CAPE NEWS

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

www.ispae.org.in

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Inside this Issue

BEST WISHES TO ALL MEMBERS FOR A WONDERFUL 2011!

NOTICE OF THE ANNUAL GENERAL BODY MEETING

Notice is hereby given of the **Annual GBM** to be held on **23rd Jan 2010** at 11 am during **Pedicon 2011** at the BM Birla Center, **Jaipur**. The agenda is:

1. Confirmation of the minutes of the last AGBM in Jan 2010 in Hyderabad.
2. Presentation of accounts for year 2009-10 and confirmation of appointment of auditor.
3. Introduction of the new Executive Council.
4. Welcoming of new members.
5. Consideration and adoption of the annual report of the Society.
6. Update on ISPAE 2011, ISPAE PET 2011 (Calicut); diabetes & obesity guidelines; progress of IAP Pediatric Endocrinology book; new formal pediatric endocrine courses in India.
7. Discussion of other activities for 2010-2011: popularizing website/ orchidometers/ stadiometers/ growth charts/ DM guidelines, links with international organizations, content of symposium in Pedicon 2012 and other meetings.
8. Maintenance of 80G status: educational & charitable activities for this.
9. Any other agenda with permission of the chair.

ISPAE WEBSITE

Have you seen our website? www.ispae.org.in. Check it out for meetings, guidelines and other learning material, contacts in different cities…

PEDICON 2011: 48th Annual Conference of IAP: Jaipur: 19-23 Jan 2011. Organizing Secy: Tarun Patni. www.pedicon2011.com

ISPAE 2011: Calicut: 25-27 Nov; **ISPAE-PET 2011 (Pediatric Endocrine Training program):** Calicut 22-25 Nov 2011. Organizing Secretary: Vijayakumar M. email: vijayakumarmdr@yahoo.com.

NOT YET A MEMBER?
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It's inexpensive: Rs 1500 for life!

ADOLESCENT GYNECOLOGY: NEW KID ON THE BLOCK

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In this era of ever expanding super-specialties the first thought that might come to mind is to question the need for adolescent gynecology as a new sub-speciality…

.. *Contd on page 6*

ISPAE NEWS
ELECTION RESULTS: OFFICE BEARERS & EXECUTIVE FOR 2011-2012

Anju Virmani, Returning Officer 2010

It gives me great pleasure to announce the results of the elections for the term 2011-2012. The office bearers were elected unopposed, but we did have 10 members standing for the 7 executive council posts. I am happy to say that there was enthusiastic voting. The final composition of the new team is:

President: Dr PSN Menon.
Secretary-Treasurer: Dr Anju Seth.
Joint Secretary: Dr Preeti Dabadghao.
Executive Members: Dr Anurag Bajpai, Dr Bhanukiran Bhakhri, Dr Ganesh Jewalikar, Dr Vaman Khadilkar, Dr Sara Mathai, Dr Karnam Ravikumar, Dr Anna Simon.

Congratulations to the entire new team, which comes from across the country! They take over at the Annual General Body Meeting in Jaipur in January 2011.

SECRETARY'S MESSAGE

Dear members,

This newsletter marks the end of an eventful year for our Society and now it is time to look forward to a yet another wonderful new year for all our members!

I would like to welcome our new Council members who will take this Society to new heights. Our new President Dr PSN Menon needs no introduction. He was instrumental in setting up our Chapter along with Dr. Meena Desai and has been deeply involved with all activities over the decades. It gives me great pleasure to introduce to you Dr Anju Seth, our new Secretary-cum-Treasurer, who is a Professor at Kalawati Saran Children's Hospital. Anju was the coordinator for the first and very successful PET program, and is now helping with the organization of the next PET program to be held in Calicut in 2011. Dr Preeti Dabadghao, our new Joint Secretary, is Associate Professor at SGPGI Lucknow. She was responsible for planning the excellent scientific program in ISPAE 2009 along with Dr. V Bhatia. Our new executive members are Dr Anurag Bajpai from Kanpur, Dr Bhanukiran Bhakhri and Dr Ganesh Jewalikar from Delhi, Dr Vaman Khadilkar from Pune, Dr Sara Mathai from Vellore, Dr Karnam Ravikumar from Chennai, and Dr Anna Simon also from Vellore. So all parts of the country are well represented!

In the last year we have accomplished a lot. We are now 222 members. Eleven of our Society members have become active members of the Global Pediatric Endocrinology and Diabetes (GPED). The first meeting of GPED held in Prague at ESPE 2010, in which ISPAE was represented by our President Dr Nalini Shah.

The IAP annual meeting Pedicon 2011 is being held at Jaipur in January 2011. As always, our Chapter will have a symposium (program details below), followed by our annual GBM. I request all members who are attending Pedicon to attend the symposium as well as the AGBM. Preparations for our biennial meetings ISPAE and PET 2011 to be held in November 2011 in Calicut are progressing very well under Dr. Vijayakumar's able supervision. Both ESPE and APPES are supporting speakers for the meetings.

The editing of "Practical Guide to Pediatric Endocrinology" is being done by Dr Nalini Shah and Dr Sudha Rao. It should be released next year.

Two new Pediatric Endocrine fellowships have been started: by Dr Vaman Khadilkar (Pune) and Dr Shaila Bhattacharya (Bangalore). We hope that more such programs will be started to provide pediatric endocrine training to young pediatricians.

I am sure that the next year will also bring new members, academic meetings and training programs so that field of Pediatric Endocrinology gains more prominence in our country. I take this opportunity to wish you all a very Happy New Year and all the best to our new executive council.

With best wishes,
Dr Archana Dayal Arya

CHARITY & EDUCATIONAL ACTIVITIES OF ISPAE: 2009-2010.

Vijaylakshmi Bhatia, Member Secy, ISPAE Charity Committee

Charity activities:

Donations raised:

1. During Financial Year 2009-2010, ISPAE members personally donated as well as raised through friends and contacts, Rs 11000 as donation for members to carry out health related charity activities. 100% of these donations was spent on purchase of medicines to distribute in the activities mentioned below.
2. ISPAE donated Rs 20,000 from its interest earnings of Rs 23044, to member Dr Sahul Bharti to carry out free medical work in remote Himachal villages.

