

Tantangan dalam Pemberian Terapi Pubertas Prekoks Sentral Idiopatik (Laporan Kasus)

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Abstrak

Pubertas prekoks (PP) adalah perubahan fisik dan hormonal yang disertai perkembangan seksual lebih dini dari usia rata-rata untuk populasi umum sebagai akibat dari aktivasi prematur Hipotalamus-Hipofisis-Axis (HPG axis) atau akibat dari stimulasi perifer. Kami laporkan kasus seorang anak laki-laki usia 2 tahun dengan diagnosis pubertas prekoks sentral idiopatik berdasarkan temuan perkembangan volume testis $\geq 4\text{mL}$, luteinizing hormone (LH) 4,8 mIU/mL, testosteron 4,92ng/mL, hasil MRI kepala normal, dan adanya percepatan usia tulang 2 tahun lebih besar dari usia kronologis. Pemberian terapi injeksi agonis GnRH setiap 2 - 4 minggu, tergantung sediaan obat dari Rumah Sakit.

Setelah 18 bulan terapi, status nutrisi, kadar LH dan steroid seks membaik, namun belum adekuat menekan percepatan pertumbuhan linier, perkembangan tanda seks sekunder (panjang penis dan volume testis) dikarenakan keterbatasan penyediaan obat.

Kata kunci: anak laki-laki, pubertas prekoks sentral, agonis GnRH, keterbatasan sumber.

Challenges in the treatment of a boy with Idiopathic Central precocious puberty : A Case Report

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Abstract

Precocious puberty (PP) is the development of pubertal changes at a pathologically earlier age than the mean age for general population. It may either occur as a result of premature activation of the Hypothalamic-Pituitary-Axis or as a result of peripheral stimulation. We report a case of a boy who was diagnosed as idiopathic central precocious puberty (iCPP) based on some findings: testicular volume $\geq 4\text{mL}$, luteinizing hormone (LH) level 4.8 mIU/mL , testosterone 4.92 ng/mL , normal head MRI, and accelerated of bone age 2 years greater than chronological age. We provided leuprolide acetate (GnRH agonist) injection to suppress the hypothalamo-pituitary-gonadal (HPG) axis. The drug was administered every 2 – 4 weeks, depended on the available of the drugs. After 1,5 years of the treatment, the nutritional status and serum levels of gonadal markers were improved. However, it could not suppress or arrest the acceleration of the height, increasing penile length and testicular growth due to limited resources of the treatment.

Keywords: boys, central precocious puberty, GnRH agonist therapy, limited source.