JCRPE

Journal of Clinical Research in Pediatric Endocrinology

June 2022	volume 14	issue 2	www.jcrpe.org	ISSN: 1308-5727
				E-ISSN: 1308-5735



(A) Soft tissue calcification on the anteroposterior radiograph of the right hip before the treatment (black arrows). (B) 3 months after topical STS and acetazolamide. (C) 36 months after acetazolamide and topical STS treatments were stopped

> New Therapy Combination in a Novel *FGF23* Mutation Döneray H et al. 239-243



Official Journal of Turkish Society for Pediatric Endocrinology and Diabetes



bu kadar kolay

Saizen® Likit*, 25 derecenin altında en fazla 7 gün boyunca saklanabilir.2**

BH tedavisi

IS

* Enjeksiyonluk çözelti içeren kartuş ** Saizen® kartuş orijinal ambalajında buzdolabında 2°C-8°C arasında 18 ay boyunca saklanabilir. İlk enjeksiyondan sonra, SAİZEN kartuşu maksimum 28 gün süresince 2°C-8°C arasında buzdolabında saklanmalıdır. Bu süre boyunca, en fazla 7 gün süresince, 25°C altında veya buzdolabı dışında tutulabilir. SAİZEN kartuşu 7 gün boyunca buzdolabının dışında saklandığında, yeniden buzdolabına konulmalı ve ilk enjeksiyon tarihinden itibaren hesaplanacak şekilde 28 gün tirada tu furenandara 25°C altında veya buzdolabı dışında tutulabilir. SAİZEN kartuşu 7 gün boyunca buzdolabının dışında saklandığında, yeniden buzdolabına konulmalı ve ilk enjeksiyon tarihinden itibaren hesaplanacak şekilde 28 gün icinde kullanılmalıdır

Referansiar: 1. Dahloren J et al. Curr Med Res Opin. 2007: 23 (7): 1649-1655. 2. Saizen* enteksivonluk cözelti iceren kartus kısa ürün bilgisi

SAÍZEN 12 mg/1,5 mL enjeksiyonluk çözelti içeren kartuş. Her bir kartuş 1,5 mL çözeltide 12 mg somatropin* içerir. SAİZEN 20 mg/2,5 mL enjeksiyonluk çözelti içeren kartuş. Her bir kartuş 2,5 mL çözeltide 20 mg