Activities carried out by ISPAE members for Charity for Needy Patients and Health Education of Lay Public:

1. Dr Sahul Bharti carried out extensive free medical camps and health education camps in November 2009, in remote villages of Dist. Jammu, with the support of Drs John Clifford and Margaret Zacharin from Melbourne, Australia [***Annexure 1, 2*** give details of programs carried out by their team and selected photographs of the activities].
2. Health awareness and education sessions and free medical camps conducted by Dr Virmani, at the Chinmaya Organsiation for Rural Development (CORD), Siddhbari. [***Annexure 3*** highlights some photographs of her activities in May 2009].
3. Dr Virmani administered vitamin D to thalassemia children in Faridabad [***Annexure 4].***
4. Drs Preeti Dabadghao and V Bhatia carried out a juvenile diabetes support group activity on Feb 21 in SGPGI Dept of Endocrinology [***Annexure 5, 6]***.

Activities carried out by ISPAE members for Education of Health Professionals:

1. The Society held its first biennial conference in Delhi in Nov 2009. There were 11 international speakers from Europe, USA, Australia, Israel and Hong Kong, and 175 delegates, including a few from Indonesia and Thailand. [***Annexure 7and 8]***
2. The first pediatric endocrine residential training course (ISPAE-PET) was held in Nov 2009 in NOIDA. 36 Indian (Tamil Nadu, West Bengal, Karnataka, Punjab, Haryana, Delhi, UP, Goa, Kerala, Andhra, Maharashtra) and South East Asian trainees interacted with 6 Indian and 6 international faculty over 3 days of intensive learning. [***Annexure 9 and 10]***
3. CME on pediatric endocrinology by executive member Dr M Vijayakumar in Calicut in March 2010 in conjunction with Calicut IAP branch. [***Annexure 11]***
4. Pediatric Endocrinology Update in Amrita Institute in Cochin, March 2010, organised by members Dr VP Praveen and Dr Nisha Bhavani, with members Dr Nalini Shah and V Bhatia invited to speak there. [***Annexure 12]***
5. Pediatric Endocrinology Update in Wadia Hospital in Mumbai, in March 2010, organized by member and joint secretary Dr Sudha Rao. [***Annexure 13]***
6. Guidelines prepared on treatment of type 1 diabetes mellitus, by members of the Society, Drs A Irani, A Virmani, PSN Menon, A Bajpai, M Vijayakumar, V Bhatia and A Simon. For the benefit of practicing pediatricians and physicians, for the correct treatment of children with diabetes, and hence for the benefit of the patient. [***Annexure 14]***
7. Two of our Indian trainees selected by ISPAE were accepted for a training program in Thailand, by APPES. [***Annexure 15]***
8. ISPAE was approached by the international founding members of GPED (Global Pediatric Endocrinology and Diabetes), to nominate active members and approve its constitution. Our President is a member of this global body.

Educational and professional activities carried out by ISPAE, with a national professional impact:

1. The Society is continuing to make available at cost price, India-specific growth charts based on Dr KN Agarwal's data. [***Annexure 16, 17, 17 A & B].***
2. ***Drug formulary***: IAP (Dr Jeeson Unni) has prepared and regularly updates a drug formulary for the use of its membership, in the interests of good care of the children of our country. This important resource document and service provided by the IAP facilitates proper use of medicines, provides appropriate dosages for different age groups and body weight, and guidelines for diseases, situations and medicines peculiar to India, and is a resource for governmental agencies looking to set up guidelines and protocols, etc. In the endeavour,, ISPAE members provide the details of drugs pertaining to endocrinology and diabetes. **[*Annexure 18]***.
3. ISPAE continues to make available low cost, locally made orchidometers [***Annexure 19]***.
4. Mini Stadiometer: Member Dr M Vijayakumar has made special efforts to procure height measuring equipment from a less known manufacturer of Kerala, and has made it freely available to members across India at a nominal cost, through ISPAE. [***Annexure 20]***
5. The newsletter, CAPENEWS, is brought out 3 times a year continuously since 1996, and is also exhibited on our website. ***[Annexure 21]***
6. **Website:** The site is www.ispae.org.in. It has been in continuous function since 2008, and is continually updated, with patient education, resource material for health personnel, announcements regarding meetings and other professional news. [***Annexure 22]***

We welcome other members to similarly let us know of their charitable activities, and if possible route them thru ISPAE.

[Annexures have not been included here, to save space. Ed]

ISPAE 2011, PET 2011: PROGRESS REPORT

M Vijayakumar, Organizing Secretary, ISPAE 2011

As you all know, **ISPAE PET 2011** will be from 22 to 25 Nov 2011, while the M**ain meeting** will be from 25 to 27 Nov 2011. The **2nd brochure** is being emailed to all of you. It was circulated in ESICON at Vellore, and will also be circulated at PEDICON at Jaipur in January 2011. We started registrations in Vellore, and have 7 already. We look forward to your registering early, to avail early bird rates!

The Scientific Committee: is contacting various faculty members for confirmation of participation in the meetings

(PET and main meeting). The European Society for Pediatric Endocrinology (ESPE) Secretary General Dr Franco Chiarelli has confirmed that ESPE will be sponsoring 4 faculty members: Dr Franco Chiarelli (Italy), Dr Jean-Claude Carel (France), Dr Ze'ev Hochberg (Israel) and Dr Olaf Hiort (Germany). All of them have confirmed they would be coming; Dr Carel and Dr Hiort would participate in the PET and main programs, while Dr Chiarelli and Dr Hochberg would be coming for the main meeting. Asia Pacific Pediatric Endocrine Society (APPES) Council would be sponsoring Dr Reiko Horikawa (Japan) for the main meeting and PET. Dr Margaret Zacharin (Australia) and Dr Scott Rivkees (USA) have been invited and also confirmed their participation. National faculty is being contacted as the program slowly shapes up. Discussions are ongoing with major pharmaceutical companies regarding their support for both events.

