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=Abstract=

A case of slipped capital femoral epiphysis developed during growth hormone treatment

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Slipped capital femoral epiphysis (SCFE) is the most common orthopedic hip disorder occuring in adolescence. In this condition, the femoral head (epiphysis) displaces, or slips on the femoral neck through the region of the growth plate. This condition can occur only before the epiphyseal plate closes. The exact etiology is unknown, although it has been associated with obesity, mechanical abnormalities, physeal abnormalities, endocrine disturbances (hypothyroidism, growth hormone deficiency, hypogonadism).

Interestingly, SCFE was observed in growth hormone deficiency and in patients treated with growth hormone. We report a case of an adolescent male with glycogen storage disease Ia and growth hormone deficiency who developed SCFE during treatment with recombinant human growth hormone.

A 17-year-old male was admitted for pain of left hip which was exacerbated by walking 15 days ago. He was diagnosed glycogen storage disease Ia and growh hormone deficiency 2 years ago and treated growth hormone therapy with recombinant human growth hormone at the dose of 2 unit/day. The diagnosis of SCFE was confirmed radiologically. From the time of admission, he received skin traction on the left hip joint and stopped to inject growth hormone and treated surgically with internal fixation of the epiphysis with use of 3-cannulated screw. The patient is followed at out-patient clinic without postoperative complication.(Korean J Med 60:589-592, 2001)

Key Words: Epiphyses; Slipped disk; Somatotropin

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(Slipped capital femoral epiphy-

sis, SCFE)

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recombinant human growth hormone
                                                           116 U/L, uric acid 5.4 mg/dL, total protein 8.3 g/dL,
                                                           albumin 4.6 g/dL, alkaline phosphatase 116 U/L, ALT
                                                   가
                                                           107 U/L, AST 123 U/L, cholesterol 304 mg/dL,
                    Ia
                                                           triglyceride 1260 mg/dL, HDL cholesterol 47 mg/dL,
                                                           lactic acid 5.9 mMol/L ( : 0.7-2.0 mMol/L)
                                                                             PT 11 sec, PTT 42 sec,
                                                                                      , anti-HBS
                                                                                                      , anti-HBc
                                                                                                         T<sub>3</sub> 159
                                                           ng/dL, T_4 12.2 ~\mug/dL, FT_4 1.17 ng/dL, TSH 2.29 ~\mu
                        , 17
                                                           IU\!/\,mL
                                                                                  X
               17
                           2
                                     Ia
                                                                               (both hip AP, frog leg position)
                                                 2
                                                                              (Figure 1).
                                      15
                                                                                                 (bone scan)
                                                           (uptake)가
                                                                        가
                    2
                    2.8kg
                               . 1998
                                     Ia
  가
                            120.0 cm,
                                           23.7 kg,
     120/80 mmHg,
                                             20
                                                          Figure 1. In frog leg view, the slipped capital femoral
       36.5
                                                           epiphysis was noted in the left hip.
                                                                               allopurinol
                                                                                            NaHCO<sub>3</sub>
                       8cm
                                                             . 3
                                                                   16
                                                                                          3
                                                                                               가
(Tanner stage I).
                                             8.7 \text{ g/dL},
            24.8%,
                          400,000/uL,
                                             6400/uL,
               SG 1.015, pH 7.5, protein 2+, glucose -,
ketone -, blood -, urobilinogen 0.1, bilirubin -
                 glucose 85 mg/dL, BUN 16.8 mg/dL,
                                                                                                     가
Cr 0.6 mg/dL, Na 138 mMol/L, K 4.5 mMol/L, Cl 96
mMol/L, calcium 10.3 mg/dL, inorganic phosphorus
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- Jung Eun Kim, et al: A case of slipped capital femoral epiphysis developed during growth hormone treatment -
                                                                                          Hagglund
                                                                       21%
                                      1-3)
                                                                   , 60%
                     가
                                               (40%)
                                    (25%),
                                                                                                               23
                                                                                       가
                                                                                              159
                (35%)
                     가
                                    primary endocrine
                                                             (14%)
                                                                                            , Boyer
disorder
                                                                28
                                                                       11
                                                                             (39%)
  가
                                                                                                   2
                                                                     . 153
                                                                                                             59% 12),
                                                            55% 10)
                  Blethen
                                             idiopathic
                                                                                                          12-18
short stature
                                                                                                     13). Wilson
                                                                                 2
                                                            bilateral pinning
                                                                                                        Emery
   hypophy sectomized rat
                                                               prophylactic pinning
                                                                                                              13.7%
  5), recombinant human growth hormone
                                                                             , Riley
                                                                                                        40%
                                                                                                   unilateral
                                                                                  prophylactic pinning
               (epiphyseal growth plate)
                                                                                                90%
   resting, proliferative, hypertrophied zone, calcified
                                                                              Ia
                                         hypertrophied
zone
                       provisional calcification zone
zone
        metaphysis
junction
                                                                                                      - I
                                                                                가
                              가
hypertrophic zone
           <sup>5)</sup>. 1950
                     Harris
                                                                                             가
rat
                                                                                18)
                                                                                           19)
                                     (shearing force)
                                                                  Ia
Semple
           Goldschmidt
           가
                                                                                 가
                                 가
   Duncan
                  가
                                               uncom-
plicated
       Klein
                             20-41%, Wilson
                                                                          17
                                                                                                              1
          25%
                                                                  Ia
     가
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REFERENCES