samatogin" igeir: Farmakolgik Gezlilikar: Engikskyonluk (zzeli int. başna 8 mg somatogin igeir: SAIZEN, memeli hücrelerinden genetik mühendisliğiyle üretilmi; rekombinant insam büyüme hormonu igeiri. Endikasyonlar: Cocuklarda ve ergenlerde: Cocuklarda endogin büyüme hormonu salıpsinin olmaması veya azlığı ile meydana geleri büyüme genilği. (Kromozom analizleri ile teylü edilmiş, gonadı disgenezili kuzlarda büyüme gerilği. (Kranzer kadıyamanış (son yu ile pde HYS) col) kaş açcuklarda büyüme hormonu esisiliği mili (CRF) / Döguma azılığı veya buyu - 25 Di altında olan, gestasyovel yaş göre küçük döğum; (SOX) key ayaş va da üzeri tibaniyik test ile teşlis edilen belirgin büyüme hormonu elsikilği net teşlis edilen başlandarda büyüme hormonu elsikilği verime kayanış test ile yet edilenildir. Yetişkinlerde başlayana: Cocukluk başlayanı: Cocukluk test ile, ve hişofix evgi hipotalamış halinde esikilği yerine koymak macıyla kullanılır. Kontrendikasyonlar: SAIZEN ile reglişmete başlanada ne dari büyüme hormonu elsikilği verime kayanış test ile, ve hişofix edilen başlayanış test ile, verimezilişi, yet alış aş aş eksilliği verime kayanış kayanış test ile, verimezilişi kaş test ile, verimeşilişi kaş test ile, veriş ileşi kaşilişi haş test ileşi kaşilişi haş test ileşi kaşilişi haş test ileşi kaşilişi haştaş test ileşi kaşilişi kaşil some open ryem. Farmakologik Özellikler: Enjeksiyonluk çözelti mL başına 8 mg somatropin içerir. SAİZEN, memeli hücrelerinden genetik mühendisliğiyle üretilmiş rekombinant insan büyüme hormonu içerir. Endikasyonlar: Çocuklarda ve ergenlerde: ürünlerin takip edilebiliriğinin sağlarması için uygulanan ürünün ticari ismi ve seri numarası mutlaka hasd dosyasına kaydedilmelidir. **Stenmeyen Etkile**r: Hastaların %510°a kadan enjeksiyon yerinde kızanklık ve kaşıntı yaşayabilir. Gocukluk döneminde büyüme hormonu ikelid tanısı konmuye yetşikin hostalarda ortay çakı analıkadır. Biyüme hormonu ikeledavi edilmiş veya edilmeniş büyüme hormonu eksik çocuklarda bazı besim vakaları rapor edilmiştir. Burunia beraber, predispoze faktörlerin yokluğunda büyüme hormonu kullananlarda idsemi insidansı Baş ağısı (izo)ek şarat tüneşi insidansı sıra içinde yer almaktdari. Bilinmiyor: Lokal veya yayıng anı duyarlılık reakisyolanı; Çok seryet: Hörmi başı Baş ağısı (izo)ek karat tüneşi insidarda beliki teksi yaşında anala bir etki yaratı alı hipertansiyon (belik reakisyolanı; Çok seryet: Hörmi başı epifz kayması, ya da femur başını avasklier nekrozları; Yayyın olmayarı: Linekomsti; Yaygın: Enjeksiyon yeri reaksiyonları, Lokalize ipoatrofi (enjeksiyon yeri değiştrillerek önlenebilir). **Gebelik Kategorisi:** Cdir. Gebelerde yapılmış eyarlarınaldır. Biyüme hormonu kottizoun kortizole donüşmeni azalırı ve daha önceden keşfedilmemiş santarlı hipertasiyon) kayalarındarda ürenlime. Somatropinin linası atüşle delile alıla adıdağı bilinmentektedir Baş ağısı (izo) kayaları bir çalışma, büyüme hormonu uygulamasının özellik, CYP 4450 Ala hepatik enzimler ile metabolize olduğu bilinen liaçları delileri belik bili buyüme bormonu uşuşulamasının özellik, CYP 4450 Ala hepatik enzimler ile metabolize olduğu bilinen liaçları delileri buşuta ya da günde 0,045-0,050 mg/kg vücut ağırığı. Kısaş ayabıli kuşu kayaları bili kuşu kayaları bili yüme bormonu yaşını alaşı ya da günde 0,045-0,050 mg/kg vücut ağırığı. Kısaş kaşı kezintik kaştaları biyüme periliği gösteren hastalarda: Subikutan uygulama ile günde 1,4 mg/m' vücut yüzeş alanı ya da günde 0,045-0,050 mg/kg vücut ağırığı, Koralık bişik beşiki beşik beşik belik bili bili bili bili kuşu kuşu kaştaları bişik bişik bişik bişik bişik bişik bişik bişiki



aluetta 12



UN

1 D



JCRPE Journal of Clinical Research in Pediatric Endocrinology

Editor in Chief

Feyza Darendeliler

İstanbul University İstanbul Faculty of Medicine, Department of Pediatric Endocrinology, İstanbul, Turkey feyzad@istanbul.edu.tr [®] orcid.org/0000-0003-4786-0780

Associate Editors Abdullah Bereket

Marmara University Faculty of Medicine, Department of Pediatric Endocrinology, İstanbul, Turkey abdullahbereket@gmail.com o orcid.org/0000-0002-6584-9043

Damla Gökşen

Ege University Faculty of Medicine, Department of Pediatric Endocrinology, İzmir, Turkey damla.goksen@ege.edu.tr © orcid.org/0000-0001-6108-0591

Korcan Demir

Dokuz Eylül University Faculty of Medicine, Department of Pediatric Endocrinology, İzmir, Turkey korcandemir@gmail.com © orcid.org/0000-0002-8334-2422

Samim Özen

Ege University Faculty of Medicine, Department of Pediatric Endocrinology, İzmir, Turkey samim.ozen@ege.edu.tr orcid.org/0000-0001-7037-2713

Serap Turan

Marmara University Faculty of Medicine, Department of Pediatric Endocrinology, İstanbul, Turkey serap.turan@marmara.edu.tr orcid.org/0000-0002-5172-5402

English Language Editor

Jeremy Jones, Kocaeli, Turkey

⊗The paper used to print this journal conforms to ISO 9706: 1994 standard (Requirements for Permanence).

The National Library of Medicine suggests that biomedical publications be pirinted on acid-free paper (alkaline paper).

