

COMBINATION THERAPY OF HYPOGONADOTROPIC HYPOGONADISM IN BOYS WITH RFSH AND HCG – CASE REPORTS ANALYSES

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AIM

to evaluate combination replacement therapy (CRT) with rFSH and hCG of hypogonadotropic hypogonadism (HH) in boys appropriateness and effectiveness

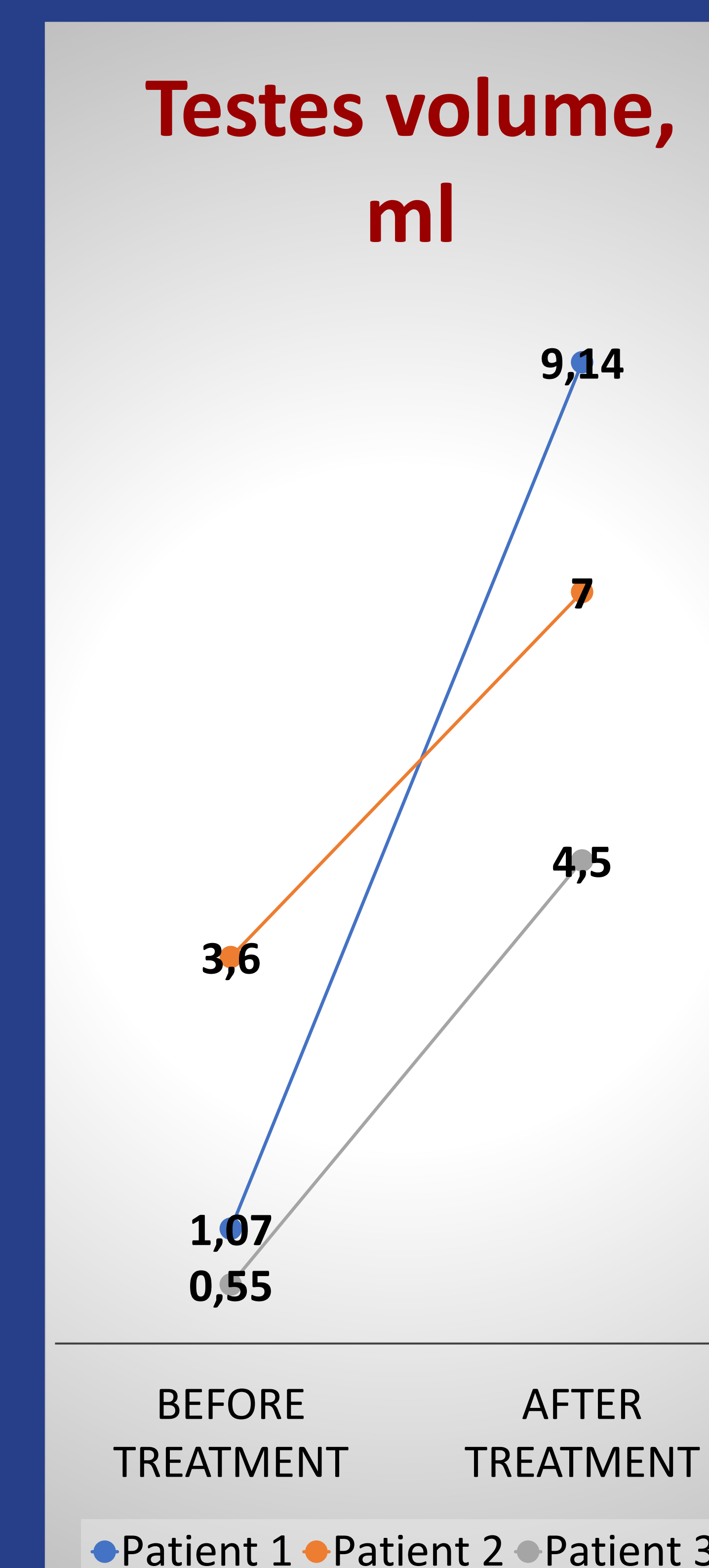
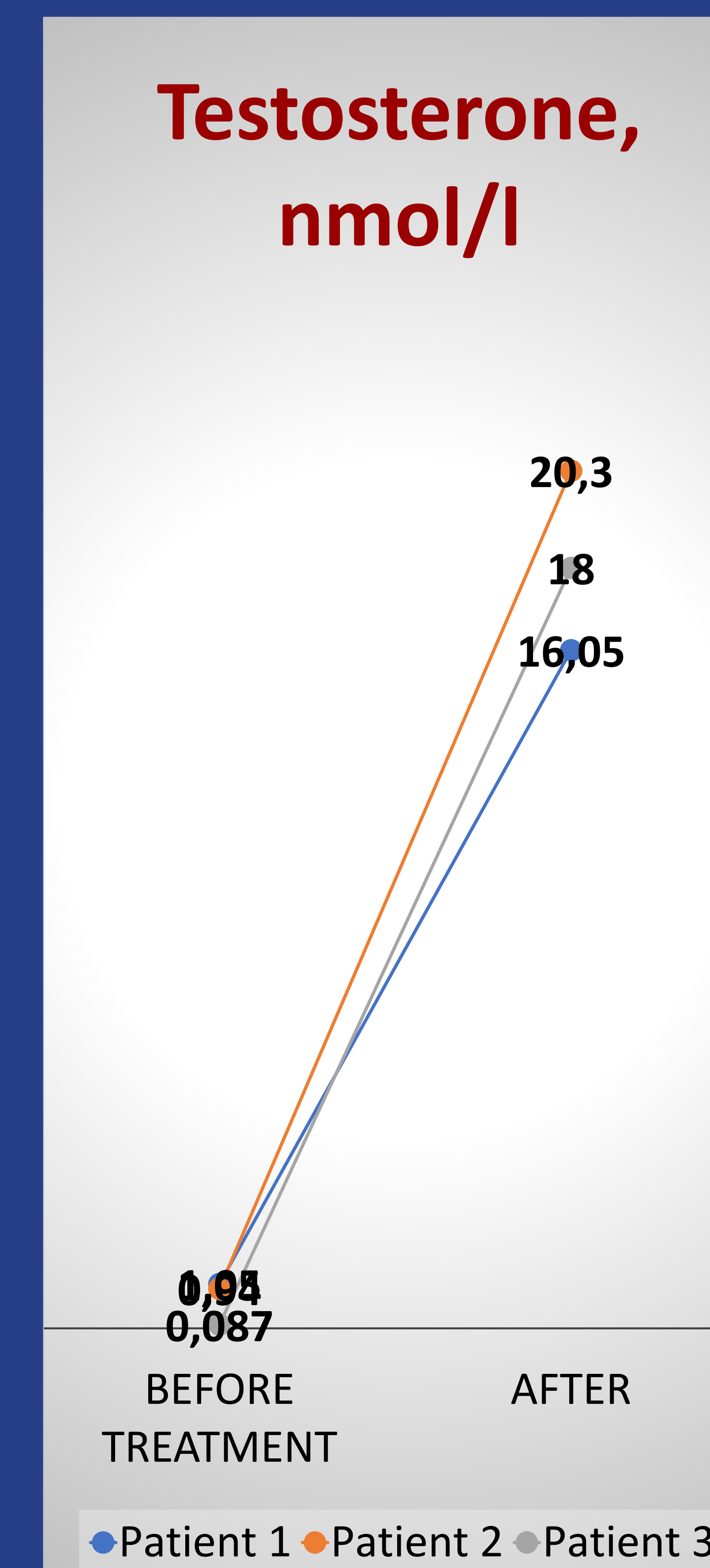
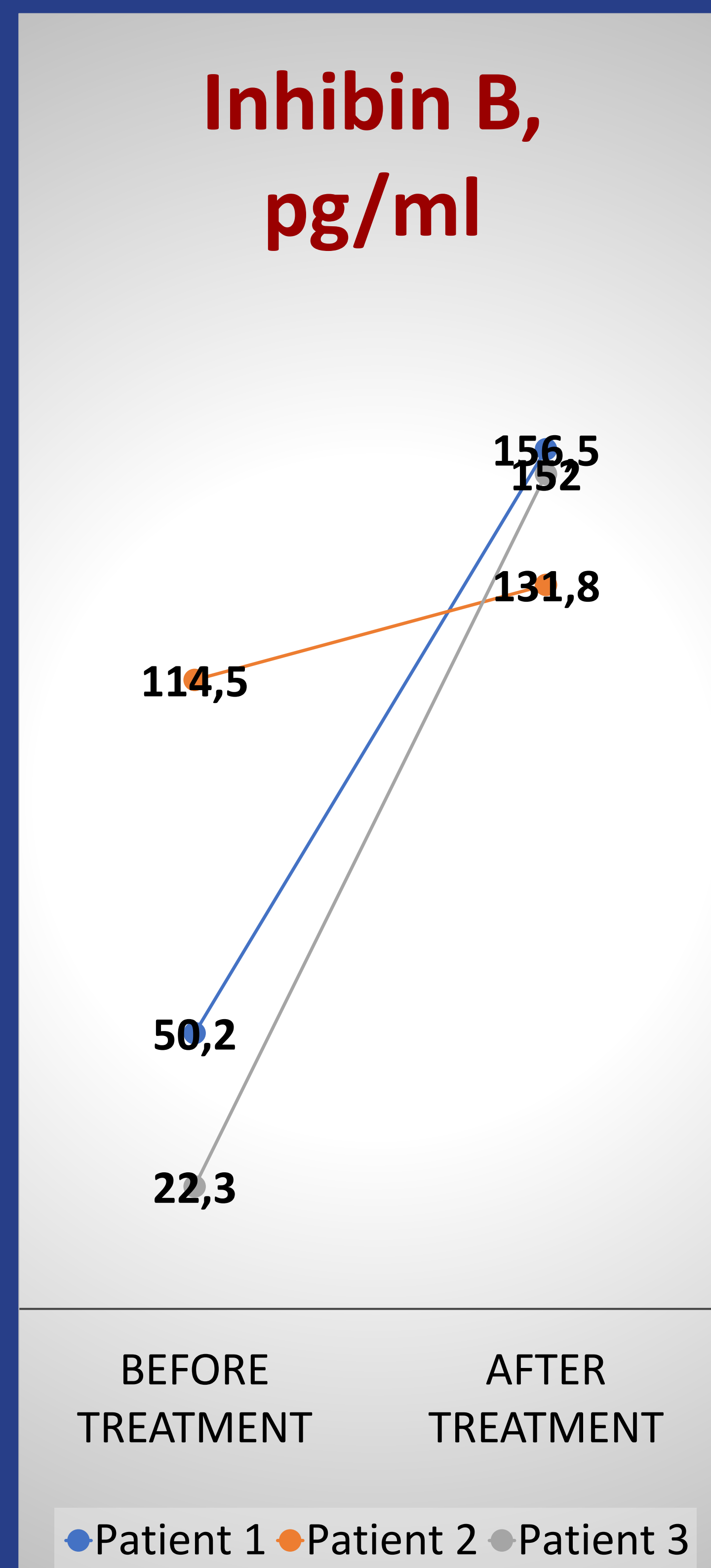
MATERIALS

