CAPE NEWS

Newsletter of the Indian Society for Pediatric & Adolescent Endocrinology (ISPAE)

www.ispae.org.in

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Collecting the endocrine sample correctly

Arpan Gandhi, Abhishek Kulkarni**, Vijayalakshmi Bhatia (*Senior Pathologist, Dr Dang's Medical Diagnostic Center, ** Consultant Pediatric Endocrinologist, Saifee & Jaslok Hospitals, Mumbai)*

A wrongly collected sample can make the difference between making and missing a diagnosis. For example, a sample taken for ACTH or PTH at a collection center and processed several hours later, would yield a meaningless report. Similarly, an insulin level cannot be interpreted without knowing the glucose level at that time. We have mentioned here some precautions and considerations needed when collecting a sample for endocrine investigations…

Timing of collection: Samples for

Contd on page 4

SECRETARY'S MESSAGE

Dear ISPAE members,

The year started on a good note with conduct of a much appreciated Pre-conference workshop in Pedicon 2012 in **Gurgaon** (Haryana). The workshop, painstakingly planned & organized by Drs Anju Virmani, Ganesh Jevalikar and Sapna Mittal covered key clinical pediatric endocrinology issues including growth monitoring, practical problems in management of childhood diabetes, interpretation of thyroid function tests …

… Contd on page 2

WEBSITE www.ispae.org.in
Must See ** ISPAE TRAVEL AWARD: last date for application 30 June 2012
**** Interactive Discussion Forum**

ISPAE-ISPAD-AIIMS CME: Delhi: 4-5 November 2012. Org. Secretary: Dr Vandana Jain, child.diabetes.ispae@gmail.com

PEDICON 2013: 50th Annual IAP Conference: Kolkata: 17-20 January 2013. Org. Secy: Dr Jaydeep Choudhry.

ISPAE 2013 & ISPAE-PET 2013 (Pediatric Endocrine Training): Bengaluru, November 2013. Organizing Secretary: Shaila Bhattacharya, email: shailashamanur@gmail.com

INSIDE THIS ISSUE

SECRETARY'S MESSAGE *Contd from page 1.*

… and bone densitometry. The program ensured intensive faculty-participant interaction as it involved hands-on participation in clinical decision making using case scenarios, and several demonstrations, and received good feedback from attendees.

The Chapter's symposium during Pedicon 2012 in **Gurgaon** had a panel discussion on Vitamin D Deficiency by leading national experts: Drs HPS Sachdev (nutritionist), AS Vasudev (pediatric nephrologist), Ramani Narsimhan (pediatric orthopedic surgeon), Vijayalakshmi Bhatia (pediatric endocrinologist), moderated by Dr Anju Seth; and talks on approach to Hyponatremia (Dr Rajni Sharma) and Neonatal Hypoglycemia (Dr Ganesh Jevalikar).

Focus on growth monitoring continued with two more workshops organized on this theme in **Delhi**, one by Dr Anju Seth at Kalawati Saran Children's Hospital, and the other by Dr Sonia Makhija at Hindu Rao Hospital.

I am grateful to all the members who made these programs successful. I would also like to record my appreciation of the prompt closure of the ISPAE 2011 accounts by Dr M Vijaykumar.

We look forward to many more ISPAE meetings this year: a Pediatric Endocrine CME in May organized by Dr Meena Mohan at **Coimbatore**; Pediatric Endocrinology symposium in June organized by Apollo Gleneagles Hospital, **Kolkata** by Dr Subrata Dey; and Postgraduate Training program in Pediatric Endocrinology (PEP-2012) in September at **Bengaluru** by Dr P Raghupathy and Dr Shaila Bhattacharyya. In addition ISPAE is planning a CME on Childhood Diabetes in collaboration with the International Society for Pediatric and Adolescent Diabetes (ISPAD) in November at **New Delhi**, organized by Drs Rajesh Khadgawat and Vandana Jain (AIIMS). The 3rd biennial meeting, **ISPAE 2013**, will be held in **Bengaluru** in November 2013, with Dr P Raghupathy as Chairperson, Dr Shaila Bhattacharyya as Organizing Secretary and Dr N Nijaguna as Joint Secretary (Please see box.)

Other activities include the finalization of the guidelines for the **ISPAE Travel Award**. Beginning this year ISPAE proudly announces it would be sponsoring one or two travel awards to a pediatric endocrinology center in the country every year for ISPAE members. (Please see details on page 10 of this issue/ website.) The process for constituting the scientific committee of ISPAE has been initiated. I will get back on this issue to you as things move on. The book **Clinical Practice Guidelines on Diagnosis and Management of Type 1 DM** released at Calicut in November 2011 has been very successful, and would soon need to be reprinted**.** The Website has been upgraded, and the **Discussion Forum** started by the webmaster, Dr Karnam Ravikumar. On the membership front, during this period, 12 new members joined ISPAE, taking the total ISPAE membership strength to 300.

I urge all our members to organize more regional meetings with pediatric endocrinology as the theme, and encourage more colleagues to join our Society.

With warm regards,
Anju Seth, Secretary, ISPAE

ISPAE 2011 & ISPAE-PET at CALICUT: FOLLOW-UP

M Vijayakumar, Organizing Secy ISPAE 2011, drmvijaycalicut@gmail.com

ISPAE 2011 and ISPAE-PET held at Calicut in November 2011 was a grand success by all reports and feedback received from faculty and delegates. The Organizing Committee wishes to place on record their appreciative thanks for the immense help given by all members of ISPAE, especially the Executive Council and members of various committees. We, the organizing team of Calicut will always remember your enthusiasm, wisdom, dedication and the team work for making this event a memorable one.

