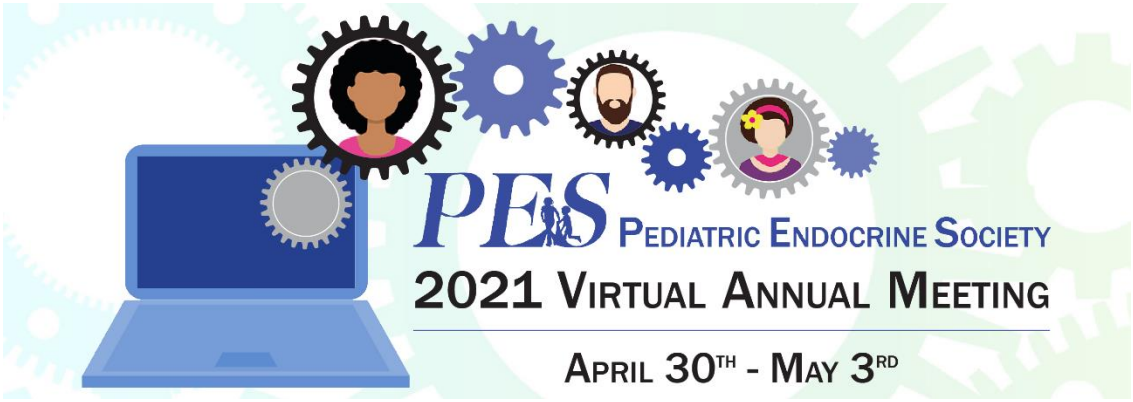

"Doc in the Box"
Call for Cases!

The 2021 PES Program Committee is thrilled to announce a new program event for the 2021 virtual Annual Meeting. This event is entitled "Doc in the Box".

The goal of the "Doc in the Box" is an individualized discussion of a challenging, puzzling, or complicated case with one of our PES experts. The format will be a pre-recorded 10-minute informal conversation between the person asking the question(s) and the PES expert.

At this time, we are soliciting cases from PES members. If you have a challenging, puzzling, or complicated case to discuss with an expert, please submit a brief summary of the case to the PES Program Planning Committee via email at info@pedsendo.org with **DOC IN THE BOX as the subject line** and include your questions, and your contact information by **February 5, 2021.**

Need an Example?

Check out this Sample Case:

Case 1: 10.0 y/o male referred for assessment of congenital adrenal hyperplasia (CAH). History is significant for acne at age 8 years (on face wash) and pubic hair development at 8.5 years. Mid-parental height is 70 inches. Birth history is uneventful; newborn screen for CAH was normal. Family history is significant for an 8 year old sister diagnosed with classic 21-OHD CAH. The sister had clitoromegaly at birth, an abnormal 17-OHP newborn screen, and was subsequently diagnosed

with classical CAH on the basis of biochemical testing. No genetic testing has been done. A 2 year old sister had a normal newborn screen.

On physical examination, patient is at 90% for height, and 82% in weight. Pubertal examination: Tanner stage III pubic hair, no axillary hair, testes 2 mL bilaterally. Penile size is early pubertal. Results of ACTH Stimulation testing (250mcg of Cosyntropin) are as follows:

Hormone	0mins	30mins	60mins
Cortisol (mcg/dl)	7.2	8.1	8.7
17-OH Progesterone(ng/dl)	4620		11225

Bone age is 13.5 years giving a predicted adult height of 65.7 inches.

Questions:

- Is the ACTH stim test inconclusive for classic vs. non-classic 21-OHD?
- Does the patient warrant daily glucocorticoid treatment? Should "stress-dose" glucocorticoid treatment be prescribed?
- Is genotyping recommended?
- Should the patient be tested for mineralocorticoid deficiency?
- Does he need to be monitored for testicular adrenal rest tissue?
- What, if any, therapies are indicated for his advanced skeletal maturation?
- Does his younger sister need to be tested for CAH?
- Does his older sister need to be retested for classic vs. non-classic CAH?