Reviewing the articles' conformity to the publishing standards of the Journal, typesetting, reviewing and editing the manuscripts and abstracts in English, creating links to source data, and publishing process are realized by Galenos.

Galenos Publishing House Owner and Publisher Derya Mor Erkan Mor **Publication Coordinator** Burak Sever Web Coordinators Fuat Hocalar Turgay Akpinar **Graphics** Department Ayda Alaca Çiğdem Birinci Gülay Saday Gülşah Özgül Finance Coordinators Emre Kurtulmuş Sevinç Çakmak

Project Coordinators Aysel Balta Duygu Yıldırım Gamze Aksoy Gülay Akın Hatice Sever Melike Eren Özlem Çelik Çekil Pınar Akpınar Rabia Palazoğlu Sümeyye Karadağ **Research&Development** Melisa Yiğitoğlu Nihan Karamanlı Digital Marketing Specialist

Ümit Topluoğlu

Editorial Board

Ali Kemal Topaloğlu Cukurova University Faculty of Medicine, Department of Pediatric Endocrinology, Adana, Turkey Angel Ferrandez Longas Children's Hospital Miguel Servet, Department of Pediatric Endocrinology, Zaragoza, Spain Aysun Bideci Gazi University Faculty of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey Banerjee Indi Manchester University NHS Foundation Trust, Manchester, United Kingdom Fima Lifshitz Pediatric Sunshine Academics, Inc., Santa Barbara, USA Hüsevin Onav Ege University Faculty of Medicine, Department of Medical Genetics, İzmir, Turkey Khalid Hussain Great Ormond Street Hospital for Children, Department of Pediatric Endocrinology, London, United Kingdom Merih Berberoălu Ankara University Faculty of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey Mitchell Geffner Children's Hospital Los Angeles, Center for Endocrinology, Diabetes and Metabolism, Los Angeles, USA Neslihan Güngör Louisiana State University Health Sciences Center-Shreveport, Department of Pediatric Endocrinology, Louisiana, USA Nurgün Kandemir Hacettepe University Faculty of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey Güven Özkaya Bursa Uludağ University Faculty of Medicine, Department of Biostatistics, Bursa, Turkey Ömer Tarım Bursa Uludağ University Faculty of Medicine, Department of Pediatric Endocrinology, Bursa, Turkey Pietro Galassetti University of California, Pediatric Exercise and Genomics Research Center, Department of Pediatrics, California, USA Robert Rapaport Icahn School of Medicine at Mount Sinai, Kravis Children's Hospital at Mount Sinai, Department of Pediatric Endocrinology and Diabetes, New York, USA Sandra L. Blethen

Emeritus Professor, Belmont, CA, USA

Thomas Allen Wilson Stony Brook Children's Hospital, Department of Pediatric Endocrinology, New York, USA Wavne Cutfield

University of Auckland, Liggins Institute, Department of Pediatric Endocrinology, Auckland, New Zealand



Publisher Contact

Address: Molla Gürani Mah. Kaçamak Sk. No: 21/1 34093 İstanbul, Turkey Phone: +90 (212) 621 99 25 Fax: +90 (212) 621 99 27 E-mail: info@galenos.com.tr yayin@galenos.com.tr Web: www.galenos.com.tr Publisher Certificate Number: 14521 Printing at:

Son Sürat Daktilo Dijital Baskı San. Tic. Ltd. Şti. Address: Gayrettepe Mah. Yıldızposta Cad. Evren Sitesi A Blok No: 32 D: 1-3 34349 Beşiktaş, İstanbul/Turkey Phone: +90 212 288 45 75

Date of printing: June 2022 ISSN: 1308-5727 E-ISSN: 1308-5735



AIMS AND SCOPE

The Journal of Clinical Research in Pediatric Endocrinology (JCRPE) publishes original research articles, reviews, short communications, letters, case reports and other special features related to the field of pediatric endocrinology. JCRPE is published in English by the Turkish Society for Pediatric Endocrinology and Diabetes quarterly (March, June, September, December). The target audience is physicians, researchers and other healthcare professionals in all areas of pediatric endocrinology.

JCRPE is indexed in PubMed/MEDLINE, Index Medicus/PubMed, PubMed Central (PMC), British Library, EBSCO, SCOPUS, EMBASE, Engineering Village, Reaxys, Index Copernicus, CINAHL, ProQuest, GALE, Turk Medline, Tübitak Ulakbim TR Index, Turkiye Citation Index, Science Citation Index-SCI-E, Hinari, GOALI, ARDI, OARE, AGORA, J-GATE, IdealOnline and DOAJ.

