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# Anais

CLINICAL AND LABORATORY EVALUATION OF 851 SHORT-STATURE CHILDREN REFERRED TO AN ENDOCRINE OUTPATIENT CLINIC

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Slower growth may be the first and only sign of several chronic diseases and should be investigated to distinguish healthy children from those who are ill. The objective of this study was to show the importance of auxological and complementary baseline investigation, to validate a protocol for the evaluation of SS, and to quantify the prevalence of the final diagnosis of 851 children evaluated prospectively. All the patients were evaluated by a complete history and physical examination followed by X-rays for bone age determination and laboratory tests. Referrals to our Center included 511 boys and 340 girls ( $p < 0,05$ ). More boys than girls (62.6% vs 42.6%,  $p < 0.001$ ) were of normal stature or variants of normality. On the other hand, the percentage of girls (56.6% vs 46.0%  $p < 0.001$ ) with any organic disease or genetic syndrome diagnosed before referral was significantly higher than that of boys. Anemia (25%), eosinophilia (36.4%) and helminthic diseases (20.1%) were prevalent. Despite the high prevalence of suspicious tests (elevated ESR-17%, low bicarbonate-8%, high TSH-10,6% and altered urinalysis-14.1%), we diagnosed only a few cases of celiac disease ( $n=2$ ), renal tubular acidosis ( $n=3$ ), primary hypothyroidism ( $n=19$ ) and renal failure ( $n=4$ ). Growth hormone deficiency was diagnosed in 52 children and Turner Syndrome in 43 girls. The reported stature, both of mothers and fathers, was on average 2.2 centimeters higher than the measured stature ( $p < 0,001$ ). These data demonstrate that even in a specifically endocrine outpatient clinic, one must be aware of the most common causes of SS and recalls the importance of an adequate baseline evaluation before any endocrine test. Finally, the target height should always be calculated considering the measured, not the reported, stature of the parents.