- Duncan W, John DK, Thomas FR, Francine RK. Review of slipped capital femoral epiphysis associated with endocrine disease. J Pediatr Orthoped 13:610-614, 1993
- 2) Stephen B. Slipped capital femoral epiphysis. Pediatr Rev 17:69-70, 1996
- 3) Loder RT, Wittenberg B, DeSilva G. Slipped capital femoral epiphysis associated with endocrine disorders. J Pediatr Orthoped 15:349-356, 1995
- 4) Blethen SL, Rundle AC. Slipped capital femoral epiphysis in children treated with growth hormone. Horm Res 46:113-116, 1996
- 5) Harris WR. The endocrine basis for slipping of the upper femoral epiphysis: An experimental study. J B one Joint Surg 32B:5-11, 1950
- 6) Prasad V, Greig F, Bastian W, Castells S, Juan C, AvRusikin TW. Slipped capital femoral epiphysis during treatment with recombinant growth hormone for isolated, partial growth hormone deficiency. J Pediatr 116:397-399, 1990
- 7) Semple JC, Goldschmidt R. Epiphyseal maturation and slipping femoral epiphysis in a hypopituitary dwarf. Orthopedics 2:31-42, 1969
- 8) Klein A, Joplin RJ, Reidy JA, Hanelin J. Management of contralateral hip in slipped capital femoral epiphysis. J Bone Joint Surg 35:81-83, 1953
- 9) Wilson PD, Jacobs B, Scheeter L. Slipped capital femoral epiphysis. An end result study. J B one Joint Surg 47:1128-1145, 1965
- 10) Hagglund G, Hansson LI, Sandstrom S, Orderberg G. Bilaterality in slipped capital femoral epiphysis. J

- Bone Joint Surg 70:179-181, 1988
- 11) Boyer DW, Mickelson MR, Ponseti IV. Slipped capital femoral epiphysis. Long term follow-up study of one hundred and twenty-one patients. J Bone Joint Surg 63A:85-95, 1981
- 12) Dreghorn CR, Knight D, Mainds CC, Blockey NJ. Slipped upper femoral epiphysis-a review of 12 years of experience in Glasgow (1972-1983). J Pediatr Orthoped 7:283-287, 1975
- 13) James MH, Randel RB, Randall TL, Richard SD, Philip DA, Howard HS. Slipped capital femoral epiphysis. J Bone Joint Surg 78-A:226-229, 1996
- 14) Emery RJ, Todd RC, Dunn DM. Prophylactic pinning in slipped capital femoral epiphysis: prevention of complications. J B one Joint Surg 72:217-219, 1990
- 15) Riley PM, Weiner DS, Gillespie R, Weiner SD. Hazards of internal fixation in the treatment of slipped capital femoral epiphysis. J B one Joint Surg 72:1500-1509, 1990
- 16) Zakim D, Boyer TD. Hepatology. A text book of liver disease, 3rd ed, pp1587-1600, Philadelphia, WB Saunders Co, 1996
- 17) , , , , . Ia 1 . 14(4):786-792, 1999
- 18) , . Turner Mosaicism (45XO/46XY)

 Hypogonadism Diabetes Insipidus

 Slipped Capital Femoral Epiphysis 1

 18(5):1013-1018, 1983
- 19) , , , . Hypogonadism
 Diabetes Insipidus Slipped Capital Femoral
 Epiphysis 1 . 23(3):
 911-916, 1988