With best regards
Vijayakumar

NEW MEMBERS: A VERY WARM WELCOME!!

1. **Dr TUSHAR BANDGAR, Mumbai**
2. **Dr RAHUL JAHAGIRDAR, Pune**
3. **Dr PARJEET KAUR, Delhi**
4. **Dr ARUNDHATEE KHARE, Pune**
5. **Dr SOPHY KORULLA, Vellore**
6. **Dr ABHISHEK KULKARNI, Lucknow**
7. **Dr S LAKSHMI, Chennai**
8. **Dr VARSHA PATIL, Mumbai**
9. **Dr J LEENATHA REDDY, Hyderabad**
10. **Dr VAISHAKHI RUSTAGI, Pune**
11. **Dr A SANTOSHKUMAR, Thiruvananthapuram**

ISPAE and the ASIA PACIFIC PEDIATRIC ENDOCRINE SOCIETY (APPES)

Vijayalakshmi Bhatia, India Representative to APPES

Having attended the APPES Council Meeting during the Xi'an conference, I thought it a nice opportunity to share with all ISPAE members some information about the workings of the regional international society which represents us and our interests in the global pediatric endocrinology scene.

I have been India representative on the APPES council for 2009 and 2010. My term will continue for the next 2 years. Dr PSN Menon just completed his term of 4y. Dr Nalini Shah has been nominated by the ISPAE Council to replace Dr Menon, for a 4y term. Larger countries have 2 reps, smaller one representative. Office bearers should have been council members before. The President has a term of 2y, and 2y before that as President-elect. The Secretary has a longer term. The full Council is described in the APPES website. It meets in even years during the biennial meeting, and in odd years in a face-to-face meeting in a central country. Since members have to fund their own travel, we have usually not been able to attend the latter meetings. However, teleconferences are held religiously 3-4/ year, where all council members can opine on agenda.

Membership fees for ordinary members only hold good for 1 year, unlike "life" membership in Indian societies. However, there are discount schemes for 3y, 5y and 10y membership, which work out to be attractive. What do we get out of membership? The strongest benefit is education, and that has been consistent ever since its inception. For a developing country like ours, the facility of sending 4-5 fellows each year for the fully funded Fellows' Meeting is indeed attractive. Graduates of the APPES Fellows' Meetings have networked long term with each other, nationally and internationally. APPES has also sponsored speaker(s) for our biennial and PET meetings. At the last LWPES - ESPE joint meeting in 2009, one fellow from the APPES region was awarded a fully funded travel grant, based on the best abstract submitted. Further, since APPES (like SLEP, JSPE & APEG) is represented on scientific program committee of LWPES - ESPE joint meetings, scientific issues of concern to our region have a chance to get highlighted.

APPES is a strong body on the international scene, considering it is very young, but it can become stronger only by active membership from all the member countries. It is in our interest to have a large membership in APPES and work to make it more and more useful for us in the years to come.

APPES MEETING: XI'AN, CHINA

Vijayalakshmi Bhatia, Faculty, Fellows' Meeting, Xi'an

The 6th biennial meeting of APPES and the 12th Fellows' Meeting were held from 13-20 Nov 2010, in the historical Chinese city of Xi'an. The Fellows' Meeting was organized by Dr Maria Craig (Sydney, Australia), who has been volunteering her time to organize this extremely popular educational activity for the last several years. For 3 days, 36 trainees from the Asia Pacific region stayed together and studied together with 8 faculty (which expanded to 12 by the last day). I was impressed by the knowledge of all attendees and the availability of molecular investigation in even smaller countries, but also constantly struck by the advantage we Indians have in being conversant with English. I appreciated the format of each trainee being allowed ONLY 10 slides per case presentation, leaving plenty of time for audience participation and great learning. The faculty invariably wove the case discussions of the trainees into their talk, and thus guided discussion while at the same time presenting an overview of their subject. Of the 4 trainees selected from India, 2 could not attend due to last minute circumstances beyond their control. Ganesh Jewalikar from Delhi and Sophy Kurulla from Vellore

attended, and both made us Indians very proud indeed. Ganesh also won the first prize in the quiz.

Faculty and Fellows at the Fellows' Meeting, Xi'an

During ice-breaking at the Fellows' Meeting: L→R: Pik To Cheung, Louis Low, Maria Craig, Reiko Horikawa, Han Wook Yu, Scott Rivkees, Xiaoping Luo, Vijayalakshmi Bhatia.

Coming to the **main meeting**, expectedly growth hormone (GH) therapy and type 1 diabetes were the most common themes addressed. Kim Donoghue spoke about complications in childhood type 1 vs. type 2 DM, the Golden Years Study (a study of patients who had type 1 DM for 50 years, showing more exercise, better lifetime A1c and higher parents' age at death provided better outcome), the use of retinal arteriole diameter, aortic intimal media thickness and corneal confocal microscopy to look at corneal nerves, in looking for early predictors of diabetes complications. The meeting had less commonly addressed areas too. Scott Rivkees, speaking on management of hyperthyroidism, took us through the story of discovery of antithyroid drugs, and their use and side effects, including his seminal role in dissemination of information regarding the hepatotoxic effects of PTU. Linda di Megglio spoke about osteopetrosis, demonstrating how the study of rare diseases can give many insights into physiology. Irene Netchine talking on fetal growth, imprinting and epigenetics gave a fascinating talk on epigenetic alterations in Russel Silver syndrome and its mirror image on the 11 p 15 locus, Beckwith Weideman syndrome (BWS). Epigenetic alterations by micronutrient manipulation (e.g. folate supplementation during pregnancy acts by reversal of methylation defects) and in IVF children (e.g. a 9 fold increase in BWS in children born after an IVF pregnancy) was the content of an equally fascinating talk by Wayne Cutfield. Hearing Sonia Grover speak on surgical considerations in DSD management seemed like listening to a pediatric surgeon, gynecologist, endocrinologist, psychologist and adolescent health specialist, all rolled into one, so sensitive was her treatment of this complex subject.