The seed money borrowed from ISPAE had been returned about 6 months before the meeting, as soon as we were solvent! As per the rules, 25% of the profits will be submitted to ISPAE. As a part of this payment, Rs 4,00,000/- has already been sent to the parent body. The auditing of the accounts will be completed by end May, and final audited accounts submitted very shortly.

NEW MEMBERS: A VERY WARM WELCOME!!

1. Dr MANJUNATH G ANAKAL, Gulbarga
2. Dr MEENA CHABRA, Delhi
3. Dr DAVID DALE CHANDY, Mumbai
4. Dr AMMAR SHABBIR CHOONIA, Mumbai
5. Dr AMALJYOTI DASGUPTA, Kolkatta
6. Dr VICTOR JEROME, Kumbhakonam
7. Dr ARUN PANDEY, Lucknow
8. Dr S RAMKUMAR, Delhi
9. Dr RUDRANAGENDRA RAO, Vijayawada
10. Dr SUMAN RATH, Bengaluru
11. Dr VININDER PAL SINGH, Panchkula
12. Dr SRIDHAR SUBBIAH, Virudhunagar

ISPAE-ISPAD Symposium on Childhood Diabetes: ISPAE-ISPAD 2012

ISPAE is organizing a symposium on pediatric and adolescent diabetes mellitus at All India Institute of Medical Sciences, New Delhi on 4-5 November 2012, in collaboration with the International Society for Pediatric and Adolescent Diabetes (ISPAD).

Chaired by Prof AC Ammini (Head, Dept of Endocrinology) and Prof Vinod K Paul (Head, Dept of Pediatrics), it will be organized by Dr Rajesh Khadgawat (Dept of Endocrinology) and Dr Vandana Jain (Dept of Pediatrics) on behalf of ISPAE. Eminent faculty include Prof Ragnar Hanas, Secretary General, ISPAD, senior ISPAE members and AIIMS faculty.

The 1.5 day Symposium, comprising of interactive lectures and panel discussions with active audience participation, aims to cover all aspects of management of type 1 diabetes, including advances (flexible regimens, insulin pump therapy, continuous glucose monitoring, closed loop systems), management of DKA, and detection and management of long-term complications; diagnosis and management of glucose intolerance in obese adolescents, type 2 diabetes in adolescents, and monogenic (including neonatal) diabetes. It is targeted at MD Pediatrics and DM Endocrinology trainees, pediatricians, endocrinologists, general physicians and other health care professionals in the field of childhood and adolescent diabetes.

For further information, please contact Drs V Jain/ R Khadgawat at child.diabetes.ispae@gmail.com, drvandanajain@gmail.com

ISPAE 2013, ISPAE-PET 2013

November 2013, Bengaluru

We welcome you to the garden city Bengaluru, for the 3rd Biennial Conference of ISPAE & ISPAE-PET 2013! Details and registration form are available at our website, www.ispae.org.in. After the success of ISPAE 2009 at Delhi and ISPAE at Calicut, you would definitely like to attend this major event! Please note the early bird registration will be over by 30th June 2012, so hurry!

Organizing team: Dr P Raghupathy, Dr Shaila S Bhattacharyya, Dr N Nijaguna. For more details, contact: Dr Shaila Bhattacharyya, Organizing Secretary ISPAE 2013, "Santusti" 1169, 12th A Main, 4th Cross, HAL 2nd Stage, Indiranagar, Bengaluru 560008. Mob:+919900655552. Email: Shailashamanur@gmail.com

Registration Fee for ISPAE 2013

Dates	Delegates	Students	Associate Delegates
Early early bird till Dec 2011	2000/-	1500/-	1500/-
Early bird Jan- June 2012	2500/-	1500/-	1500/-
July- Dec 2012	3000/-	2000/-	2000/-
Jan- June 2013	3500/-	2500/-	2500/-
June- Sep 2013	4000/-	2500/-	2500/-
Sep 2013- Spot Registration	4500/-	3000/-	3000/-

Pedendoscan

Leena Priyambada, leenapriyambada@gmail.com

Positive impact of long-term anti-thyroid drug treatment on the outcome of children with Graves' disease: National Long-Term Cohort Study

Juliane Leger, Georges Gelwane, Florentia Kaguelidou, Meriem Benmerad, Corinne Alberti, and the French Childhood Graves' Disease Study Group. ***JCEM 97: 110–119, 2012.***

154 children newly diagnosed with Graves' disease (GD) between 1997 and 2002 were treated with three consecutive courses of carbimazole, each lasting 2 yr. Overall estimated remission rates, 18 months after the withdrawal of anti-thyroid drug (ATD) treatment, increased with time: 20, 37, 45, and 49% after 4, 6, 8, and 10 yr follow-up, respectively. An independent positive effect of less severe forms of hyperthyroidism at diagnosis and of the presence of other autoimmune conditions on remission rate after medical treatment was observed.

The authors concluded that about half the patients achieved remission after discontinuation of carbimazole, and there is a plateau in the incidence of remission achieved after 8–10 yr of ATD therapy. Children with GD displaying good compliance with treatment and without major adverse effects of ATD medication may be offered up to 8–10 yr of medical treatment.

