Case Report: A 2 months old female infant was brought due to swelling in external genitals. She was a premature infant (gestational age = 30 week). Her weight at birth was 1500 grams. The patient had developed gradual swelling of external genitalia starting at post conception age of 35 weeks. In physical exam tense edema of clitoris, labia major, and upper thighs was observed. Laboratory findings were as follow: serum level of estradiol=34 pg/ml.

Keywords: Preterm, Infant, Ovarian Hyperstimulation Syndrome, Edema

Growth failure in a series of patients with Juvenile Idiopathic Arthritis in Iran

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Background: Juvenile Idiopathic Arthritis (JIA) is accompanied by growth failure, mostly occurring due to chronic inflammation and use of corticosteroids for treatment. The aim of our study is to determine the prevalence of short stature and its causes in JIA patients. METHODS: In this cross sectional study that was performed in June 2014 to May 2015, JIA patients with a history of more than one-year treatment were examined by an endocrinologist and based on their height standard deviation score (SDS), 2 groups were determined: Group A>2SD and group B<2SD. Laboratory tests, including: Thyroid function test, 25OHD3 and CBC, for group A, and CBC, thyroid function test, liver and renal function tests, growth hormone stimulation test, urine analysis and culture, 25OHD3, and left hand and wrist X-ray for bone age determination, for group B, were done. FINDINGS: Of 117 JIA patients who were enrolled, 41 patients were under -2SD (19% of pauciarticular, 62% of polyarticular and 33% of systemic onset diseases). The mean height SDS in group B was -3.48±1.28 (compared to -0.9±0.8 for their parents). We found hypovitaminosis D in 73% of our patients. The prevalence of subclinical hypothyroidism was 7.4% (5% of group A and 9.7% of group B). Twenty-four percent (10 patients) of group B did not respond to growth hormone (GH) stimulation test and 14.6% of them (6 patients) had GH resistance. Liver function tests and renal function tests were normal in all the patients. There was no difference between the 2 groups in hypothyroidism and hypovitaminosis D but the polyarticular type of the disease was associated with short stature (P Value < 0.0001). CONCLUSION: Growth failure is very common in JIA patients. So they need to be visited periodically by an endocrinologist especially the polyarticular type.

Keywords: Juvenile Idiopathic Arthritis, Growth Hormone, Vitamin D Deficiency, hypothyroidism

Clinical approach to the Pediatric Thyroid Nodules

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Thyroid nodules are quite rare in the children, although the risk for thyroid cancer is much higher in the pediatric population compared with adults. In fact, thyroid cancer is the most common pediatric endocrine cancer, constituting 0.5%–3% of all childhood malignancies. Risk factors for developing thyroid nodules in children include head and neck irradiation, female gender, iodine deficiency, age of puberty, and family or personal history of thyroid disease. A careful work-up includes a detailed history of thyroid disease in the patient or in their family, careful palpation of the thyroid and lymph nodes and paraclinical assessment are mandatory to early diagnosis and optimal care for children with these conditions. In this article we review recommendations for the evaluation of thyroid nodules in children and adolescents, including role of thyroid function test, ultrasound, fine-needle aspiration cytology, and the management of benign nodules.

Keywords: Thyroid Nodules, Children, Fine-Needle Aspiration, Thyroid Cancer

Undiagnosed phenylketonuria with normal IQ: a case report

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Phenylketonuria (PKU) is a rare inborn error of metabolism that can cause severe learning disability and mental retardation if remains untreated. Normal IQ in subjects with PKU is very rare. We present a 9 month-old male with diagnosis of PKU in newborn screening. The parents had a familial first cousin marriage. In retrograde genetic study of the family, two family members including the father and sister of the case had undiagnosed PKU without any clinical signs and symptoms and with normal IQ.

Keywords: Phenylketonuria, Intellectual Disability, Phenylalanine