Richard Epstein, speaking on hormones and behavior, used oxytocin & vasopressin as examples to prove that hormones are responsible for various human behaviors! He led us through research in the realm of psychology, e.g. using the "dictator game" to link salivary testosterone to generosity (or rather, the lack of it!). He spoke on the link between vasopressin 1 A receptor and fidelity, on CD 38 expression (which mediates oxytocin release) in the lymphocytes of patients with autism, on oxytocin being investigated for use in autism, on the role of oxytocin in mother-infant bonding, mirror neurons and empathy, among others. Scott Rivkees spoke on 'Circadian rhythms', which have implications for growth and GH, and numerous other areas of metabolism. Tsutomu Ogata spoke about endocrine disruptors in connection with cryptorchidism, hypospadias, testicular tumors, and sperm count; the connection between diethylstilbestrol and many of these defects as also vaginal malignancy; the estrogen receptor haplotype increasing susceptibility to estrogen endocrine disruptors; endocrine disruptors causing susceptibility to abnormal methylation patterns in the 5 alpha reductase gene, among others.

On the social side, the meeting provided an opportunity to all to experience the rich and ancient culture of China, particularly the Xi'an region, the seat of reign of the Chinese dynasties for more than 800 years and home of the famous 'Terracotta Warriors' archeological site. The hospitality and friendliness of the people was remarkable. The food was exciting and tasty, even for a vegetarian! The only problem was difficulty in communication, once we stepped outside the environs of the conference.

At the main meeting, APPES 2010, Xian: L→R: V Bhatia, Sophy Kurulla, Varun Agarwal, IPS Kochar, Anju Seth, Hema (Malaysia), Anna Simon.

PEARLS FROM 12TH APPES FELLOWS' MEETING

Ganesh Jewalikar,

Disorders of sexual differentiation

- Steroidogenic factor-1 (SF-1) is an important transcription factor in regulation of development of reproductive tract at multiple levels (gonadal and adrenal development, pituitary gonadotroph development and steroidogenic enzymes).

Calcium and vitamin D

- Vitamin D deficiency in the young infant commonly presents with hypocalcemia and may cause cardiomyopathy, which is reversible with treatment.
- Routine assessment of 25 (OH) cholecalciferol levels is not indicated in cases of nutritional rickets.

Short stature

- Enzyme replacement therapies are available for type 1, 2, 4 and 6 mucopolysaccharidosis.

Precocious puberty

- Café-au-lait spots of McCune Albright syndrome (MAS) may not be present at birth and may develop as late as 20 yrs.
- Growth velocity and height may not be high in precocious puberty (PP) associated with MAS as the estrogen secretion may be intermittent.
- Careful medication history (e.g. tonics, multi-vitamins, cosmetics, herbal medications etc.) is important to rule out exogenous causes of PP.

Thyroid

- Clinical examination of the thyroid gland is important, and must always include palpation of lymph nodes.
- Estimated free T4 is a less reliable parameter than total T4 in children as compared to adults.
- In severe juvenile hypothyroidism it is important to start therapy with a low dose and gradually increase to full replacement dose. Pseudotumour cerebri can occur with rapid replacement.
- Levels of TSH up to 8 mIU/L are within 2 standard deviations of normal in children below 18 yrs and may not need immediate replacement therapy if T4 is normal.
- In the infant, in addition to x-ray of the knee, lateral x-ray of foot is useful for bone age estimation. The epiphyses that are seen at birth are the talus (22 wk), calcaneous (27 wk) and cuboid (37 wk).
- Recombinant TSH can be used in the follow up of thyroid cancer before iodine scan, before ablation and also to see rise in thyroglobulin. The pediatric dose is 0.6 mg IM for 2 doses.
- Treatment of lung metastasis with radio-iodine carries a risk of pulmonary fibrosis. This is low with higher doses (200 mcurie).
- There is no data to suggest superiority of propyl-thiouracil versus methimazole in the treatment of thyroid storm in children.

Dyslipidemia in children

- Clinical family history may not be adequate in childhood dyslipidemia; hence laboratory screening of family members should be done.
- According to recent recommendations, statins can be considered as potential first line treatment in children above 8 years of age.

Congenital hyperinsulinism

- High doses of diazoxide can cause circulatory collapse in obstructive lesions of the heart.

Diabetes

- HbA1c $\geq$ 6.5% is the new criterion in the diagnosis of diabetes in addition to the previous criteria.

Fibrous dysplasia

- Indications for bisphosphonates include pain, fracture or evidence of compression of intracranial structures (in cases of cranial fibrous dysplasia).
- In the absence of the above indications, bisphosphonates are not useful.

Pheochromocytoma

- In the absence of family history, genetic screening can be done to rule out Von Hippel Lindau syndrome.

Pituitary

- Usually there is no nocturia in cases of psychogenic polydipsia.
- PROP1 mutations are the most common cause of familial hypopituitarism.

ADOLESCENT GYNECOLOGY: NEW KID ON THE BLOCK…

… Contd from page 1

Gynecological health of young girls, however, represents a complex interplay of adolescence and gynecology with significant short and long term impact on the psyche and reproductive health. Unfortunately both adolescent physicians and adult gynecologists, the primary care providers for these girls, are ill equipped to handle many of these situations. Studies have shown that while around 70% gynecologists do not take into account peer pressure and self esteem issues in adolescent girls, over 75% adolescent physicians do not even consider gynecological diagnosis in adolescent girls. Moreover adult gynecologists tend to put the main emphasis on future reproductive issues while the adolescent physicians underplay them. As a result adolescent gynecology problems are often missed or messed. Given the limited window of opportunity, this results in irreversible impact on adolescent girls. Some of these issues are highlighted in the cases summarized below.

Case I: *Be Adult, Think Adolescent*

A 16 y.o. girl presented to a gynecologist with complaints of irregular periods and acne. Her concern

was the last period which was two months back. On examination she was overweight (BMI 26 kg/m2) with mild acne. Work-up showed polycystic ovarian appearance on ultrasound, LH 6.5 U/L, FSH 1.1 U/L and TSH 1.4 mU/L. Prolactin levels were 25 ng/ml. What is the diagnosis?

The diagnosis may be PCOD but are we missing the point?!