JCRPE has an impact factor 1.933 in 2020. **The 5-year impact factor 2.153 in 2020.

The journal is printed on an acid-free paper.

Permissions

Requests for permission to reproduce published material should be sent to the publisher.

Galenos Publishing House Address: Molla Gürani mah. Kaçamak Sok. 21/1 Fatih, Istanbul, Turkey Telephone: +90 212 621 99 25 Fax: +90 212 621 99 27 Web page: http://www.galenos.com.tr/en E-mail: info@galenos.com.tr

Copyright Notice

The author(s) hereby affirms that the manuscript submitted is original, that all statement asserted as facts are based on author(s) careful investigation and research for accuracy, that the manuscript does not, in whole or part, infringe any copyright, that it has not been published in total or in part and is not being submitted or considered for publication in total or in part elsewhere.

Completed Copyright Assignment&Affirmation of Originality Form will be faxed to the JCRPE Editorial Office (Fax: +90 212 621 99 27).

By signing this form,

1. Each author acknowledge that he/she participated in the work in a substantive way and is prepared to take public responsibility for the work.

2. Each author further affirms that he or she has read and understands the "Ethical Guidelines for Publication of Research".

3. The author(s), in consideration of the acceptance of the manuscript for publication, does hereby assign and transfer to the Journal of Clinical Research in Pediatric Endocrinology all of the rights and interest in and the copyright of the work in its current form and in any form subsequently revised for publication and/or electronic dissemination.

Open Access Policy

This journal provides immediate open access to its content on the principle that making research freely available to the public supports a greater global exchange of knowledge.

This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

GENERAL INFORMATION

Manuscripts must be written in English and must meet the requirements of the journal. Papers that do not meet these requirements will be returned to the author for necessary revision before the review. Manuscripts submitted to JCRPE are evaluated by peer reviewers. Authors of manuscripts requiring modifications have two months to resubmit a revised paper. Manuscripts returned after this deadline will be treated as new submissions. The journal is in compliance with the uniform requirements for manuscripts submitted to biomedical journals published by the International Committee of Medical Journal Editors (NEJM 1997; 336:309-315, updated 2001). Upon submission of the manuscript, authors are to indicate the type of trial/research and provide the checklist of the following guidelines when appropriate: Consort statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel group randomized trials. JAMA 2001 ; 285 : 1987 - 91), the QUOROM statement for meta-analysis and systemic reviews of randomized controlled trials (Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. Quality of Reporting of Meta-Analyses. Lancet 1999; 354 : 1896 - 900) and the MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational studies in Epidemiology (MOOSE) group. JAMA 2000; 283: 2008 - 12). Keywords are included according to MeSH (Medical Subject Headings) National Library of Medicine.

Once the manuscript is accepted to be published in The Journal of Clinical Research in Pediatric Endocrinology, it receives a Digital Object Identifier (DOI) number. Uncorrected full text files can be reached online via PubMed and Ahead of Print section of the journal's website (http://www.jcrpe.org/ahead-of-print). All contents will be printed in black and white.

NEW

Article Publication Charges for accepted case reports is \$100. Please contact the editorial office for detailed information by the following link:

info@jcrpe.org

In case of using more than 6 figures in the article, the author is charged \$50 for each figure.

All other forms of articles are free of publication charge.

MANUSCRIPT CATEGORIES

All manuscripts must adhere to the limitations, as described below, for text only; the word count does not include the abstract, references, or figure/ table legends. The word count must be noted on the title page, along with the number of figures and tables. Original Articles should be no longer than 5000 words and include no more than six figures and tables and 50 references.

Short Communications are short descriptions of focused studies with important, but very straightforward results. These manuscripts should be no longer than 2000 words, and include no more than two figures and tables and 20 references.

Brief Reports are discrete, highly significant findings reported in a shorter format. The abstract of the article should not exceed 150 words and the text/ article length should not exceed 1200 words. References should be limited to 12, a maximum of 2 figures or tables.

Clinical Reviews address important topics in the field of pediatric endocrinology. Authors considering the submission of uninvited reviews should contact the editors in advance to determine if the topic that they propose is of current potential interest to the Journal. Reviews will be considered for publication only if they are written by authors who have at least three published manuscripts in the international peer reviewed journals and these studies should be cited in the review. Otherwise only invited reviews will be considered for peer review from qualified experts in the area. These manuscripts should be no longer than 6000 words and include no more than four figures and tables and 120 references.

