

needed; paediatricians would then have guidelines for treatment rather than the present *ad hoc* methods described by Dr Salazar de Sousa.

References

- 1 Nelson W E, ed. *Textbook of pediatrics*, fifth edition. Philadelphia: Saunders, 1950.
- 2 Silverman A, Roy C, Cozzetto F. *Pediatric clinical gastroenterology*. St Louis: Mosby, 1971.
- 3 Darrow D C. Nutritional disturbances. In: Holt L E, McIntosh R, Barnett H L, eds. *Pediatrics*, thirteenth edition. New York: Appleton-Century-Crofts, 1962: 229-44.

Premature thelarche

Sir,

Dumić *et al.*¹ suggest that premature thelarche may be an adrenal disorder; I do not think they have provided sufficient evidence for this.

Although patients and normal controls were comparable in number and age range, no information was given on the mean or median age of each group. Since the peak age of onset and presentation of premature thelarche was between 1 and 3 years I assume that most of their patients were clustered around the lower part of the relevant age range. Comparison of plasma dehydroepiandrosterone (DHEA) concentrations in the age range 1-3 years for each group would be more meaningful, since the profound effect of adrenarche on plasma DHEA concentrations would have been eliminated. Both groups showed a large SD in plasma DHEA concentrations, presumably the result of adrenarche having started in some of the subjects. The coefficient of variation of the DHEA assay was also rather high; therefore the values reported in this study were only similar to those reported in the literature, when compared with a 4-8-year-old band, but not the 1-4-year-age band.²

The authors rightly state that plasma oestradiol and gonadotrophin concentrations are generally normal in children with premature thelarche. That DHEA and its sulphate may serve as a substrate for oestrogen synthesis in this disorder is an attractive hypothesis. However, it is not possible to conclude that plasma DHEA concentrations are increased unless patients and controls are studied during the peak age range of this disorder—that is 1-3 years.

References

- 1 Dumić M, Tajić M, Mardešić D, Kalafatić Z. Premature thelarche: a possible adrenal disorder. *Arch Dis Child* 1982; **57**: 200-3.
- 2 Winter J S D. Prepubertal and pubertal endocrinology. In: Falkner F, Tanner J, eds. *Human growth*. Vol 2. *Postnatal growth*. New York: Plenum, 1978: 183-213.

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Dr Dumić and co-workers comment:

Dr Hughes has made a useful suggestion and we present in the Table our data on the mean ages and the mean DHEA concentrations of our children with premature thelarche and in normal controls divided into two age groups in the ranges of 1-4 years and >4-7 years.

In the younger group there is a very significant difference in the respective DHEA concentrations with no difference in the mean ages.

This makes our data on the increased DHEA in girls with premature thelarche even more meaningful, as suggested by Dr Hughes.

The lack of a significant difference in the DHEA concentration in children of the older age group can be explained as being due to adrenarche that has already started in some of the children of this age.

Table Dehydroepiandrosterone concentrations (ng/100 ml) in normal girls and girls with premature thelarche

Age group (years)	Normal children					Premature thelarche					t test	P
	Mean age (years)	n	Mean	SD	SE	Mean age (years)	n	Mean	SD	SE		
1-4	1.75	15	123.4	73.8	19.10	1.95	12	207.9	81.83	23.62	-2.676	0.02
>4-7	5.45	9	177.6	127.6	42.54	5.25	7	195.8	68.3	25.8	-0.345	0.80

Conversion: traditional units to SI—dehydroepiandrosterone: 1 ng/100 ml = 0.0347 nmol/l.