Three-year efficacy and safety of LB03002, a once-weekly sustained-release Growth Hormone (GH) preparation, in prepubertal children with GH deficiency (GHD)

Ferenc Peter, Martin Bidlingmaier, Conrad Savoy, Hyi-Jeong Ji, and Paul H. Saenger. ***JCEM* 97: 400–407, 2012.**

LB03002 is a novel once-weekly sustained-release formulation of recombinant human GH contained in sodium hyaluronate microparticles, which are suspended in medium-chain triglycerides before injection. Weekly injections of LB03002 in children with GHD resulted in elevated serum GH concentrations lasting up to 120 h and normalized IGF-I concentration after sc injections. The treatment of prepubertal children with GHD for up to 3 yr with LB03002

given once weekly resulted in an efficacy and safety profile that did not differ from that of conventional GH replacement with daily injection. In this phase II/IIIa study in a limited number of GH-deficient children, the first-year growth velocity was approximately 12 cm/yr for the 0.5 and 0.7 mg/kg/wk LB03002 doses.

Satisfaction with genital surgery and sexual life of adults with XY disorders of sex development: results from the German Clinical Evaluation Study.
Birgit Kohler, Eva Kleinemeier, Anke Lux, Olaf Hiort, Annette Gruters, Ute Thyen, and the DSD Network Working Group. ***JCEM* 97: E213–E217, 2012.**

57 individuals with XY,DSD from the German multicenter clinical evaluation study were evaluated for satisfaction with genital surgery and sexual life in adults with XY,DSD. Dissatisfaction with overall sex life (37.5%) and sexual anxieties (44.2%) were substantial in all XY,DSD individuals. Dissatisfaction with function of the surgical result (47.1%) and clitoral arousal (47.4%) was high in XY,DSD partially androgenized females after feminization surgery. Problems with desire (70.6%), arousal (52.9%), and dyspareunia (56.3%) were significant in XY,DSD complete females. Satisfaction with overall treatment and genital surgery and sex life in XY,DSD males was better than in XY,DSD females, though the subgroup was too small for general conclusions. The team has concluded that constructive genital surgery should be minimized and performed mainly in adolescence or adulthood with the patients' consent. Especially early feminizing surgery should be avoided at birth, and gonadectomy is indicated only in cases with high risk of gonadal malignancies.

Collecting the endocrine sample correctly

Contd from page 1

… hormonal estimations are generally best collected at 8 am (latest before 9 am), considering the diurnal fluctuations in levels in levels. Morning collection is mandatory for estimating serum cortisol, ACTH (unless one is looking for the nadir of midnight ACTH), 17-hydroxyprogesterone (17-OHP) and testosterone. Of course, an ACTH stimulation test can be done at any time of the day. There is a diurnal variations in TSH levels, but its clinical significance is unclear; where possible, a morning sample may be better.

Secretion of gonadotropins, sex steroids and prolactin is pulsatile, thus a pooled sample (3 samples taken at 15-20 min intervals) is ideal**.**

Levels of 17-OHP, E2 and progesterone are dependent on the phase of menstrual cycle, so this must be kept in mind when ordering the sample.

Fasting: Samples for insulin, C-peptide, phosphorus, and lipid profile must be collected in a fasting state.

Paired testing: Estimations of ACTH are best interpreted with simultaneous cortisol levels; PTH levels with calcium; and insulin / C-peptide with glucose levels. It is useful to test serum phosphorus, alkaline phosphatase, and protein along with serum calcium.

Fragile molecules: The following samples must be refrigerated during transport and long term storage at – 70^{o} C:

– *ACTH*: spin in cold centrifuge as early as possible, to separate plasma.
– *PRA*: transport at room temperature but store at -70^{o} immediately after spinning. Advise about postural variations and ambulation.
– *PTH*: tolerates brief time at room temperature, can store at -20^{o}C. Normal reference ranges do not apply in renal failure.
– *Glucagon*
– *C-peptide*
– *Calcitonin*

Samples for estimation of serum calcium and potassium are best collected **without a tourniquet.**

Choosing the correct assay:
For estimation of **glycosylated hemoglobin** (A1C) only an NGSP certified assay standardized to the DCCT must be chosen. One must also keep in mind the prevalence of coexisting hemoglobinopathies in the reference population while ordering an A1C estimation.

Vitamin D: 25OHD levels are needed for diagnosing deficiency or excess. 1,25OHD levels can be misleading, as they actually rise in the initial stages of deficiency due to PTH drive.

Need for dynamic (stimulation or suppression) testing:
Spontaneous Growth Hormone (GH) estimations are of no value. **GH** should be estimated after stimulation by physiological means or pharmacological agents. A normal T4 level is a prerequisite before doing the stimulation test. Sex steroid priming should be done in children with a prepubertal SMR with peripubertal chronological age.

GnRH (Analog) test with a single LH sample 60 min after aqueous leuprolide 20 mcg/kg up to maximum 0.1 mg injected subcutaneously has the same diagnostic efficacy as the native GnRH test. It is therefore much less traumatic and less expensive.

Screening tests like overnight dexa suppression test (ONDST) and confirmatory tests like low dose DST (LDDST) are more useful than spontaneous cortisol estimations in the work up of Cushing syndrome. Likewise, ACTH stimulated cortisol may detect adrenal insufficiency at an earlier stage than early morning cortisol values.

