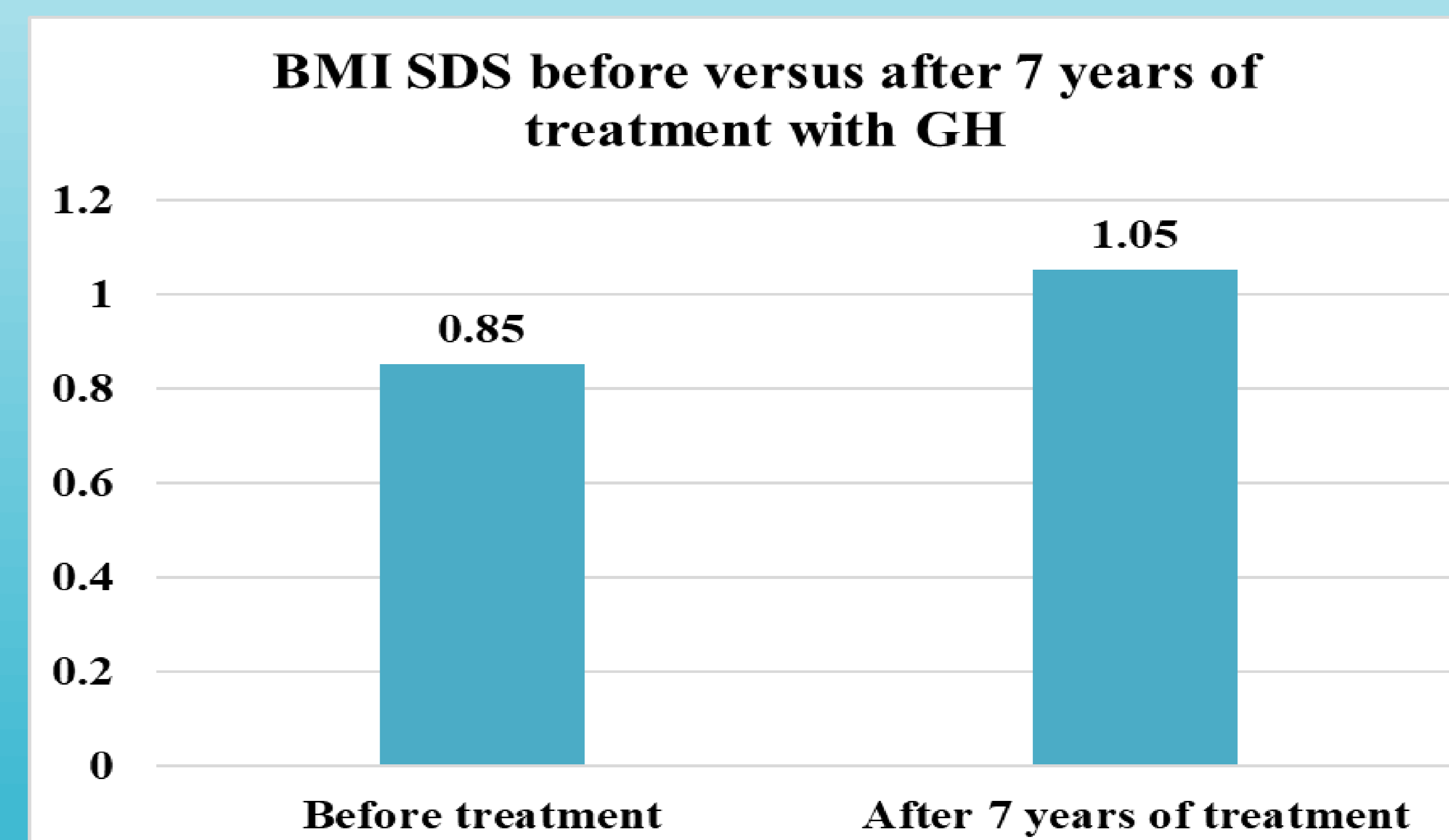
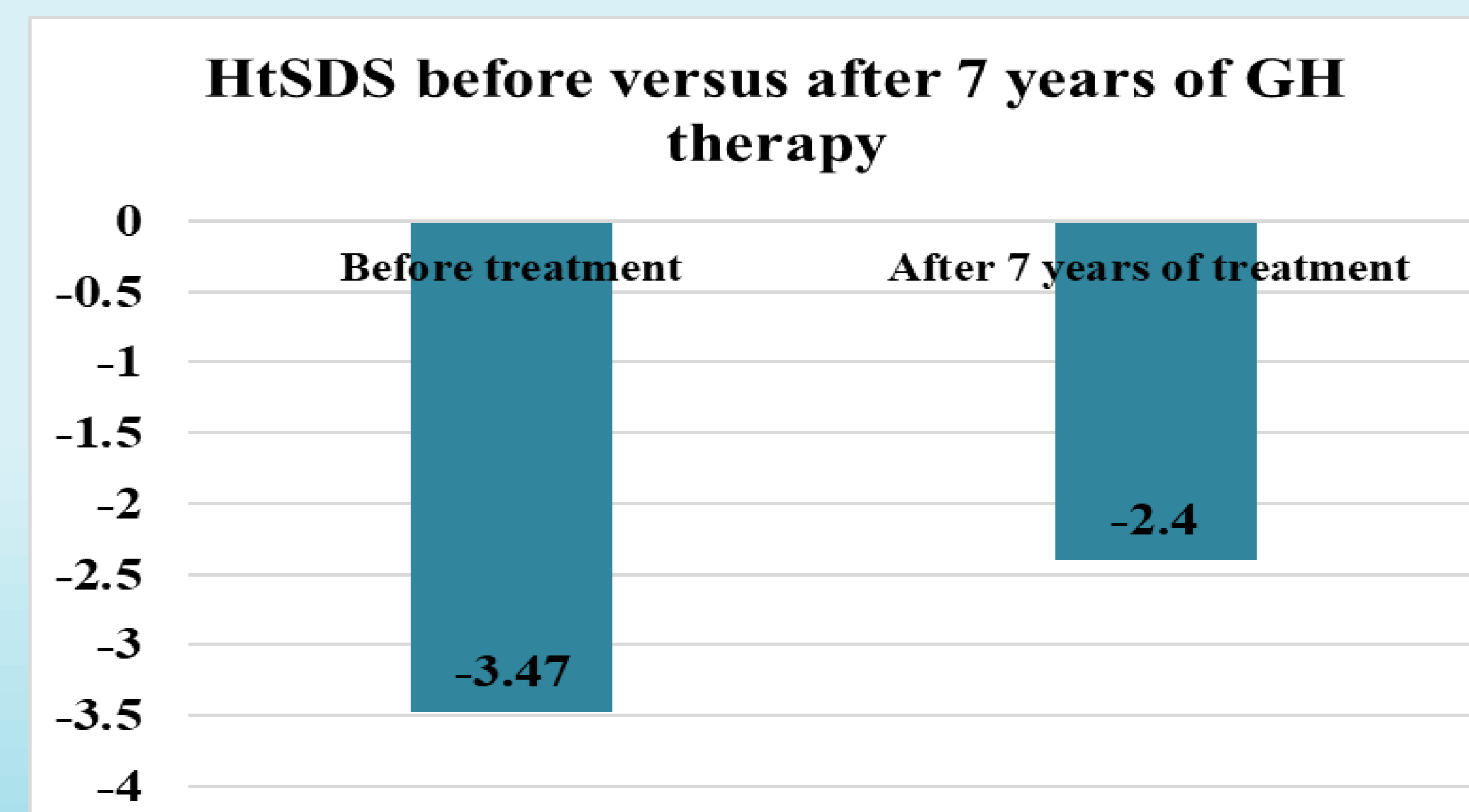
We evaluated retrospectively the anthropometric data of 10 girls with TS short children (height SDS <-2) who were diagnosed and treated with GH (0.05 mg/kg/day) between January 2007 till 2018 in our centre.

