Results At birth, placental weight was correlated significantly with maternal weight (r = 0.21, p = 0.031), infant BW (r = 0.71, r < 0.001), BMI SDS (r = 0.589, p < 0.001), LS SDS (0.567, p < 0.001), and HC (r = 0.699, p < 0.001). During childhood, placental weight was correlated with BMI SDS (r = 0.296, p = 0.002), HS SDS (r = 0.254, p = 0.009). Length SDS at birth was correlated significantly with HS SDS during childhood (r = 0.445, p < 0.001).

Conclusion Placental weight is a good pointer of birth size (weight, length and HC) and may help forecast childhood growth.

654 THE DIFFERENTIAL-DIAGNOSTIC FEATURES OF THELARCHE SYNDROME IN GIRLS

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Aim To determine the most significant criteria in the diagnosis of true precocious puberty and premature thelarche.

Methods 68 girls were analyzed in the endocrinological department in Minsk over 2003–2011 yrs. Group 1 (G1) - girls with isolated thelarche (IT) (S = 85.5%), group 2 (G2) - with true precocious puberty (TPP) (10.17%). Ultrasound (u/s) - organs of the small pelvis, bone age, the levels of hormones (follicle-stimulating hormone (FSH), luteinizing hormone (LH), estradiol (E2)), gonadotropin-releasing hormone analogue (GRH) stimulating test were conducted to all patients. Results were processed using the Statistica 6.1.

Results Breast development in G1: stages on Tanner 2 (84.3%), 3 (15.7%); G2; Tanner 2 (80%), 3 (20%). The onset of thelarche G1 1.24±0.3 yrs, G2 5.3±0.77 (p = 0.2). Bone age (BoA)/biological age (Bia) G1 0.63±0.08 (1 yrs), G2 3.3±0.01. Uterus length G1 28.1±0.83 (35 mm), C2 35.4±2.9 (p = 0.01). There was an excess of prepubertal ovaries norm (>0.2ml) G1 65%, G2 48% with the presence of follicles G1 20%, G2 100%. Basal FSH levels G1 4.73±0.52 (1.8–10.5 IU/L), G2 4.25±0.87 (p = 0.03); LH G1 0.76±0.13 (1-10 IU/L), G2 2.0±0.8 (p = 0.15); E2 G1 0.12±0.02 (< 0.5 ng/ml), G2 0.14±0.05 (p = 0.08). There was a pubertal excess of LH levels in G2 (59.4±20.4 IU/L) by conducting GRH stimulating test.

Conclusions The differential diagnosis between TPP and IT are: advance bone B2A, the excess of uterus length by u/s and E2 levels, excess of LH levels by conducting stimulating test with GRH (which is the most important feature).