Commentary

Hypostaturalism: a complex condition

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Hypostaturalism is one of the most frequent reasons why a child carries an endocrinological examination. It can cause low self-esteem and discomfort in interpersonal relationships. Practical definition of low stature is a height below 3rd percentile (or below two Standard Deviations) on the growth chart. Therefore the assessment of the stature implies comparison with the specific reference standards for age, gender and population. The causes of Hypostaturalism are normal variants, endocrine diseases and systemic diseases. The normal variants are familial short stature and constitutional delay of growth and puberty. In familial short stature, the height is in accordance with the genetic target. Constitutional delay of growth and puberty represents a form of transitional Hypostaturalism; growing and pubertal maturation will take place later.

In Hypostaturalism evaluation it is important to rule out as causes of growth failure chronic systemic diseases such as chronic renal failure (CRF), chronic respiratory disease, liver and metabolic diseases, heart diseases, cancer(Leukemia and lymphoma), blood disorders (thalassemia), inflammatory bowel diseases and malabsorption syndromes (celiac disease). The appropriate treatment of the underlying disease is critical to improve the baby's growth. Among the causes of short stature, there are also some genetic and chromosomal disorders (Turner syndrome, Noonan syndrome, Russell Silver syndrome, Prader Willis syndrome etc). In these forms short stature is peculiar somatic features or anomalies of other organs and systems. Cause of short stature is also lack of catch up growth in the first years of life in children born SGA (small for gestational age).

The endocrine causes of short stature are: hypothyroidism, early puberty, pseudo hyperparathyroidism and more frequently the growth hormone deficiency (GHD). Etiological diagnosis is made based on the child's growth velocity, bone age, clinical evaluation and laboratory data. Treatment with growth hormone (GH) is indicated in GHD, in some syndromes genetically proven (S. Turner, Prader-Willis, SHOX-D), in CRF, in SGA. GH therapy can be initiated only if the diagnosis of the above diseases has been confirmed by specific laboratory tests. GH therapy improves the growth. In addition, GH therapy has important beneficial effects on bones, muscles and metabolism. So Hypostaturalism is a complex condition that can be well treated only after timely diagnosis.

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Roberta Reale
Medical Specialist in Endocrinology and Metabolism at the University of Catania, Italy

Correspondence: : Roberta Reale, Medical Specialist in Endocrinology and Metabolism at the University of Catania, Siracusa Area, Italy, Email roberta.reale@hotmail.it

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Conflicts of interest

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