There are several other details we must keep in mind. Readers are welcome to write to us and add to this list for our archives on the website. - Ed

SPECIAL CLINIC FOR CHILDREN WITH T1DM

D Rajitha & G Rajagopal, SVIMS, Tirupati

The Dept of Endocrinology at Sri Venkateswara Institute of Medical Sciences, Tirupati, has been organizing free clinics for children with type 1 diabetes mellitus every month on second Saturday, for some time now.

In each clinic, about 50 children with T1DM who belong to the below poverty line category are treated. Resources for this camp are being provided by a small group of volunteers, the Friends of SVIMS Society. SVIMS and Novo Nordisk India Private Ltd also provide support. On each visit, a clinician meets the patients and prescribes treatment; insulin required for one month is issued free of cost, and glucometers and strips for home glucose monitoring are also supplied free of cost.

During the time the children and families are waiting for post prandial testing, interactive sessions are conducted by senior residents regarding the technique of mixing different insulins, injection technique, recognition and management of hypoglycemia, sick day guidelines and symptoms of ketosis. Newly enrolled children and their parents are educated about type 1 diabetes, its cause, complications and need for glycemic control. Attempts are made to bring them to special clinic as early as possible so that they can meet other kids.

Most of the children know, interact with and support each other. It is possible to distribute and treat all these children over the rest of the clinics, but then their special needs/ issues will be diluted. Those who have had the disease for a long time do not need this group anymore, but their presence comforts those who have developed the disease recently and stresses the need for insulin and tight glycemic control.

PRE-PEDICON WORKSHOP on ISSUES IN PEDIATRIC ENDOCRINOLOGY

Ganesh Jevalikar, g_jewlikar@yahoo.co.in

A Preconference Workshop on "Issues in Pediatric Endocrinology" was held at ESIC, Hospital, Sector 9, Gurgaon on 18th January 2012, during PEDICON 2012. It was an intensive, case-based, hands-on day on the lines of PET, planned by Drs Anju Virmani, Sapna Mittal, and myself, with guidance from Drs V Bhatia and PSN Menon. It was conducted by 12 faculty members from all over the country (Drs Sapna Mittal, Anju Virmani, Vaman Khadilkar, Shaila Bhattacharyya, Anju Seth, Rajesh Khadgawat, Bhanu kiran Bhakri, Ganesh Jevalikar, M Vijayakumar, Vandana Jain, Archana Arya, and Anurag Bajpai) and attended by 29 delegates. The delegates and faculty braved very adverse weather conditions of fog and bitter cold to make this workshop a success. They were welcomed by Dr Premlatha Krishnan and Dr Manoj Mathur on behalf of the PEDICON Scientific Committee, and then in a brief but warm talk by Dr SLVig, MS of ESIC, on behalf of the ESIC Hospital.

The morning scientific program started with discussions on growth monitoring, growth charting, and assessment of bone age. Delegates were divided into 3 groups for the work-stations where case scenarios related to growth disorders were discussed. They got hands on training: plotting single/ multiple height and weight readings, calculation and interpretation of body mass index, mid-parental height, growth velocity etc. There was discussion on practical aspects of evaluation and management of these disorders.

This was followed by a talk on practical aspects of bone mineral densitometry.

In the post lunch session, the discussion on practical aspects of newborn screening for congenital hypothyroidism was followed once again by small group workstations on thyroid case scenarios, focusing on practical aspects of management. All the participants were sensitized to importance of newborn screening for congenital hypothyroidism.

Diabetes was covered by practical workstations on handling insulin, monitoring and adjustment, insulin pumps, and DKA. There was an enthusiastic response to these sessions from the delegates even at the end of a long day.

The hospitality and local arrangements by Dr Sapna Mittal's team were fantastic, and appreciated by all. The venue ideally suited for carrying out multiple small group discussions with 3 separate rooms and audiovisual arrangements. Delegates were gifted the recently released ISPAE Guidelines for "Management of Type 1 Diabetes

Mellitus" by the Workshop Organizing Committee, and a growth monitoring kit by our sponsor. Pfizer sponsored the event: their team led by Mr Shyam Bajaj was actively involved in the smooth conduct of the program, ably assisted by Mr Navjeet Kumar and Ms Rajni Rajput.

The ISPAE counter received a great response, with all growth charts and orchidometers and several copies of the Textbook of Pediatric Endocrinology (Ed: MP Desai, PSN Menon, V Bhatia) sold. We were joined by 4 new life members. We hope to carry on this momentum in subsequent meetings.

PANEL DISCUSSION ON RICKETS & VITAMIN D

The panel discussing Vitamin D Deficiency which formed part of the Chapter symposium during Pedicon 2012 in **Gurgaon** consisted of Drs HPS Sachdev, AS Vasudev, Ramani Narsimhan, Vijaylakshmi Bhatia and Anju Seth (moderater). With so many controversies in the international arena on various issues regarding vitamin D, there were bound to be varying opinions on many issues among the panelists and the enthusiastic audience. Expectedly, this panel discussion generated much heat but also light!! The importance of exposure to light (from the sun) was clearly accepted by all. Some discussion was there on the issue of how much sun exposure is needed for our (pigmented) population in south Asia. The importance of surface area exposed to sunlight in addition to the number of minutes spent outdoors was stressed, as also the detrimental effect of the increasing use of sunscreen by girls, women, and now even men! Vulnerable populations (newborns and infants, adolescents especially girls, pregnant women, and the elderly) were recognized.