Before and during GH treatment, auxological and biochemical parameters including Height (Ht), weight (Wt), Ht z score (HtSDS), BMI, and BMI SDS were recorded every 6 months and bone age (BA) was recorded every 12 months.

The total increment ratios of HT-SDS were calculated over the period of all years of GH therapy till the final or last visit height.

### Results

- GH therapy was started at a mean age of  $9.1 \pm 3.7$  years, and the treatment duration was  $7.4 \pm 3.1$  years.
- After an average of 7 years of treatment, they had a significant increase in HtSDS (+1 SD) when using the normal children WHO curve.
- Half of the HtSDS gain occurred during the first year of treatment.
- Their final adult height =  $148.8 \pm 2.88$  cm with HtSDS = -2.34 on the normal children WHO curve and with HtSDS =  $1.23 \pm 0.5$  on TS growth curve.
- No significant change was detected in the BMI SDS after long treatment with GH. Only one child had BMI SDS = 2.4 and another had BMI SDS = 1.8.
- The delta HtSDS gain was correlated negatively with the HtSDS and BMI SDS before treatment and positively with HtSDS at the end of treatment ( $r = -0.34, -0.7$  and  $0.43$  respectively,  $p < 0.04$ ).
- The final HtSDS was correlated negatively with the age at the start of treatment ( $r = 0.57, p < 0.01$ )



### Conclusion

Children with TS exhibited moderate increases in HtSDS when treated with GH for 7 years. GH administration at an early age is important for final height gain. The change in the BMI SDS was not statistically significant after vs before GH therapy.