Rewind: The girl presented to an adolescent gynecology clinic where she was assessed individually after assurance of confidentiality. She expressed her concerns about having missed her period in view of an unplanned sexual encounter with her boyfriend last month. A urine pregnancy test was done which was negative. A screening for chlamydia by urine PCR was positive. Antibiotic therapy for both herself and her partner was started. Detailed counseling was done regarding risks of pregnancy, STD and the implications. Counseling specifically focused on empowering the teenager to resist peers and when to say no. Knowledge of contraception was assessed and provided. A follow-up was arranged to assess not only the correction of her chlamydial status but also the change if any in her risk taking behavior.

Key messages: Adolescent assessment and counseling is as much an art as a science. An adolescent might be presenting to you with a problem but her concern might be different. These issues might be embarrassing to talk in front of parents. There may be serious issues of sexuality, sexual and child abuse which may not be disclosed before others. It is therefore vital to assess adolescent as an individual. Always assure privacy and confidentiality and have a non judgmental approach during assessment. Separate interview with the girl and the parent(s) is mandatory.

Case 2: *All pain no gain*

A 14 y.o. girl presented to adolescent physician with severe dysmenorrhea affecting school performance. Pelvic ultrasound was normal. She was treated with non steroidal anti inflammatory agents with minimal relief and had to frequently resort to parenteral analgesia.

The girl presented 10 yr later with extremely compromised reproductive health. She had infertility and suffered from severe dyspareunia. Laparoscopy was suggestive of severe endometriosis. IVF was the only possible option for fertility.

Rewind: The girl presented to Adolescent Gynecology clinic where a laparoscopy was performed in view of severe progressive dysmenorrhea. After identification of early endometriosis, she was started on continuous combined hormonal pills with three monthly withdrawals. This resulted in resolution of her symptoms and disease progression. She not only had normal school performance but also a normal reproductive outcome on follow-up.

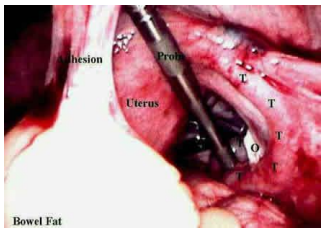
Key messages: Endometriosis should be considered in girls with severe progressive dysmenorrhea. The condition is missed on ultrasound and can be confirmed on laparoscopy. Early treatment is essential to achieve normal long term reproductive outcome.

Case 3: *To tort or to lap*

A 12 y.o. girl presented to the pediatric emergency with severe right sided lower abdominal pain. On examination she was afebrile and had localized guarding with no rigidity. Her work-up showed normal blood counts, amylase and lipase levels. Ultrasound showed no evidence of appendicitis, pre-pubertal uterus and bilateral multicystic ovaries. She was managed conservatively with intravenous fluids and antibiotics. She had an uneventful hospital stay and was discharged after 48 hours.

The girl presented 14 yr later with primary subfertility. Hysterosalpingiogram was suggestive of right mid-tubal block. Laparoscopy showed dense pelvic adhesions with atrophic right ovary and tube suggesting an old vascular event. A possibility of missed ovarian torsion was considered given the history of acute abdominal pain in childhood.

Rewind: Following an adolescent gynecology assessment, the possibility of ovarian torsion was considered in view of localized rigidity. Ovarian doppler showed reduced blood flow to the right ovary. The girl underwent laparoscopic de-torsion with normal subsequent reproductive outcome.



Key messages: Ovarian torsion is a common condition, as frequent as testicular torsion. The condition is however often missed with devastating consequences. Ovarian Doppler should be done in all girls with acute abdomen to identify ovarian torsion.

Case 4: *Think age….*

A 16 y.o. girl presented to a gynecologist with primary amenorrhea. On examination she had stage IV breast and pubic hair development. Her ultrasound showed absent uterus with normal ovaries suggesting the

diagnosis of Mullerian agenesis. The family was counseled that the girl had no uterus and vagina and that there was no possibility of pregnancy. They were further told that the girl would require a surgery before marriage.

On follow-up the family was completely devastated by the diagnosis. The girl subsequently dropped off school and even attempted suicide. On psychiatric review she was found to have low self esteem and said that "Thinks she is a Eunuch".

Rewind: The girl presented to an adolescent-friendly setting where a gradual revelation of diagnosis was done. Detailed education about normal reproduction and sexuality was done. She was counseled about normal sexuality. The fertility issues were, in particular, downplayed and option for surrogacy was explained.

Adolescent gynecology thus represents a unique amalgamation of adolescent medicine and gynecology. Early diagnosis and timely referral is mandatory for successful outcome in these girls. There is an urgent need for establishing adolescent gynecology services in the country. An interaction between adolescent physicians, pediatric endocrinologists and gynecologists is mandatory for this.

MORE ISPAE NEWS

PEDIATRIC ENDOCRINOLOGY CME: CALICUT

M Vijayakumar

A pediatric endocrinology CME was conducted at East Avenue Suites, Calicut, on 29th August, 2010. **Dr TP Asharaf**, Superintendent, IMCH, Medical College, Calicut, inaugurated the program. **Dr P Raghupathy**, Consultant Pediatric Endocrinologist, Sagar Apollo Hospital, Bangalore, gave a talk on neonatal thyroid screening. **Dr Shaila Bhattacharya**, Consultant Pediatric Endocrinologist, Manipal Hospital, Bangalore, discussed short stature. **Dr Vimal Nambiar**, Consultant Endocrinologist, MIMS Hospital, Calicut, presented precocious puberty. **Dr Prathap S**, Prof. & Head, Dept. of Pediatric Surgery, Medical College, Calicut, gave a talk on surgical management of disorders of sexual development. **Dr M Vijayakumar and Dr Reetha Gopinath** presented interesting cases. **Dr Mohandas Nair**, President IAP Calicut, gave the vote of thanks. Seventy pediatricians from Calicut and neighboring districts attended the CME.