The international debate on the definition of vitamin D deficiency (serum 25OHD of 20 vs. 30 ng/ml vs. even higher levels) was highlighted. The 2011 Institute of Medicine (IOM, NIH) DRI (Dietary Reference Intake) recommendations and the Endocrine Society (USA) recommendations for vitamin D supplementation at various ages, were presented, compared and debated. Treatment of nutritional rickets, toxicity considerations, safety of 6 lakh unit doses especially for infants and young toddlers and pharmacokinetics of a single large oral dose of vitamin D were highlighted. Diagnosis of non-nutritional especially renal rickets and RTA and hypophosphatemic rickets were discussed. The role of surgery for rickets was highlighted.

WORKSHOPS/ MEETINGS in/ around KANPUR

Anurag Bajpai, dr_anuragbajp1@hotmail.com

An interactive workshop covering practical aspects of assessment and management of growth failure was conducted at **Allahabad** on **4th February 2012**, based on the module developed for UP PEDICON in November 2011. The trainers Drs Jaivardhan Rai, Ruchi Rai and A Bajpai used illustrative cases to focus on the needs of practicing pediatricians and postgraduate trainees. The workshop was attended by 60 delegates.

IAP Gorakhpur organized a CME on growth failure with Dr A Bajpai as speaker on **18th February 2012.** On **25th February,** interactive case vignette based CMEs on Pediatric Endocrinology organized at King George Medical University under the auspices of IAP Lucknow, and on Pediatric & Adolescent Gynecology under the auspices of IMA and IAP Kanpur, were much appreciated. Drs Yuthika Bajpai, Rashmi Kapoor and A Bajpai emphasized the importance of oft-neglected adolescent gynecology.

On **3rd March** a Growth Workshop was conducted under the auspices of IAP Kanpur, by Drs R Kapoor, Yashwant Rao and A Bajpai for 52 delegates. On 17th March, Dr A Bajpai discussed recent advances in managing childhood diabetes, including changes in DKA management and the evolving use of insulin pumps and CGMS, at a CME organized under the auspices of IAP Kanpur.

On **8th April,** in a CME organized by IAP Kanpur on hypocalcemia and vitamin D in pediatric practice, Drs IPS Kochar and A Bajpai spoke on the need for increasing awareness. On **13th April**, Dr Bajpai discussed recent advances in the management of type 1 diabetes in a CME organized by IAP Agra**.** On **15th April**, the IVth Growth Workshop implementing the growth module developed for UP PEDICON was conducted at Gwalior by Drs Pramod Gulati, Deepak Agarwal & A Bajpai for 44 delegates.

GROWTH SYMPOSIA in DELHI

Bhanu kiran Bhakhri, drbhanu04@yahoo.co.in

A Growth Symposium was organized in Lady Hardinge Medical College on 4th February 2012, and attended by pediatric residents from various colleges of Delhi. The focus was on developing stepwise approach and practical skills among postgraduates and senior residents. The faculty included Drs Anju Seth, Seema Kapoor, Rajni Sharma and Bhanu kiran Bhakhri. The topics covered included use of growth charts, measuring anthropometry and pubertal status, bone age assessment and the algorithmic approach to a short child. Everyone enjoyed the interesting overview of syndromic short stature by Dr Seema Kapoor.

A similar, much appreciated Symposium was also organized by Dr Sonia Makhija at Hindu Rao Hospital, New Delhi, in March 2012.

BIHAR PEDICON

Sanjay Kumar, drsanja@rediffmail.com

Bihar State Pedicon 2012 was held in Sitamarhi on 18-19 Feb 2012 in Lalit Bhavan, Punaura Dham. Dr YK Prasad, a renowned pediatrician was the organizing secretary and I (Dr Sanjay Kumar) the co-secretary. There was a session dedicated to growth disorders and pediatrics endocrine problems in which Dr Anurag Bajpai gave the plenary lecture on growth failure, which was appreciated by all.

CME AT SURAT

Samir Shah, dr.samirshah.surat@gmail.com

A CME on pediatric endocrinology was organized by the Surat Pediatric Association at Surat, Gujarat on 18th March, 2012, in memory of our late teacher, Dr HK Gaur. It was attended by more than 100 delegates, including practicing pediatricians and PG students from Medical College. The galaxy of speakers included Dr Nalini Shah (Mumbai), Dr Vijayalakshmi Bhatia (Lucknow), Dr Abhishek Kulkarni (Mumbai) and Dr Samir Shah (President, Surat Pediatric Association).

The 14th Dr HK Gaur oration was conferred on Dr Nalini Shah. The topic of the oration was "Pediatric and Adolescent Endocrinology: a journey fulfilled". Dr Bhatia discussed newborn thyroid screening, approach to goiter, and ambulatory management of diabetes mellitus. Other topics covered were precocious puberty, thyrotoxicosis, growth charts and bone age. Topics covered in a panel discussion were gynecomastia, hirsutism and metabolic syndrome.

We are particularly thankful to Dr Nalini Shah and Dr Vijayalakshmi Bhatia for constantly guiding us. The CME was successful in creating awareness about pediatric endocrinology among pediatricians, which was evident by the good sale of the books: Pediatric Endocrine Disorders, and Guidelines on management of Pediatric & Adolescent Diabetes Mellitus.

CDiC TRAINING PROGRAMS

Diabetes education training programs for health care professionals were conducted by Drs Anju Virmani and Abhishek Kulkarni as part of the Changing Diabetes in Children (CDiC) program by Novo Nordisk Education Foundation. They were held in Hyderabad on 21st April and Mumbai on 22nd April, and attended by a mix of physicians (36), nurse educators (3), dieticians and other paramedical staff (24), and even a patient volunteer, nominated by Diabetes Centers across the country. Talks were interspersed with case discussions: each participant discussed briefly a pre-allotted case scenario. This made the program very interactive, with everyone learning from others' experiences.