Case Reports are descriptions of a case or small number of cases revealing novel and important insights into a condition's pathogenesis, presentation, and/or management. These manuscripts should be 2500 words or less, with four or fewer figures and tables and 30 or fewer references.

Consensus Statements may be submitted by professional societies. All such submission will be subjected to peer review, must be modifiable in

INSTRUCTIONS TO AUTHORS

response to criticisms, and will be published only if they meet the Journal's usual editorial standards. These manuscripts should typically be no longer than 4000 words and include no more than six figures and tables and 120 references.

Letters to the Editor may be submitted in response to work that has been published in the Journal. Letters should be short commentaries related to specific points of agreement or disagreement with the published work. Letters should be no longer than 500 words with no more than five complete references, and may not include any figures or tables.

Note on Prior Publication

The journal publishes original research and review material. Material previously published in whole or in part shall not be considered for publication. At the time of submission, authors must report that the manuscript has not been published elsewhere. Abstracts or posters displayed at scientific meetings need not be reported.

MANUSCRIPT SUBMISSION PROCEDURES

JCRPE only accepts electronic manuscript submission at the web site www. jcrpe.org

After logging on to the website www.jcrpe.org click 'online manuscript submission' icon. All corresponding authors should be provided a password and a username after providing the information needed. If you already have an account from a previous submission, enter your username and password to submit a new or revised manuscript. If you have forgotten your username and/or password, e-mail the editorial office for assistance. After logging on the article submission system with your own password and username please read carefully the directions of the system to provide all needed information. Attach the manuscript, tables and figures and additional documents.

All Submissions Must Include:

1. A cover letter requesting that the manuscript be evaluated for publication in JCRPE and any information relevant to your manuscript. Cover letter should contain address, telephone, fax and e-mail address of the corresponding author.

2. Completed Copyright Assignment & Affirmation of Originality form. This form should be filled in thoroughly and faxed to the JCRPE Editorial Office at +90 212 621 99 27.

3. Completed Disclosure of Potential Conflict of Interest Form. The corresponding author must acquire all of the authors' completed disclosure forms and fax them to the editorial office at +90 212 621 99 27.

Authors must complete the online submission forms. If unable to successfully upload the files please contact the editorial office by e-mail.

MANUSCRIPT PREPARATION

General Format

The Journal requires that all submissions be submitted according to these quidelines:

- Text should be double spaced with 2.5 cm margins on both sides using 12-point type in Times Roman font.
- All tables and figures must be placed after the text and must be labeled.
- Each section (abstract, text, references, tables, figures) should start on a separate page.

 \bullet Manuscripts should be prepared as word document (*.doc) or rich text format (*.rtf).

Title Page

The title page should include the following:

- Full title
- Short title of not more than 40 characters for page headings
- Authors' names, and institutions, and e-mail addresses
- Corresponding author's e-mail and post address, telephone and fax numbers
- \bullet At least three and maximum eight key words. Do not use abbreviations in the keywords
- Word count (excluding abstract, figure legends and references)
- Name and address of person to whom reprint requests should be addressed
- Any grants or fellowships supporting the writing of the paper
- The acknowledgements, if there are any
- If the content of the manuscript has been presented before, the time and place of the presentation

• The ORCID (Open Researcher and Contributor ID) number of the all authors should be provided while sending the manuscript. A free registration can be done at http://orcid.org.

Structured Abstracts (According to the The Journal of the American Medical Association)

Original Articles should be submitted with structured abstracts of no more than 250 words. All information reported in the abstract must appear in the manuscript. The abstract should not include references. Please use complete sentences for all sections of the abstract. Structured abstract should include background, objective, methods, results and conclusion.

What is already known on this topic?

What this study adds?

These two items must be completed before submission. Each item should include at most 2-3 sentences and at most 50 words focusing on what is known and what this study adds.

Review papers do not need to include these boxes.

Introduction

The article should begin with a brief introduction stating why the study was undertaken within the context of previous reports.

Experimental Subjects

All clinical investigations described in submitted manuscripts must have been conducted in accordance with the guidelines in the Declaration of Helsinki and has been formally approved by the appropriate institutional review committees. All manuscripts must indicate that such approval was obtained and that informed consent was obtained from subjects in all experiments involving humans. The study populations should be described in detail. Subjects must be identified only by number or letter, not by initials or names. Photographs of patients' faces should be included only if scientifically relevant. Authors must obtain written consent from the patient for use of such photographs.