IOF DENSITOMETRY COURSE, DELHI

Kuntal Bhadra, Senior Technical Assistant, INMAS
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A Bone Densitometry course (with certification) was conducted by International Osteoporosis Foundation (IOF) at the Institute of Nuclear Medicine and Allied Sciences (INMAS) on 11-12th August 2010. This very informative workshop. sponsored by IOF and ISBMR, was conducted for the second time in India: in 2009 in Mumbai, and 2010 in Delhi. 88 delegates registered: 40 endocrinologists (including students), 10 internists, 8 radiologists, 9 orthopedic surgeons and 21 other specialties, including a dietician with interest in bone densitometry.

The international faculty comprised of Prof Hans P Dimai, Prof. of Medicine & Endocrinology at Graz, Austria, and Prof Jan Stepan, Prof. of Biochemistry & Medicine at Prague, Czech Republic. Maj Gen RK Marwaha, Additional Director, INMAS, was the Indian faculty and course moderator. Topics covered over 2 days were: Osteoporosis: scope of the problem, pathophysiology, clinical evaluation, management; Overview of Bone Densitometry methods; Radiation safety and quality control; Diagnostic use of densitometry: interpretation, pitfalls; Risk assessment & vertebral fracture assessment; Monitoring skeletal changes. At the end was a comprehensive multiple choice exam. Successful candidates will be awarded certificates by IOF.

Exam at the end of the IOF course

The content and presentation were much appreciated by all the delegates. Rarely do all participants sit through the day and participate actively in discussions! Prof Dimai and Prof Stepan were impressed by the number of participants and the

quality of the questions, and took great pains in answering them. Logistics provided by INMAS were also appreciated.

We are glad that we could run this course for two consecutive years. Seeing the response, we have forwarded our 'Expression of interest' to hold it again next year, which hopefully will be allotted. In fact the audience is so large that, we could conduct this course every year for at least the next 5 years in different centers!

MEETING DR ALAN ROGOL

Bhanukiran Bhakhri, Asst Prof, Lady Hardinge & Kalawati Saran Children's Hospital, Delhi, drbhanu04@yahoo.co.in

On 13th November, Pfizer organized a scientific symposium on "Idiopathic Short Stature" by Dr Alan Rogol in Delhi. Dr Rogol is Professor of Pediatrics, James Whitcomb Riley Hospital for Children, Indiana School of Medicine, Indianapolis, USA; moderated by Dr Archana Dayal Arya. We enjoyed his thought provoking talk immensely, as did pediatricians in other parts of the world: the webcast was available for a month (details emailed to all members). When looking at the very short child, he asked us to weigh carefully the ethics [basic aspects: beneficence, non-maleficence ("Do No Harm"), autonomy and justice] of our decision:

* Are we treating the height or the psyche of the child?
* Therapy does have psychological side effects, e.g. the impact of getting hundreds of injections and of unmet expectations
* If the child is unconcerned about height, are we justified in forcing treatment because the parents are worried?

Other pearls:

* The initial response to GH correlates well with final height gain.
* Doing IGF-1 after one month helps: increase the dose if the level is low.
* IGF-1 monitoring later is useful for safety reasons: ensure the level is not very high.

We took the opportunity to organize an hour of discussing difficult cases with Dr Rogol and amongst ourselves. During the course of the evening, he reminded us that

* Serum for ACTH assay must be put on ice as soon as it is drawn, cold centrifuged and tested immediately, otherwise levels drop sharply. [This is true for PTH as well!]
* In children with craniopharyngioma, GH therapy can be started even 6 months postop, even if there is residual tumor, since it is not a malignancy.
* Adolescents with severe GHD require GH not just for height, but also muscle strength and bone density, thus it should be offered at least till the age of 25 years or so.

WORLD DIABETES DAY AT TIRUPATI

Amaresh Reddy P, Asst Prof, SVIMS, Tirupati

We are conducting juvenile diabetes clinic every second Saturday of the month. As a part of World Diabetes Day celebrations in Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati, we (with the help of Juvenile Diabetes Support Group) have distributed glucometers to 40 children with type 1 diabetes (see below!).

We also organized A Diabetes Walk on November 14th, which was followed by a lecture on diabetes education for all patients and the general public.

PROGRAM FOR DIABETIC CHILDREN

Dr Archana Arya had a get together for diabetic children at India Habitat Centre on 5th December, which was attended by about 60 families. It was a forum for parents and children to interact with each other as well as with diabetes educators, nutritionist, child psychologist and pediatric psychiatrist.

CONGRATULATIONS!

Dr Ashu Rastogi, earlier Asst Professor of Pediatrics at Medical College, Bareilly, has joined PGIMER, Chandigarh for DM Endocrinology.

Dr Bhanukiran Bhakhri, joined as Asst Professor of Pediatrics at Lady Hardinge Medical College & Kalawati Saran Hospital, New Delhi.

At the APPES Fellows' School at Xi'an, China, in November, **Dr Ganesh Jewalikar** won the concluding 'Quiz' by a wide margin.

Efficacy of continuous metabolic syndrome score in children for detecting sub-clinical atherosclerotic risk. Pandit D, Kinare A, Chiplonkar S, **Khadilkar A, Khadilkar V**. Won the **Best Oral Presentation** Award at the 42nd National Conference of Nutrition Society of India (NSI), Mumbai, Nov 2010.

Nutritional status of lactating women: how healthy is their diet? Kajale N, **Khadilkar A**, Chiplonkar S, Unni J, Divate U. Won the **Best Poster** Award at the 42nd National Conference of NSI, Mumbai, Nov 2010.

OUR MEMBERS' PUBLICATIONS

[Editor's note: Please send us information, and even a short summary of your recent publications.]

Acharaya SV, Gopal RA, Bandgar TR, Menon PS, Shah NS. A rare case of central precocious puberty due to hypothalamic hamartoma diagnosed in utero. Endocr Pract 2010; 16 (2): 237-40.

Acharaya SV, Gopal RA, Bandgar TR, Menon PS, Shah NS. Prepubertal gynecomastia: a rare complication of growth hormone therapy. Indian J Pediatr. 2010 Feb 8. (Epub ahead of print).

