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'Management of Hypogonadism From Birth to Adolescence' for Best Practice and Research Clinical Endocrinology and Metabolism

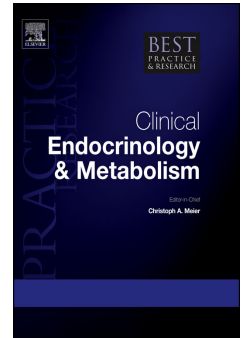
Dr. Sasha Howard, MBBS PhD MRCPCH, Leo Dunkel, MD PhD, Professor

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'Management of Hypogonadism From Birth to Adolescence'

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Authors:

Dr. Sasha Howard, MBBS PhD MRCPCH and Professor Leo Dunkel, MD PhD

Institute:

Centre for Endocrinology, William Harvey Research Institute, Barts and the London School of Medicine and Dentistry, Queen Mary, University of London

Full Address:

Centre for Endocrinology, William Harvey Research Institute
Barts and the London School of Medicine and Dentistry,
Queen Mary, University of London
1st Floor North, John Vane Science Centre, Charterhouse Square,
London, EC1M 6BQ
l.dunkel@qmul.ac.uk
s.howard@qmul.ac.uk
Tel: 02078826243
Fax: 02078826197

Abstract:

Management of patients with hypogonadism is dependent on the underlying cause. Whilst functional hypogonadism presenting as delayed puberty in adolescence is relatively common, permanent hypogonadism presenting in infancy or adolescence is unusual. The main differential diagnoses of delayed puberty include self-limited delayed puberty (DP), idiopathic hypogonadotropic hypogonadism (IHH) and hypergonadotropic hypogonadism. Treatment of self-limited DP involves expectant observation or short courses of low dose sex steroid supplementation. More complex and involved management is required in permanent hypogonadism to achieve both development of secondary sexual characteristics and to maximize the potential for fertility. This review will cover the options for management involving sex steroid or

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