

DAFTAR PUSTAKA

1. Pulungan AB, Siregar CD, Aditiawati, Soenggoro EP, Triningsih E, Suryawan IWB, dkk. Korteks adrenal dan gangguannya. Dalam: Batubara JRL, Tridjaja B, Pulungan AB, penyunting. *Buku ajar endokrinologi anak. Edisi ke-2*. Jakarta: Badan Penerbit Ikatan Dokter Anak Indonesia. 2018;379-98.
2. Parsa AA, New MI. Steroid 21-hydroxylase deficiency in congenital adrenal hyperplasia. *J Steroid Biochem Mol Biol*. 2017;165:2-11
3. Wroblewska L, Kitada T, Endo K, Siciliano V, Stillo B, Saito H, et al. *HHS Public Access*. 2016;33:839-41.
4. White PC, Speiser PW. Congenital adrenal hyperplasia due to 21-hydroxylase deficiency. *Endocr Rev*. 2000;21:245-91.
5. Merke DP, Bornstein SR. Congenital adrenal hyperplasia. *The Lancet*. 2005;365:2125–2136
6. Nurharjanti S, Tridjaja B. Krisis Adrenal dengan bayi Hiperplasia Adrenal Kongenital. *Sari Pediatri*. 2007;9:191-95.
7. Untario, Connie. Hiperplasia adrenal kongenital di Surabaya: analisis retrospektif praktek endokrin anak 1997-2011. *Sari Pediatri*. 2013;14: 337-40.
8. Sari N.I.N, Tridjaja B, Kaswandan N, Sjarif D.R, Putra S.T, Gunardi H. Profil pubertas dan pertumbuhan linear pada HAK dalam pengobatan. *Sari Pediatri*. 2015;16:356-64.
9. Dauber A, Kellogg M, Majzoub JA. Monitoring of therapy in congenital adrenal hyperplasia. *Clin Chemist*. 2010;56:1245-51.
10. Bowden SA, Henry R. Pediatric Adrenal Insufficiency: Diagnosis, Management, and New Therapies. *Int J Pediatr*. 2018;2018:1–8.
11. Technical Report: Congenital adrenal hyperplasia. *Section on endocrinology and committee on genetics Pediatrics*. 2000;106:1511-8
12. Huynh T, McGown I, Cowley D, Nyunt O, Leong GM, Harris M, et al. The clinical and biochemical spectrum of congenital adrenal hyperplasia secondary to 21-hydroxylase deficiency. *Clin Biochem Rev*. 2009;30(2):75-

86.

13. Antal Z, Zhou P. Congenital adrenal hyperplasia: Diagnosis, evaluation, and management. *Pediatr Rev.* 2009;30:49–57.
14. Falhammar H, Thorén M. Clinical outcomes in the management of congenital adrenal hyperplasia. *Endocrine.* 2012;41:355–73
15. Gallagher MP, Levine LS, Oberfield SE. A review of the effects of therapy on growth and bone mineralization in children with congenital adrenal hyperplasia. *Growth Horm IGF Res.* 2005;15:26–30.
16. Gilban DLS, Alves Junior PAG, Beserra ICR. Health related quality of life of children and adolescents with congenital adrenal hyperplasia in Brazil. *Health Qual Life Outcomes.* 2014;12:1–9.
17. Halper A, Hooke MC, Gonzalez-Bolanos MT, Vanderburg N, Tran TN, Torkelson J, et al. Health-related quality of life in children with congenital adrenal hyperplasia. *Health Qual Life Outcomes.* 2017;15:1–7.
18. Daae E, Feragen KB, Nermoen I, Falhammar H. Psychological adjustment, quality of life, and self-perceptions of reproductive health in males with congenital adrenal hyperplasia: a systematic review. *Endocrine.* 2018;62:3–13.
19. Alzanbagi MA, Milyani AA, Al-Agha AE. Growth characteristics in children with congenital adrenal hyperplasia. *Saudi Med J.* 2018;39:674.
20. Meyer-Bahlburg HF: Gender and sexuality in classic congenital adrenal hyperplasia. *Endocrin Metab Clinics North Amer.* 2001;30:155-171.
21. Cheng TQ, Speiser PW. Treatment Outcomes in Congenital Adrenal Hyperplasia. *Adv Pediatr* [Internet]. 2012;59(1):269–81.
22. Özkan B, Döneray H. Mikropenis. *Sendrom.* 2003;15(11):94–104.
23. Witchel SF. Congenital Adrenal Hyperplasia. *J Pediatr Adolesc Gynecol.* 2017;30(5):520–34.
24. Speiser PW, Arlt W, Auchus RJ, Baskin LS, Conway GS, Merke DP, et al. Congenital adrenal hyperplasia due to steroid 21-hydroxylase deficiency: An endocrine society* clinical practice guideline. Vol. 103, *J Clinical Endocrinol Metab.* 2018 ; 4043–88.

25. Sari NIN, Tridjadja B, Kaswandani N, Sjarif DR, Putra ST, Gunardi H. Profil Pubertas dan Pertumbuhan Linear pada Hiperplasia Adrenal Kongenital dalam Pengobatan Serial Kasus. *Sari Pediatr*. 2016;16(5):356.
26. Storr HL, Savage MO. Adrenal disorders. *Growth Disorders*, Second Edition. 2007. 467–471.
27. New MI, Ghizzoni L, Meyer-Bahlburg H, Khattab A, Reichman D, Rosenwaks Z. Fertility in patients with nonclassical congenital adrenal hyperplasia. *Fertil Steril*. 2019;111(1):13–20.
28. Grandone A, Marzuillo P, Luongo C, Toraldo R, Mariani M, Miraglia del Giudice E, et al. Basal levels of 17-hydroxyprogesterone can distinguish children with isolated precocious pubarche. *Pediatr Res [Internet]*. 2018;84(4):533–6.
29. Choi J-H, Kim G-H, Yoo H-W. Recent advances in biochemical and molecular analysis of congenital adrenal hyperplasia due to 21-hydroxylase deficiency. *Ann Pediatr Endocrinol Metab*. 2016;21(1):1.
30. Nordenström A, Falhammar H. Management of endocrine disease: Diagnosis and management of the patient with non-classic CAH due to 21-hydroxylase deficiency. *Eur J Endocrinol*. 2019;180(3):R127–45.
31. Seth A. Optimizing Stature in Congenital Adrenal Hyperplasia: Challenges and Solutions. *Indian J Pediatr*. 2019;86(6):489–91.
32. Mendes-dos-Santos CT, De Lemos-Marini SHV, Baptista MTM, Guerra G, De-Mello MP, Paulino MFVM, et al. Normalization of height and excess body fat in children with salt-wasting 21-hydroxylase deficiency. *J Pediatr (Rio J)*. 2011;87(3):263–8.