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ADDISON'S DISEASE, A SPECTRUM OF PRESENTATION

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Background: We reviewed the spectrum of clinical presentation of Addison's disease in order to raise awareness of atypical presentations and chronic features.

Methods: All patients with a diagnosis of Addison's disease attending our hospital over a fifteen-year period were identified. A retrospective chart review was carried out. Details of acute and chronic presenting features and initial investigations were recorded.

Results: 12 patients were identified and 11 charts located. There were 7 males and 4 females with a median age at diagnosis of 8.3 years. 7 patients presented with an adrenal crisis following an acute illness. These ranged in severity from a short episode of vomiting to a VF arrest. All of these patients had hyponatraemia (106 to 127 mmol/l); however only 5 had a hyperkalaemia (5.6 to 7.6 mmol/l) and only 1 had documented hypoglycaemia. 5 had identifiable chronic features including weight loss, lethargy, postural hypotension, poor school performance and hyperpigmentation. 2 had previously been reviewed at an out-patient department with regard to these problems. 4 of the 11 patients received a diagnosis of Addison's disease without suffering an adrenal crisis. Their presenting features included pigmentation of a scar, unexplained chronic hyponatraemia, family history and associated endocrinopathies. 2 of the male patients had elevated VLCFAs leading to a subsequent diagnosis of adrenoleucodystrophy.

Discussion: Most acute clinicians are aware of the classical presentation of an adrenal crisis. Knowledge of atypical presentations and the chronic features of adrenal insufficiency could facilitate earlier diagnosis and potentially avoid life threatening adrenal crises.

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THE ENDOCRINE DISTURBANCES IN OBESE CHILDREN OF SOUTH WEST OF ROMANIA

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Background: The adult obesity is associated with endocrine, metabolic and mechanical complications but in children obesity the endocrine disturbances are not well known.

Material and method: Between 2004-2009 we study the child admitted in the 1st Pediatric Clinical Children Hospital „Louis Turcanu” Timisoara from the south west of the country, by anamnesis, clinical examinations and anthropometric parameters (body weight, height, abdominal folder), BMI. The puberty stages were registered according to Tanner criteria. We follow-up of the, metabolic and endocrine complications (hyperinsulinemia, dislipidemia, hypercholesterolemia, HOMA index- insulin resistance, hypercortisolism, early adrenarche, hyperprolactinemia, Sex hormone binding protein -SHBG level).

Results: During the study, we found 7135 obese children (56,69%), mostly boys 3722. A 422 of them were infants. The majority of children got obesity by high calories intake only 16 had genetic obesity (Prader Willy, Laurence- Bardet- Bield). We found insulin resistance in 46% of the teenage obese and 32% of the children. We found a good correlation between the insulin resistance and low level of SHBG. In 27 girls we found early adrenarche; 15 PCOS, in 4 cases diabetes mellitus type 2; the mechanical complications were present in all children. All teenage patients have depression, isolations and low performance in school. We found a high percentage of uniparental family.

Conclusions:

1. In the last years the incidence of child obesity rise dramatically in our region
2. The incidence of endocrine disturbances in obese children in relative height.