

Foreword

Pediatric Endocrinology Update



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Consulting Editor

Joseph I. Wolfsdorf, MB, BCh, has produced a most remarkable issue on “Pediatric Endocrinology” in the latest installment of the *Endocrinology and Metabolism Clinics of North America*. Topics range from growth to metabolism and include issues related to the endocrinologic sequelae of childhood cancers. Pediatricians and pediatric endocrinologists have always been concerned with slow growth, evaluation of short stature, and treatments that are available. Gubitosi-Klug and Cuttler discuss guidelines for diagnosis and management of idiopathic short stature and give a very scholarly approach to this common problem, especially relevant in light of the approval recently given by the US Food and Drug Administration for use of growth hormone in idiopathic short stature. The article by David and colleagues covers the rather uncommon syndrome of growth hormone insensitivity (known as *Laron Syndrome*) and its treatment using recombinant human insulin-like growth factor-1. Included is a discussion of the possible use of rhIGF-1 in an as yet poorly defined syndrome “idiopathic short stature secondary to growth hormone insensitivity.” Until this syndrome is proven, rhIGF-1 is not yet approved for use in this situation. There are articles on bone metabolism: one on nutritional rickets by Pettifor and one on childhood osteoporosis by Bachrach; the former still very common in developing countries and the latter becoming even more common in Westernized countries secondary to prolonged survival and therapies for chronic disorders.

In the area of metabolism, Dunger presents the endocrine and metabolic consequences of intrauterine growth retardation, with particular emphasis

on the very interesting relationship between small infants and the development of obesity and insulin resistance (known as *metabolic syndrome*) in adulthood. Artz and colleagues discuss the epidemic of childhood obesity and the hormonal and metabolic consequences, while Kaufman discusses one of the consequences of the obesity epidemic, namely type 2 diabetes in childhood and youth—a rapidly growing public health problem. Buggs and Rosenfield discuss the closely related issue of polycystic ovarian syndrome in adolescence. Together, these articles on metabolic disorders cover some very important issues confronting practicing pediatricians and pediatric endocrinologists today.

While disorders of growth and metabolism are becoming increasingly common clinical challenges, the “classical” hormonal aspects of pediatric endocrinology are no less important. Regulation of puberty is covered by Nathan and Palmert, intersex states by Houk and Lee, and oral contraceptive therapy for polycystic ovarian syndrome and hyperandrogenism by Hillard. These disorders are classical areas of medical practice in pediatric endocrinology and are dealt with in a very scholarly fashion.

Both cancer and the effects of its treatment have considerable relevance to endocrinology. Thyroid and adrenal disorders are examined in articles on imaging of these glands by Daneman; thyroid nodules and cancer, uniquely the domain of the endocrinologist, by Zimmerman; and the endocrine effects of cancer treatment by Cohen, whereas Allen presents a discussion on the possible effects of inhaled steroids.

In summary, kudos to Dr. Wolfsdorf for assembling such a remarkably interesting issue as “Pediatric Endocrinology” and thanks to all the authors for their outstanding contributions.

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