1 boy with isolated HH (№1) and 2 boys (№2,3) with HH caused by hypopituitarism included. Evaluated data is in tables. GnRH agonist (0.1mg), hCG test (2000/m2), MRI, molecular genetics provided. Regimens were the following: №1, 2 received 3 testosterone injections 100 mg/month before CRT. №3 received 12 hCG injections 1500 IU/week. Then all patients received rFSH 75 IU/week and hCG 1000/1500/3000 IU/week. Follow-up was 14.3±6.4 months.

PATIENT 1	Before CRT	After 24 mo
Age, y	16	18
Growth, sm	174 (0.25 SD)	188 (2 SD)
SDS growth, SD	0.25	2
Bone age, years	14	15.5
Tanner, stage	1	5

PATIENT 2	Before CRT	After 21 mo
Age, y	16.3	17.9
Growth, sm	172.5 (-0.2 SD)	184.5 (1.48 SD)
Bone age, years	13.5	13.5
Tanner, stage	1	4-5

PATIENT 3	Before CRT	After 13 mo
Age, y	15.3	16.5
Growth, sm	165 (-0.68)	174.5 (0.15)
Bone age, years	14	14.5
Tanner, stage	1	4



CONCLUSIONS

1. Late CRT initiation observed in case of isolated HH and in hypopituitarism which is due to the absence of micropenis, cryptorchidism in all the patients.
2. hCG was effective due to secondary sex characteristics development and pubertal testosterone and decreased AMH. rFSH was effective due to pubertal testicular vilume, increased inhibin B. HH caused by HP must be diagnosed by inhibin B and AMH.
3. CRT must be initiated promptly.

HOW TO CONTACT

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