Acharya SV, Gopal RA, George J, Menon PS, Bandgar TR, Shah NS. Radiotherapy in pediatric Cushing's disease: efficacy and long term follow up of pituitary function. Pituitary 2010, Apr 22. (Epub ahead of print).

Acharya SV, Gopal RA, Lila AR, Bandgar TR, Menon PS, Shah NS. Bone age and factors affecting skeletal maturation at diagnosis of pediatric Cushing's disease. DOI 10.1007/s11102-010-0246-3 Pituitary.

Acharya SV, Gopal RA, Menon PS, Bandgar TR, Shah NS. Congenital Adrenal Hyperplasia with normal pregnancy outcome: a case report with review of literature. The Endocrinologist: March/April 2010; 20 (2): 46-47.

Acharya SV, Mathew BK, Menon PS, Bandgar TR, Shah NS. Rare cases of precocious puberty with hypothyroidism: a case series with review of literature: The Endocrinologist: March/April 2010; 20(2): 78-79.

Ekbote VH, Khadilkar AV, Chiplonkar SA, Khadilkar VV. Determinants of bone mineral content and bone area in Indian preschool children. J Bone Miner Metab. 2010 Oct 13. [Epub ahead of print].

Ekbote VH, Khadilkar AV, Chiplonkar SA, Kant S, Khadilkar VV, Mughal MZ. Calcium bioavailability from a fortified cereal-legume snack (laddoo). Nutrition. 2010 Oct 8. [Epub ahead of print]

Ganesh H, Gopal RA. George J, Bandgar T, Menon PS, Shah NS. Von Hippel-Lindau disease: a case series of unusual familial cancer syndrome. The Endocrinologist: May/June 2010; 20 (3): 134-136.

George J, Acharaya SV, Bandgar TR, Menon PS, Shah NS. Primary hyperparathyroidism in children and adolescents. Indian J Pediatr: 2010 Feb; 77(2):175-8. Epub 2010 Jan 20.

Jagtap VS, Sarathi V, Lila AR, Malhotra G, Sankhe SS, Bandgar T, Menon P, Shah NS. Tumor Induced Osteomalacia: a single center experience. Endocr Pract 2010 Aug 16:1-19.

Kadam N, Chiplonkar S, Khadilkar A, Divate U, Khadilkar V. Low bone mass in urban Indian women above 40 years of age: prevalence and risk factors. Gynecol Endocrinol. 2010 Dec; 26(12):909-17.

Khadilkar AV. Vitamin D deficiency in Indian adolescents. Indian Pediatr. 2010 Sep;47(9):755-6.

Kochar IP, Kulkarni KP. Transient Neonatal Diabetes due to Kcnj11 Mutation. Indian Pediatr. 2010 Apr;47(4):359-60.

Kulkarni KP, Kochar IS. Cushing disease presenting as arthritis. J Pediatr Endocrinol Metab. 2010 Jun;23(6):603-5.

Lila AR, Gopal RA, Acharya S, George J, Sarathi V, Tushar B, Menon PS, Shah NS. Efficacy of cabergoline in uncured Cushing's disease (Persistent/Recurrent) after pituitary surgery +/- radiotherapy. Endocr Pract. 2010 May 24:1-23.

Mathew John, Lila AR, Bandgar TR, Menon PS, Shah NS. Diagnostic efficacy of midnight cortisol and midnight ACTH in the diagnosis and localisation of Cushing's syndrome. Pituitary 2010. 13:48-5.

Mughal MZ, Khadilkar AV. The accrual of bone mass during childhood and puberty.Curr Opin Endocrinol Diabetes Obes. 2010 Nov 22. [Epub ahead of print]

Multani SK, Sarathi V, Shivane V, Bandgar TR, Menon PS, Shah NS. Study of bone mineral density in resident doctors working at a teaching hospital. J Postgrad Med 2010; 56:65-70.

Parikh D, Sarathi V, Shivane VK, Bandgar TR, Menon PS, Shah NS. A pilot study to evaluate the effect of short term improvement in vitamin D status on glucose tolerance in patients with type 2 diabetes mellitus. Endocr Pract 2010 March 29:1-23 (Epub ahead of print).

Amaresh Reddy P, Rajagopal G, Harinarayan CV, Vanaja V, Rajasekhar D, Suresh V, Sachan A. High prevalence of associated birth defects in congenital hypothyroidism. Int J Pediatr Endocrinol; 2010:940980. Epub 2010 May 4.

Sanwalka NJ, Khadilkar AV, Mughal MZ, Sayyad MG, Khadilkar VV, Shirole SC, Divate UP, Bhandari DR. A study of calcium intake and sources of calcium in adolescent boys and girls from two socioeconomic strata, in Pune, India. Asia Pac J Clin Nutr. 2010; 19 (3):324-9.

Sarathi V, Shah NS. Triple A syndrome. Adv Exp Med Biol 2010; 685:1-8.

FORTHCOMING MEETINGS

1.**PEDICON 2011**: 48th Annual Meeting of IAP: Jaipur: 19-23 Jan 2011. Contact Tarun Patni, www.pedicon2011.com

2. **CHAPTER SYMPOSIUM** in PEDICON 2011: 23 Jan 2011: 9-10.30am, Jaipur. Theme: Practical Approach to Common Pediatric Endocrine Disorders. Chair: Sangeeta Yadav & Mahaveer P Jain. Topics: Precocious puberty in girls: Does everyone need to be treated? Subrata Dey; Delayed Puberty: When to intervene? Shaila Bhattacharya; Chronic glucocorticoid therapy- Endocrine complications and withdrawal: Anurag Bajpai; Metabolic Syndrome: childhood onset of adult disease: Archana Arya; Congenital Hypothyroidism: Screening & management: Sudha Rao.

3. 1st **INDO-US SYMPOSIUM on SKELETAL DYSPLASIA**: 12-13 Feb 2011, Lucknow.Contact: Shubha R Phadke, info@indousskdcon.com; < www.indousskdcon.com> (more details below).

4. **NORTH CENTRAL PEDENDOCON 2011:** 27 Feb 2011, Kanpur. Contact: Anurag Bajpai, dr_anuragbajpai@yahoo.com (more details below).

