puberty (PPP), advanced puberty and rapidly progressive puberty. Exclusion criteria: not going to follow-up visits. Statistical analysis by SPSS 23.

Results A total of 311 subjects (14 men, 297 women) who were referred by their pediatricians, attended the first visit to the endocrinology department with an average age of 7.8 years (95% CI: 7.7–8). The distribution of subjects was: involuted precocious breast development (n = 25), non-progressive precocious breast development (n = 19), PPC (n = 156), PPP (n = 3), advanced puberty (n = 88) and rapidly progressive puberty (n = 20). Male subjects who were diagnosed of precocious puberty had at first visit a mean age of 8.7 years (95% CI: 7.8–9.5), and women had a mean age of 7.7 years (95% CI: 7.5–8). There are significant differences regarding bone age at diagnosis (more advanced in central precocious puberty and rapidly progressive puberty). There is a statistically significant association between precocious puberty and the fact of being adopted (X2: 11.262; p: 0.046). The LH at 3 hours of the GnRH test was significantly higher in the PPC group (mean value of LH 14U/L, IC95%: 11.5–16.6) compared to the others. Patients were identified who did not meet the classic criteria of the diagnosis of PPC in the Procrin test, however they presented clinical characteristics in the follow-up that led to the diagnosis. MRI: significant association between having MRI findings and presenting PPC (X2: 38.262; p: 0.000), however incidental findings where found in MRI of patients with advanced puberty. A total of 69% of patients with PPC and 17.6% patients with advanced puberty (including here the rapidly progressive forms) received treatment.

Conclusions We present the data of a population of children of both sexes with clinical manifestations suggestive of precocious/advanced puberty evaluated and followed between the years 2010 and 2018. The results coincide with those described in previous studies.

Uncertainty has been noted as a significant feature of parental experiences of childhood chronic illnesses needing medical treatments in general and growth hormone treatment (GHT) in particular. However, there is insufficient research exploring the extent of which uncertainty features in the experiences of parents caring for children receiving GHT or the dimensions, which their uncertainty may take. Drawn from 16 in depth interviews and eight diaries from 16 mothers from the Republic of Ireland who had children with a growth disorder requiring daily administration of GHT, this paper highlights their experiences of uncertainty when it comes to dealing with GHT. It was concluded that the dimensions of uncertainty experienced by the mothers were: diagnostic, treatment, future and social stigma uncertainty. It also demonstrates the significant challenges of coping with these uncertainties. By recognising the dimensions of uncertainty faced by mothers caring for children receiving GHT, health care professionals can anticipate these uncertainties and help minimise some of the stress and anxiety associated with them.