Clinical Trials Registration

For clinical trial reports to be considered for publication in the Journal, prospective registration, as endorsed by the International Conference of Medical Journal Editors, is required. We recommend use of http://www. clinicaltrials.gov.

Experimental Animals

A statement confirming that all animal experimentation described in the submitted manuscript was conducted in accord with accepted standards of

INSTRUCTIONS TO AUTHORS

humane animal care, according to the Declaration of Helsinki and Genova Convention, should be included in the manuscript.

Materials and Methods

www.jcrpe.org

These should be described and referenced in sufficient detail for other investigators to repeat the work. Ethical consent should be included as stated above.

The name of the ethical committee, approval number should be stated. At the same time, the Ethics Committee Approval Form should be uploaded with the article.

Results

The Results section should briefly present the experimental data in text, tables, and/or figures. Do not compare your observations with that of others in the results section.

Discussion

The Discussion should focus on the interpretation and significance of the findings with concise objective comments that describe their relation to other work in that area and contain study limitations.

Study Limitations

Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion

The conclusion of the study should be highlighted.

Acknowledgments (Not Required for Submission)

An acknowledgment is given for contributors who may not be listed as authors, or for grant support of the research.

Authorship Contribution

The kind of contribution of each author should be stated.

References

References to the literature should be cited in numerical order (in parentheses) in the text and listed in the same numerical order at the end of the manuscript on a separate page or pages. The author is responsible for the accuracy of references.

Number of References: Case Report max 30 / Original Articles max 50

Examples of the reference style are given below. Further examples will be found in the articles describing the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med.1988; 208:258-265, Br Med J. 1988; 296:401-405). The titles of journals should be abbreviated according to the style used in the Index Medicus.

Journal Articles and Abstracts: List all authors. The citation of unpublished observations, of personal communications is not permitted in the bibliography. The citation of manuscripts in press (i.e., accepted for publication) is permitted in the bibliography; the name of the journal in which they appear must be supplied. Citing an abstract is not recommended.

Books: List all authors or editors.

Sample References

Papers Published in Periodical Journals: Gungor N, Saad R, Janosky J, Arslanian S. Validation of surrogate estimates of insulin sensitivity and insulin secretion in children and adolescents. J Pediatr 2004;144:47-55.

Papers Only Published with DOI Numbers: Knops NB, Sneeuw KC, Brand R, Hile ET, de Ouden AL, Wit JM, Verloove-Vanhorick SP. Catch-up growth up to ten years of age in children born very preterm or with very low birth weight. BMC Pediatrics 2005 doi: 10.1186/1471-2431-5-26.

Book Chapters: Darendeliler F. Growth Hormone Treatment in Rare Disorders: The KIGS Experience. In: Ranke MB, Price DA, Reiter EO (eds). Growth Hormone Therapy in Pediatrics: 20 Years of KIGS. Basel, Karger, 2007;213-239.

Books: Practical Endocrinology and Diabetes in Children. Raine JE, Donaldson MDC, Gregory JW, Savage MO. London, Blackwell Science, 2001;37-60.

Tables

Tables must be constructed as simply as possible. Each table must have a concise heading and should be submitted on a separate page. Tables must not simply duplicate the text or figures. Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10 to 15 words). Include all tables in a single file following the manuscript.

Figures Legends

Figure legends and titles should be submitted on a separate page. Figure legends and titles should be clear and informative. Tables and figures should work under "windows". Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. Include a title for each figure (a brief phrase, preferably no longer than 10 to 15 words).

Figures & Images

At submission, the following file formats are acceptable: AI, EMF, EPS, JPG, PDF, PPT, PSD, TIF. Figures may be embedded at the end of the manuscript text file or loaded as separate files for submission purposes.

All images MUST be at or above intended display size, with the following image resolutions: Line Art 800 dpi, Combination (Line Art + Halftone) 600 dpi, Halftone 300 dpi. See the Image quality specifications chart for details. Image files also must be cropped as close to the actual image as possible.

Units of Measure

Results should be expressed in metric units.