CONGRATULATIONS! Our member, Dr Sunil Kumar Kota, student of Dr KD Modi, Hyderabad, was awarded the American Association of Clinical Endocrinologists (AACE) International Travel Grant, worth 2000 USD, to present his paper during the 21st AACE annual meeting at Philadelphia, USA, from 23-27th May, 2012.

FORTHCOMING MEETINGS

1. **PEDENDOCON 2012**: Regional CME: Coimbatore: 13 May 2012. Contact: Dr Meenakumari Mohan, pedendocon2012@gmail.com
2. **9th Annual Apollo Pediatric Symposium**: Theme Endocrinology & Diabetes: Apollo Gleneagles, Kolkata: 9-10 June, 2012. Contact: Dr Subrata Dey
3. **PEP 2012**: Clinical workshop for postgraduates: Bengaluru: 15-16 September, 2012. Details: please see box.
4. **ESPE 2012**: 51st ESPE Meeting: Leipzig, Germany: 20-23 September, 2012. Email: espe@eurospe.org
5. **ISPAD 2012**: 38th Annual Meeting: Istanbul, Turkey: 10-13 October 2012.
6. **RSSDI 2012**: 40th Annual Meeting of Research Society for Study of Diabetes in India: Chennai: 26-28 October 2012. Theme for MMS Ahuja Symposium: Adolescent Diabetes; for Nutrition Symposium: Regional Differences in Food Consumption Patterns and Glucose Intolerance. Details: www.rssdi2012.com. Abstracts to be submitted (last date 31 August) to Scientific Chairman, Dr Banshi Saboo, bashisaboo@hotmail.com; diacare@live.com.
7. **ISPAE-ISPAD Symposium on Childhood Diabetes 2012**: AIIMS, New Delhi: 4-5 November 2012. Contact: Vandana Jain/ Rajesh Khadgawat at child.diabetes.ispae@gmail.com,
8. **APPES SCHOOL 2012**: Fellows' Meeting: Nausa Dua, Bali, Indonesia: 10-14 Nov 2012. email: appes@willorganise.com.au. Please see Notes & News.
9. **APPES 2012**: 7TH Biennial Scientific Meeting: Nausa Dua, Bali, Indonesia: 14 - 17 Nov 2012. email: appes@willorganise.com.au. Website: www.appes2012.com. Or go to the APPES Facebook page, for updated information on the association as well as upcoming meetings.
10. **PEDICON 2013:** 50th Annual Meeting of the IAP: Science City, Kolkatta: 17-20 January, 2013. Organizing Secy: Dr Jaydeep Choudhry, www.pedicon2013.org
11. **LWPES 2013:** Annual Meeting of the Lawson Wilkes Pediatric Endocrine Society (USA): Washington DC. 4-7 May, 2013.
12. **ENDO 2013:** Annual Meeting of the Endocrine Society: San Francisco, USA. 15-18 June, 2013. Email: societyservices@endo-society.org
13. **ESPE-LWPES**: 9th Joint ESPE/ LWPES Meeting: Milan, Italy: 19-22 September, 2013. Email: espe@eurospe.org
14. **ISPAD 2013**: 39th Annual Meeting: Gothenburg, Sweden: October 2013.
15. **ISPAE PET 2013**: Bengaluru. November 2013.
16. **ISPAE 2013**: 3rd Biennial Meeting: Bengaluru. November 2013. Organizing Secretary: Dr Shaila Bhattacharyya, shailashamanur@gmail.com
17. **LWPES 2014:** Annual Meeting of the LWPES: Vancouver, Canada. 3-6 May, 2014.
18. **ENDO 2014:** Annual Meeting of the Endocrine Society: Chicago, USA. 21-24 June, 2014. Email: societyservices@endo-society.org
19. **ESPE 2014**: 53rd ESPE Meeting: Dublin, Ireland: 18-21 September, 2014. Email: espe@eurospe.org
20. **ISPAD 2014**: 40th Annual Meeting: Canada.
21. **LWPES 2015:** Annual Meeting of the LWPES: San Diego, CA. 25-28 April, 2015.
22. **ENDO 2015:** Annual Meeting of the Endocrine Society: San Diego, CA. 20-23 June, 2015. Email: societyservices@endo-society.org
23. **ESPE**: 54th ESPE Meeting: Barcelona, Spain: 9-12 September, 2015. Email: espe@eurospe.org
24. **ISPAD 2015**: 41st Annual Meeting: Australia.

