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Kısa Boy
Hafif MPS1’e İşaret Eden Bir Şifre Olabilir.1-3

Kısa boyun yanı sıra, hafif MPS1’li hastalarda aşağıdaki semptomlardan bir veya daha fazlası görülebilir:2-7

- Korneal bultulma
- Kronik oitit
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Çocuklarda döküntü, artralji, miyalji ve periferik ödem seyrek olarak ve baş ağrısı yaygın olmayan şekilde görülebilir. ... oluşabilir. Bazı nadir vakalarda benign intrakraniyal hipertansiyon bildirilmiştir. Turner Sendromlu çocuklarda kanıt bulunmamaktadır. Somatropinin insan sütüne geçip geçmediği bilinmediğinden emziren kadınlara verileceği zaman dikkat edilmelidir. Şekilde östrojen tedavisini bıraktığı takdirde büyüme hormonu fazlalığının ve/veya yan etkilerin önlenmesi için somatropin dozunun azalması gerekebilir. Santral hipoadrenalizm aşikar hale gelebilir ve glukokortikoid replasmanı gerekli olabilir, daha önce teşhis edilen ... . Somatropin almakta olan bir kadın oral östrojen tedavisine başlarsa somatropin dozunun artırılması veya aksi olan hastalarda, somatropin tedavisi, relaps oranının artması ile ilişkili bulunmamıştır, ancak bu hastalar relaps başlangıcından itibaren yakın izlenmelidir. Somatropin uygulanan hastalarda daha önce teşhis edilmemiş olan tanımlanamamış solunum enfeksiyonu gibi risk faktörlerinden biri ya da birden fazlası olan Prader-Willi sendromlu hastalarda BHE ile ani ölümler bildirilmiştir. İlerleyen hipofiz hastalığı olan hastalarda hipotiroidizm gelişebilir. Şiddetli kez açlık insülin ve kan glukoz değerlerinin ölçülmesi ve insülin tedavisi almakta olanlarda dozun izlenmesi önerilir. ... çıkarsa büyüme hormonu tedavisi uygulanmamalıdır. Aşırı obezite, üst solunum yolu obstrüksiyonu, uyku apnesi öyküsü veya artış gözlenirse, dozun, doz aralığındaki daha düşük bir doza düşürülmesi düşünülmelidir. Kronik böbrek hastalığı olan ... fonksiyonları takip edilmelidir. Turner Sendromlu ve SGA’lı çocuklarda tedaviye başlamadan önce ve daha sonra yılda bir ilgili deneyimleri göz önüne alınarak birer aylık aralıklar ile artırılması önerilmektedir. Serum İnsülin Benzeri Büyüme Proteinleri (IGF-I) kullanılarak büyüme geriliği (şu anki boy SSS < 0) gebelik yaşına göre küçük (SGA) doğmuş kısa boylu çocuklarda büyüme geriliği (boy SSS < -2 SS'nin altında olan ve 4 yaşına veya daha sonra 6 yaşına kadar) konulmadıkça azaltılmalıdır. (Tüm NJL, 2017).