Validation of Data and Statistical Analysis

Assay validation: Bioassay and radioimmunoassay potency estimates should be accompanied by an appropriate measure of the precision of these estimates. For bioassays, these usually will be the standard deviation, standard error of the mean, confidence limits. For both bioassays and radioimmunoassays, it is necessary to include data relating to within-assay and between-assay variability. If all relevant comparisons are made within the same assay, the latter may be omitted. Statistical analysis should be done accurately and with precision. Please consult a statistician if necessary.

Proofs and Reprints

Proofs and a reprint order are sent to the corresponding author. The author should designate by footnote on the title page of the manuscript the name and address of the person to whom reprint requests should be directed. The manuscript when published will become the property of the journal.

Page and Other Charges Archiving

The editorial office will retain all manuscripts and related documentation (correspondence, reviews, etc.) for 12 months following the date of publication or rejection.



Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

- 1. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).
- 2. The submission file is in Microsoft Word, RTF, or WordPerfect document file format. The text is double-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end. Please do not send the manuscript in docx.
- 3. Where available, URLs for the references have been provided.
- Upon acceptance of your manuscript for publication, a completed Copyright Assignment & Affirmation of Originality Form will be faxed to the JCRPE Editorial Office (Fax: +90 212 621 99 27)
- 5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the Journal.
- 6. Completed Disclosure of Potential Conflict of Interest Form. The corresponding author must aquire all of the authors" completed disclosure forms and fax them, together, to the editorial office along with the Author Disclosure Summary.

Privacy Statement

The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

Peer Review Process

- The manuscript is assigned to an editor, who reviews the manuscript and makes an initial decision based on manuscript quality and editorial priorities.
- 2. For those manuscripts sent for external peer review, the editor assigns reviewers to the manuscript.
- 3. The reviewers review the manuscript.

- The editor makes a final decision based on editorial priorities, manuscript quality, and reviewer recommendations.
- 5. The decision letter is sent to the author.

The Reviewer is Asked to Focus on the Following Issues: 1. General recommendation about the manuscript How original is the manuscript? Is it well presented?

How is the length of the manuscript?

2. Publication timing, quality, and priority

How important is the manuscript in this field? Does it present original data? Does it carry priority in publishing?

3. Specific questions regarding the quality of the manuscript Does the title describe the study accurately? Is the abstract informative and clear? Do the authors state the study question in the introduction? Are the methods clear? Are ethical guidelines met? Are statistical analyses appropriate? Are the results presented clearly? Does the discussion cover all of the findings? Are the references appropriate for the manuscript?

4. Remarks to the editor

Accepted in its present form Accepted after modest revisions Reconsidered for acceptance after major changes Rejected

5. Remarks to the author

What would be your recommendations to the author?

Conflict of interest statement for the reviewer (Please state if a conflict of interest is present)

For further instructions about how to review, see Reviewing Manuscripts for Archives of Pediatrics & Adolescent Medicine by Peter Cummings, MD, MPH; Frederick P. Rivara, MD, MPH in Arch Pediatr Adolesc Med. 2002;156:11-13.

INSTRUCTIONS TO AUTHORS

Tüm temel endikasyonlarda onaylı tek sıvı büyüme hormonu¹⁻⁵

ADANMIŞLIK

- Kullanım kolaylığı⁶
 Onaylı uzun dönem etkililik⁶
 Uygunluk^{7,8}
 Kullanıma hazır sıvı formülasyon
 Kanıtlanmış güvenilirlik⁶
- 🍃 Yılların biyoteknoloji deneyimi

Referanslar: 1. Omnitrope[®] KÜB. 2. Genotropin KÜB. 3. Norditropin KÜB. 4. Humatrope KÜB. 5. Saizen KÜB. 6. Romer T et al. Seven years of safety and efficacy of the recombinant human growth hormone Omnitrope[®] in the treatment of growth hormone deficient children: results of a phase III study. Horm Res 2009; 72: 359-369. 7. Rapaport R, et al. Med Devices (Auckl) 2013;6:141-146. 8. Partsch CJ, et al. Med Devices (Auckl) 2015;8:389-393. 9. Omnitrope[®] Resmi Websitesi. https://www.sandoz.com/our-work/biopharmaceuticals/sandoz-biosimilars Erisim tarihi: Mart 2019



Bu ilaç ek izlemeye tabidir. Bu üçgen yeni güvenlilik bilgisinin hızlı olarak belirlenmesini sağlayacaktır. Sağlık mesleği mensuplarının süpheli advers reaksiyonları TÜFAM'a bildirmeleri beklenmektedir. Raporlama yapılması, ilacın yarar/risk dengesinin sürekli olarak izlenmesine olanak sağlamaktadır. Herhangi bir şüpheli advers reaksiyonu Türkiye Farmakovijilans Merkezi (TÜFAM)'ne (www.titck.gov.tr; e-posta: tufam@titck.gov.tr; tel: 0312 218 30 00, 0800 314 00 08; faks: 0 312 218 35 99) ve/veya ilgili firma yetkililerine bildirmeniz gerekmektedir.

e-posts: trádméltick gov tr; tel: 0312 218 30 00, 0800 314 00 08; faks: 0 312 218 35 99) va/veya ilgili firma yetkillorine biditrmeniz gerekmektedir.

