

8-year-old male with
premature adrenarche

Endorama

June 14, 2012

Rochelle Naylor, MD

[CC

]

- CC: Transfer of endocrinology care for premature adrenarche and bone age advancement at 8 yr old
- Initial presentation to outside Endocrinology at 4-9/12 years

[HPI]

- H/o Opsoclonus-myoclonus syndrome
 - Tx'd w/ ACTH therapy
- Px at 4-9/12 years old with BO and pubic hair, intensified mood swings x3mo
- Acne- attributed to ACTH tx
- Height at the 90th percentile
 - W/o accelerated growth

[PMH

- Term BW-8 lb, 5 oz; BL-22 in
- Opsoclonus-myoclonus syndrome dx at 20 months
 - Lost motor and speech milestones, seizures
 - Negative eval for neuroblastoma
 - Tx'd w/ ACTH intermittently since 21 months
 - IVIG monthly

[Family History]

- Mom:
 - Menarche- 16 years
- Dad:
 - Growth spurt at 14 yrs
 - Goiter s/p lobe removed
- Healthy older sister, younger brother
- No hx of sexual precocity, autoimm dz, adrenal dz, sudden deaths,

[ROS

]

- Fatigue
- + Acne; No skin color changes, no salt cravings
- No PU/nocturia, No PD
- Headaches exacerbated by IVIG
- Speech delay
- Gait abnormality

[Physical examination]

- HR: NL, BP:121/76
- Cushingnoid
- Skin: Two small (2.5 x 1.5 cm) hypopigmented areas on each side of his abdomen
- T2 PH; L testis 1.5 ml, R testis not palpated

[Assessment? Investigation?]



THE UNIVERSITY OF
CHICAGO
MEDICINE

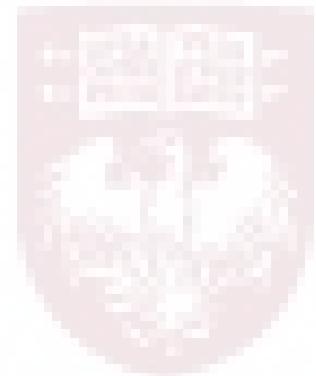
Results

- LH: 0.1 mIU/mL
- FSH: 0.7 mIU/mL
- Testosterone: 8.7 ng/dL
- 17-OHP: 30 ng/dL
- DHEA-S: 50 mcg/dL
- AD: 44 ng/dL
- Bone age: 6.5 years at 4-9/12 years
(1 yr 9 months advanced)
- Adrenal US: negative

[

Thoughts?

]



THE UNIVERSITY OF
CHICAGO
MEDICINE

[

Thoughts?

]

- Exaggerated premature adrenarche

[Interval history- 5-3/12 yr]

- Stable physical examination
- LH: 0.1 FSH: 0.6 Test: 25.5 ng/dL
- DHEA: 55 ng/dL
- BA: 7.25 yr (2 years advanced)

[Interval history]

- Followed q 3-6 months
 - Stable prepubertal exam
 - Prepubertal Gn, Adrenarchal DHEA-S, Testosterone ~20-30 ng/dL

[Interval history- 7/10-12 yr]

- Testicular volume ~3ml
- T3 PH

[Interval history]

- BA: 11.5 years (3 yr 8 mo advanced)
- Prepubertal LH, FSH
- Testosterone: 28.4 ng/dL (<3-10)
- DHEA-S: 70 mcg/dL

[Interval history]

- Lupron stim test:
 - LH: $<0.07 \rightarrow 0.98$
 - FSH: $0.6 \rightarrow 6.9$
 - Testosterone: 29.4 ng/dL
- ACTH test
 - Cortisol: $6.6 \text{ mcg/dL} \rightarrow 28.5$
 - Testosterone: $16.2 \text{ ng/dL} \rightarrow 27.1$

Interval history

	Pre	Post
17-OHP	25	271
17-OH Preg	--	851
DOC	7	63
Deoxycortisol	12	55
DHEA	304	529
AD	59	117
Testosterone	20	33
Cortisol	6.6	28.5

[Transfer of care- HPI, PMH]

- Hx of OMS, s/p ACTH tx
- Premature adrenarche + BA advancement
- Euthyroid autoimmune thyroid dz
- Pulse decadron, q.mo IVIG
- Synthroid

[Physical examination]

- P-83 BP- 105/58
- 136.8 cm (>90th%) HA: 9-8/12
- 34.9 kg (90-95th%; 75th% for height)
- WD, WN; NAD
- NL thyroid exam
- NL CV, Resp, Abd
- GU: T3 PH, T1 AH, R testis-1.5, L-1.7

[

Transfer of care

]