CLINICAL WORKSHOP: PEDIATRIC ENDROCRINOLOGY FOR POSTGRADUATES (PEP 2012, BENGALURU) 15-16 September 2012

Depts of Pediatric Endocrinology at Indira Gandhi Institute of Child Health & Manipal Hospital, Bengaluru (under the auspices of ISPAE) *will conduct this Workshop to facilitate PGs undergoing DCH, MD Ped, DNB Ped courses. Interactive sessions will be held aimed at guiding participants preparing for theory/OSCE/Clinical examinations in pediatrics. Prior to the Workshop, PGs will be instructed to submit clinical cases seen/ handled by them, for presentation during the workshop.*

Registration fee: Rs.1,000;
Last date for registration: 31 July 2012
(Certificate from concerned HOD Pediatrics, must be attached to registration form)

Contact: P. Raghupathy (drp.raghupathy@gmail.com);
Shaila S. Bhattacharyya (shailashamanur@gmail.com)

CASE VIGNETTE #1 (CAPE NEWS Aug'11)

Ganesh Jevalikar, gjevalikar@gmail.com

Dear Sir, This is with reference to a case in CAPE NEWS August 2011: Mr A, 17y male was diagnosed to have Graves' disease based on clinical symptoms and thyroid scan, for which he had undergone radioiodine ablation 8y back. He also was suffering from rheumatoid arthritis and was on methotrexate, folic acid and prednisolone. When he developed radiation induced hypothyroidism, he was treated with 150 mcg of thyroxin. The treating doctor found that his TSH was 8.4 mIU/L and total T4 15 mcg/dl. The dose of the thyroxin was increased to 200 mcg. In the subsequent follow up, he complained that he was feeling better with the previous dose and now he had nervousness, decreased appetite and increased daytime somnolence. On clinical examination he had a pulse of 104/min, blood pressure 120/70 mmHg, and tremors. His thyroid function revealed a further rise in TSH to 11.4 mIU/L and T4 was 17 mcg/dL.

The answer to the above is: The TSH is inappropriately high compared to TT4 values. Basically, we can find this

clinical picture in TSH-secreting pituitary adenoma, thyroid hormone resistance (THR). I don't think he has thyroid hormone resistance because he was diagnosed with Graves' disease, that by definition is characterized by very low TSH with high T4 and/or high FT3. Based on the findings & clinical course, it could be TSH- secreting adenoma, but this condition should be more frequently after total thyroidectomy, because of the higher TSH.

The next course of action would be to first repeat check the levels of **free** thyroid hormones and other pituitary hormones, advise neck ultrasound and MRI of pituitary.
Dr Alok Kumar, dralokkr@hotmail.com

Dear Dr Alok Kumar,

Many thanks for reading the case with interest and for your reply. You have rightly discussed the possibilities in this case. High T4 and high TSH can be seen in the following situations:
1. Non-compliant patient who takes large dose of the medicine just before the test,
2. TSH secreting pituitary adenoma
3. Generalized resistance to thyroid hormone.
In addition to these heterophile antibodies in rheumatoid arthritis could give a similar picture.

It is a well known fact that some individuals can have a different set point for the level of TSH and in them normal T4 can be seen with slightly higher TSH. In such patients T4 is a better guide to therapy than TSH. In this patient, free T4 was high, MRI pituitary was normal, and he was hyperthyroid clinically. Therefore, we reduced the dose of thyroxin: his symptoms became better and T4 normalized. However, he continued to have higher TSH.

CASE VIGNETTE #2 (CAPE NEWS Apr'12)

Wg Cdr Saroj K Patnaik, drskp1973@yahoo.com

Master A, 12 yr old male, was brought with history of becoming comatose after dinner. There was history of episodic sweating and an episode of seizure like activity 6 weeks prior following a brief coryza like illness, and abnormal behavior in the form of temper tantrums and use of foul language at home. The child had been evaluated by a neurologist, labeled as having pseudoseizures in the absence of any EEG corroborates during the earlier episode and referred for psychiatric opinion. He was counseled and put on no medications. Three days prior to admission he was also noted to have unsteady gait with mild slurring of speech. On the day of admission, he had had his dinner, gone to sleep and become unarousable thereafter. Clinically he was afebrile, normotensive, with HR 112/min, GCS 5/15, extensor plantars, no meningismus, normal fundus examination. Routine hemogram, biochemistry and urinalysis were normal. CSF examination was unremarkable with absent pleocytosis and normal proteins; MRI brain was normal. EEG showed nonspecific slowing. Mantoux was negative. He was put on ventilatory support with empirical antibiotics and acyclovir. Subsequent CSF viral screen came negative. A review of his documents revealed grade I thyromegaly with T4 10.1 mcg/dl and TSH 5.57 mIU/L. With no response even after 5 days of admission, he was started on injection dexamethasone 4 mg 6 hourly. A repeat thyroid profile revealed T4 14.3 mcg/dl and TSH 0.4 mIU/L. He showed a dramatic response by the second dose of dexamethasone and regained consciousness. He became ambulant by day 2 of dexamethasone. Antibiotics and antivirals were stopped. He was discharged home on day 7 in a fully conscious and ambulant state.

Questions:

1. What is the differential diagnosis of a child presenting like this?
2. What is STREAT? What are the other synonyms of this condition?
3. What is the role of serological investigations in such a case?
4. What are the therapeutic modalities for this condition?

Please send your replies to: drskp1973@yahoo.co.in

NEWS YOU CAN USE

APPES FELLOWS' SCHOOL

The 2012 **APPES Fellows School** is being held immediately prior to the scientific meeting from the **11 – 14 November** 2012 at the Ramada Resort, Benoa (approximately 5-10 min drive from Nusa Dua). The **deadline of 28th May** is fast approaching! All the information can be found on the APPES website www.appes.org (under meetings/ upcoming meetings) and also at our website www.ispae.org.in. In case of any problem in getting information, please contact ***Alicia White*** awhite@willorganise.com.au

PFIZER RESEARCH GRANTS

Pfizer Inc. is sponsoring a competitive, peer-reviewed grants program in endocrinology for young investigators, to boost the research work in this therapy area. The last date of submission of protocol is 15th of June 2012. You would have received a mail with details attached. Should you require any further assistance, please contact Dr Amit R Jadhav, Medical Advisor, Pfizer India Ltd. 022-66932213, Amit.Jadhav@pfizer.com.