5. ADiT 2011: 3rd International Conference on A Advances in Diabetes and Insulin Therapy: Ljubljana, Slovenia: 17- 19 March, 2011. Contact www.adit-conf.org.

6. 4th International Congress on **Prediabetes and Metabolic Syndrome**: Madrid, Spain: 6-9 April, 2011. www.kenes.com/prediabetes.

7. **Endocrine Society (USA)** 2011: Boston, Mass, 4-7 June, 2011.

8. **ESPE 2011**: 50th ESPE Meeting: Glasgow, Scotland: 25-28 Sep, 2011. http://www.eurospe.org/meetings/; www.eurospe.org

9. **EASD 2011:** 47th Annual meeting: Lisbon, Portugal: 12-16 Sep, 2011.

10. **ISPAD 2011**: 36th Annual Meeting: Miami, USA: 19-22 Oct 2011. Contact Dr Alan Delamater, ADelamater@med.miami.edu

11. **PET 2011**: Pediatric Endocrine Training Program: Calicut, Kerala: 22-25 Nov 2011. Contact: M Vijayakumar, vijayakumarmdr@yahoo.com

12.**ISPAE 2011**: 2nd Biennial Meeting: Calicut, Kerala: 25-27 Nov 2011. Contact: M Vijayakumar, vijayakumarmdr@yahoo.com

13. **ESI 2011**: Pune (dates not fixed).

14. **ESPE 2012**: 51st ESPE Meeting: Leipzig, Germany: 20-23 Sep, 2011.

15. **ESPE-LWPES**: 9th Joint ESPE/ LWPES Meeting: Rome, Italy: 18-21 Sep, 2013.

ISPAE DIABETES GUIDELINES

The **ISPAE Guidelines Committee** was constituted with an aim to prepare practical guidelines on endocrine topics for the benefit of pediatricians and medical students in India. The group which got together to prepare first guidelines on **Type 1 Diabetes Mellitus** in Children and Adolescents in India, consisted of: Dr Aspi Irani (Chair); Dr Anurag Bajpai, Dr Anna Simon, Dr M Vijayakumar, Dr Anju Virmani (Members), and Dr V Bhatia and myself (Editors). These guidelines aim is to provide clear practical instructions on how best to manage a young person with diabetes in the Indian setting. There are 23 chapters, covering different aspects. Many of you have seen the draft copies in Delhi (ISPAE 2009) and Vellore (ESICON 2010). The manuscript is now under printing. If interested, please contact me: psnmenon@hotmail.com.

LETTERS/ NEWS YOU CAN USE

NORTH CENTRAL PEDENDOCON 2011
First North Central Regional Update on Pediatric Endocrinology

Date- 27 February 2011
Venue- Ragendra Swaroop Auditorium, Kanpur
The event organized by ISPAE, UP IAP and Department of Endocrinology, Regency Hospital Ltd, Kanpur, would

cover all practical aspects of pediatric endocrinology. Special care has been taken to focus on practical issues relevant to practicing pediatricians and post graduate trainees.

For registration & other details contact Conference Secretariat: **Dr Anurag Bajpai**, Consultant Pediatric & Adolescent Endocrinologist, Regency Hospital Limited, Kanpur, UP. email dr_anuragbajpai@yahoo.com, Mobile 09454081769, Fax 0512-2213407, Website www.regencyhospital.in/pedendocon2011.

The First Indo-US Symposium on Skeletal Dysplasia

Diagnosis, Radiology, Pathogenesis, Molecular Genetics, Management, Surgical Interventions, Genetic Counseling, Prenatal Diagnosis, Recent Advances
Date: 12th and 13th Feb 2011
Place: Department of Medical Genetics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
International Faculty: Dr David Rimoin; Dr Ralph Lachman; Dr William Horton; Dr William Mckenzie; Dr Graham John; Dr Moise Danielpour; Dr Uwe Kornak; And Eminent Indian Faculty.

Contact: **Dr Shubha R Phadke**, Professor and Head, Department of Medical Genetics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India. E-mail info@indousskdcon.com. For details: see www.indousskdcon.com.

INDIAN PRADER WILLI SYNDROME ASSOCIATION (IPWSA)

The IPWSA aims to bring together all the families of PWS affected children including patients, parents of patients, doctors, physiotherapists, dieticians, diagnostic centers, etc. and tries to find better methods of management and share information. They are associated with International Prader Willi Syndrome Association and have an arrangement to diagnose PWS with Diagnosis Lab BIRD in Italy. They extend the facility of 'Free of Cost Diagnosis' to poor families who cannot afford the expensive diagnosis. Further details are available at their website: http://health.groups.yahoo.com/group/pwsin/

CLAN: SUPPORT GROUP FOR FAMILIES WITH CAH & THE CAH INDIA SUPPORT GROUP

Started off in Australia by Kate Hansen, CLAN (Caring & Living As Neighbors) is an NGO approved by AusAID, which aims to improve the lives of families and individuals affected by Congenital Adrenal Hyperplasia (CAH) through better understanding of CAH, better treatment modalities and sharing of information. It is now more international in its reach.

CLAN's Indian Chapter, **the CAH India Support Group**, has been founded by Delhi based **Mr Sanjeev Sahni** (email sks_ps@hotmail.com, mobile (+91) 9811774487. He is developing a database of doctors specialized in the management of CAH all across India. All CAH families, individuals, doctors, diagnostic centers are requested to register themselves with CLAN for developing a viable community to share information and ideas in better understanding of CAH. Further details are available at their website: http://www.clanchildhealth.org.

CELIAC SOCIETY FOR DELHI

PROGRAM FOR THE X'MAS GLUTEN-FREE EVENING

The 'Annual Gluten-Free Evening' of the Celiac Society for Delhi, will be on Saturday, 18th December 2010, from 3:00-6:00 pm at Silver Oak Lawns, India Habitat Centre, Lodhi Road, New Delhi. For details, contact: Ms Gayatri Chatrath, Secretary, Celiac Society for Delhi, 47, Community Center, New Friends Colony, New Delhi-110025, www.celiacsocietyindia.com