

INTRODUCTION

Turner syndrome (TS) is the most common chromosomal abnormality in women. It is linked to the absence or abnormality of one of the two X chromosomes. Its prevalence is 1/2500 female births.

The absence of all or part of a chromosome X leads to many clinical abnormalities: Short stature, gonadal dysgenesis and numerous pathologies that reduce life expectancy of patients.

A constant structural failure in Turner syndrome is responsible for a spontaneous reduction in adult height.

Treatment with recombinant growth hormone (GHR) has shown a significant improvement in the velocity of growth and final height with varying responses according to studies and countries.

AIM

Studying the final size of Turner patients who have completed their growth.

POPULATION, METHODOLOGY

40 TS patients became adults were assessed on linear growth.

The following factors were studied: The age and size at diagnosis, at the introduction of treatment with GHR and the final size sizes were compared to sempe curves and the target size.

RESULTS

The mean age at diagnosis was 8.9 ± 0.4 years, 45% over 10 years.

The size at diagnosis was -4 DS / M and -3DS / TC. The age at initiation of treatment was 10 ± 0.1 years with a mean treatment duration of 5 ± 0.1 years.

10 patients were not able to be processed.

final height was:

-3,5 DS / M (-4,2 - 2) and -2.5 SD / TC (-3,5- -2) with an average of 144 ± 0.2 cm for patients treated with rGH
-4DS / M (-4,5- -2) and -4 DS / TC(-4,8- -1,5) for the others not treated by rGH

DISCUSSION AND CONCLUSION

The growth failure is the main reason for consultation in Turner syndrome.

It is observed very early in the intrauterine life and is characterized by intrauterine growth failure and low weight for the weight. The stature slowdown is gradual and is growing from two years old. The absence of puberty and thus peak pubertal growth linked to ovarian failure increases the stature deficit and spontaneous final height is an average of 136 ± 5 cm. As in the general population, the height in the TS is dependent on genetic factors.

Currently, treatment with growth hormone has significantly improved adult height. In fact, many observational studies for more than two decades have demonstrated the effectiveness of treatment with GHR on the growth rate. Therapeutic responses on growth

Several factors influence the height gain in growth hormone. Among these factors, the age of initiation of treatment, duration of treatment, the dose of GH and parental target height are the most important factors.

Unfavorable results in our patients are explained by delayed diagnosis. Treatment may not be effective if the GHR treatment is not given precociously.