- BA: 11.75 yr at 8-2/12 years
 - PH: 67.3 inches
 - MPH: 72 inches

[Interval history-]

- Stable prepubertal physical exam
- Prepubertal gonadotropins, testosterone
- Advancing bone age
 - 9 yr → 12.8 yr PH:65.8
 - 10-2/12yr → 13.7 yr PH:64.3

[Interval history-]

- Stable prepubertal physical exam
- Prepubertal gonadotropins, testosterone
- Advancing bone age
 - 9 yr → 12.8 yr PH:65.8
 - 10-2/12yr → 13.7 yr PH:64.3

UC→

[Last visit- 10-7/12 yr]

- Ht: 75-90th%
- Poor wt gain
- AGV: 4.33 cm/year
- Prepubertal

Questions

- What is the relationship between ACTH therapy and premature adrenarche?
- What is the connection between all of his diagnoses?

[OMS]

- Dancing eyes, myoclonus, ataxia
- Personality changes
- Developmental regression
- Most frequently paraneoplastic (NB)
- ? Autoimmune
- Tx: ACTH, steroids, IVIG, cyclophosphamide, rituximab

ACTH and premature adrenarche

323

ACTH in premature adrenarche

Table 1. Steroid levels (means \pm SE) before and after acute and chronic ACTH

	Controls		P	PA patients		P*	Chronic ACTH		P†
	Basal values	Basal values		A.V.	I.		A.V.	I.	
	Basal values	P		A.V.	I.		A.V.	I.	
17-OHP									
ng/dl	48.6	69.3	0.05	155.7	86.4	0.001	276.6	207.3	0.001
\pm SE	11.9	11.3		8.5	19.3		11.6	25	0.05
A									
ng/dl	35.1	45.4	0.05	65.2	19.8	n.s.	189	143.6	0.001
\pm SE	13.5	7.7		12	4.1		7.5	14	0.01
S									
ng/dl	52	46	n.s.	85.5	39.5	0.05	533.5	487.5	0.001
\pm SE	3.6	7.7		2.9	3.2		19.3	18.2	0.001
F									
μ g/dl	13	14	n.s.	24.6	10.6	0.05	44.6	20.6	0.001
\pm SE	1.8	1.7		1.5	1.4		3.2	1.3	0.001
5P									
ng/dl	50	74.4	0.05	141.7	67.3	0.01	214.1	139.7	0.01
\pm SE	7	7.1		5.6	17.7		7	10.4	0.01
DHA									
ng/dl	77	329.2	0.001	452.7	123.5	n.s.	1140	810.8	0.01
\pm SE	6.3	41.7		38	46.8		50	48	0.01
DHA-S									
μ g/dl	30	169	0.001	189.1	20.1	n.s.	470	301	0.01
\pm SE	16	54		41	5		37.6	47	0.01

17-hydroxyprogesterone (17-OHP), Androstenedione (A), 11-deoxycortisol (S), Cortisol (F), 5-Pregnenolone (5P), Dehydroepiandrosterone (DHA), Dehydroepiandrosterone sulphate (DHA-S).

A.V.: Absolute value; I.: increments.

P: Statistical significance vs controls.

*P: Statistical significance vs basal values.

†P: Statistical significance vs acute ACTH test.

n.s.: not significant. SE: Standard Error; dl: 100 ml.

[OMS + PA + UC]



THE UNIVERSITY OF
CHICAGO
MEDICINE

[Patient]

- Monitoring puberty and growth
- Plan to assess HPG axis in 6-12 months
- Considering growth augmentation
 - OMS
 - UC

References

- Pranzatelli MR, Chun KY, Moxness M, Tate ED, Allison TJ. Cerebrospinal fluid ACTH and cortisol in opsoclonus-myoclonus: effect of therapy. Pediatr Neurol. 2005 Aug;33(2):121-6.
- Pranzatelli MR, Tate ED, Crowley JM, Toennies B, Creer M. Neurometabolic effects of ACTH on free amino compounds in opsoclonus-myoclonus syndrome. Neuropediatrics. 2008 Jun;39(3):164-71.
- Toscano V, Balducci R, Adamo MV, Mangiantini A, Cives C, Boscherini B. Changes in steroid pattern following acute and chronic adrenocorticotropin administration in premature adrenarche. J Steroid Biochem. 1989 Feb;32(2):321-6.
- Krug P, Schleiermacher G, Michon J, Valteau-Couanet D, Brisse H, Peuchmaur M, Sarnacki S, Martelli H, Desguerre I, Tardieu M. Opsoclonus-myoclonus in children associated or not with neuroblastoma. Eur J Paediatr Neurol. 2010 Sep;14(5):400-9.