DIAGNOSIS AND MANAGEMENT OF TYPE 1 DM IN CHILDREN AND ADOLESCENTS IN INDIA: CLINICAL PRACTICE GUIDELINES 2011

Editors: Aspi J Irani, PSN Menon & Vijayalakshmi Bhatia

A handbook for pediatricians, physicians, endocrinologists, nurse educators, dieticians and counselors. 23 chapters covering all aspects of childhood diabetes and its management. Updated with current evidence world over, & modified for use in resource poor settings

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To get your copy (cost Rs 150+ courier charges), please contact: **Dr Anju Seth, Secretary ISPAE** anju_seth@yahoo.com

April 2012

ISPAE Travel Award Guidelines

The Indian Society for Pediatric and Adolescent Endocrinology (ISPAE) plans to start a Travel Award, to inculcate interest and disseminate knowledge in pediatric endocrinology among pediatricians and physicians with interest in pediatric endocrinology. The process and procedures are as follows:

1. The award is meant as a reimbursement to partially defray the expenses of the selected candidate to be able to spend 1-3 months with a Pediatric endocrinology centre *or* an Endocrinology centre with facilities for exposure and training in pediatric endocrinology.
2. The training centre should have at least (1) two pediatric endocrinologists or (2) one pediatric endocrinologist and one adult endocrinologist interested in pediatric endocrinology as faculty/ trainers. The centers which have ongoing training and/ or fellowship programs would be preferred. A provisional list of prospective centers is provided in the annexure. (The list is not complete; is open to new entries and would be revised annually.)
3. The applicant must communicate with the mentor in advance. Documentation of acceptance by the mentor/ department/ institution concerned should be submitted along with the application.
4. It is planned to award one observership every year. This number may be increased depending on the availability of funds.
5. The award consists of an amount (at present) of Rs 25,000/-, and will be given after the observership is completed **and** course report signed by the mentor is submitted by the awardee to Secretary, ISPAE.
6. Applicants who are planning an observership anytime in a calendar year should send in their applications for the award by 31 December of the previous year. The award will be announced by 28 February of the calendar year. Granted observership has to be availed of during that calendar year.
   As a special case for the year 2012, the last date of application is **30 June, 2012** and the award would be announced by **31 July, 2012**. The observership would have to be completed maximum by **30 June, 2013**.
7. Applicants must have completed at least 1 year of senior residency if applying after MD or DNB Pediatrics. Preference will be given to young faculty members, who are in a position to start pediatric endocrine clinics in their hospital, or are already running a clinic but have not had the benefit of a formal training program. However, the award is not limited to this group. Those who have done endocrinology or pediatric endocrinology training earlier and wish to do a refresher course in pediatric endocrinology may also apply.
8. Upper age limit is 45 years.
9. The applicant must be a member of ISPAE. Those who are not members of ISPAE would have to first become members to be eligible for observership. Please check the details regarding ISPAE membership at our web-site www.ispae.org.in
10. The application must be accompanied by a recommendation note from two active ISPAE members.
11. It is desirable that the applicant plans for & submits a brief synopsis of a research plan that he/she would like to commence during the period of observership.
12. Interested candidates must submit their applications in the prescribed application form. This application must be forwarded by the Head of the Department, if the applicant is a student or trainee and those working in a government institutions.

Completed applications may be e-mailed to Dr Anju Seth, Secretary ISPAE & Professor, Dept. of Pediatrics, Lady Hardinge Medical College & Kalawati Saran Children's Hospital, New Delhi, at anju_seth@yahoo.com

List of Prospective Centers for Observership

Examples of centers which are running diploma or academic courses in pediatric endocrinology: 1. Sanjay Gandhi Postgraduate Institute of Medical Sciences, (SGPGIMS), Lucknow; 2. Bharati Vidyapeeth, Pune; 3. Indira Gandhi Institute of Child Health, Bengaluru; 4. Manipal Hospital, Bengaluru

Examples of centers with 2 pediatric endocrinology faculty members or 1+1 combination of adult and pediatric endocrinology faculty members: 1. All India Institute of Medical Sciences (AIIMS), New Delhi; 2. Christian Medical College (CMC), Vellore; 3. Bai Jerbai Wadia Hospital, Mumbai; 4. King Edward Memorial (KEM) Hospital, Mumbai; 5. Kalawati Saran Children's Hospital, New Delhi; 6. Regency Hospital Limited, Kanpur.

APPLICATION FORM: Salient features (Download full form from website: www.ispae.org.in)
PERSONAL DETAILS: Name; Address, telephone number, email, date of birth
QUALIFICATION SUMMARY: Degree (with institution & year awarded).
EXPERIENCE SUMMARY (including training, if any, in pediatric endocrinology): Position (with institution, duration)
ISPAE MEMBERSHIP number:
OBJECTIVE OF OBSERVERSHIP: including in brief reasons for applying for pediatric endocrine training, past involvement and future plans related to Pediatric Endocrinology
OBSERVERSHIP DETAILS: Institution and Mentor; Time frame; Proposed research work, if any. (Please include a letter duly signed by the mentor accepting the candidate for observership.)
ISPAE REFEREES: Please include notes of recommendation from two active ISPAE members supporting the application.