Omnitrope 🧯

Somatropin

AZİM

Süpheli advers reaksiyonların raporlarması: Ruhsatlandırma sonraı süpheli ilaç advers reaksiyonlarının toparlanması büyük önem tayımakadır. Raparlama yapılması, ilacın yarar/risk dengesinin sürekli olarak izlenmesine olanak sağlar. Sağlık mesleği mensuplarının herhangi bir süphel advers reaksiyonu Türkiye Farmakovijilans Merkezi (TÜFAM)'ne bildirmeleri gerekmektedir (www.titck.gov.tr; e- posta: tufam@titck.gov.tr; tel: 0 800 314 00 08; faks: 0 312 218 35 99).

Sandoz ürünleri ile ilgili advers olayları drug_safety.turkey@novartis.com adresine e-posta göndererek ya da 0216 681 22 11 numarasına faks çekerek Hasta Güvenliği Departmanı'na bildirebilininiz

www.sandoz.com.tr





Review

131 Efficacy and Safety of Letrozole in the Management of Constitutional Delay in Growth and Puberty: A Systematic Review and Meta-analysis

Deep Dutta, Rajiv Singla, Vineet Surana, Meha Sharma

Original Articles

- **145** A 4-hour Profile of 17-hydroxyprogesterone in Salt-wasting Congenital Adrenal Hyperplasia: Is the Serial Monitoring Strategy Worth the Effort? Özge Besci, İbrahim Mert Erbaş, Tuncay Küme, Kübra Yüksek Acinikli, Ayhan Abacı, Ece Böber, Korcan Demir
- **153** Mutations in *AR* or *SRD5A2* Genes: Clinical Findings, Endocrine Pitfalls, and Genetic Features of Children with 46,XY DSD Nese Akcan, Oya Uyguner, Firdevs Bas, Umut Altunoğlu, Güven Toksoy, Birsen Karaman, Şahin Avcı, Zehra Yavaş Abalı, Şükran Poyrazoğlu, Agharza Aghayev, Volkan Karaman, Rüveyde Bundak, Seher Başaran, Feyza Darendeliler
- **172** Revisiting the Annual Incidence of Type 1 Diabetes Mellitus in Children from the Southeastern Anatolian Region of Turkey: A Regional Report Servan Özalkak, Ruken Yıldırım, Selma Tunç, Edip Ünal, Funda Feryal Taş, Hüseyin Demirbilek, Mehmet Nuri Özbek
- **179** Low Complement C1q/TNF-related Protein-13 Levels are Associated with Childhood Obesity But not Binge Eating Disorder *ibrahim Mert Erbas, Ahu Paketçi, Serkan Turan, Ali Rıza Şişman, Korcan Demir, Ece Böber, Ayhan Abacı*
- **188** How Vitamin D Levels of Children Changed During COVID-19 Pandemic: A Comparison of Pre-pandemic and Pandemic Periods *Güler Beyazgül, Özlem Bağ, İlkay Yurtseven, Fulya Coşkunol, Saynur Başer, Duygu Çiçek, Gül İrem Kanberoğlu, Filiz Çelik, Özlem Nalbantoğlu, Behzat Özkan*
- **196** The Role of American Thyroid Association Pediatric Thyroid Cancer Risk Stratification and *BRAF^{v600E}* Mutation in Predicting the Response to Treatment in Papillary Thyroid Cancer Patients ≤18 Years Old *Yasemin Giles Senyürek, Yalın İscan, İsmail Cem Sormaz, Sükran Poyrazoğlu, Fatih Tunca*
- 207 Comparison of National Growth Standards for Turkish Infants and Children with World Health Organization Growth Standards Rüveyde Bundak, Zehra Yavaş Abalı, Andrzej Furman, Feyza Darendeliler, Gülbin Gökçay, Firdevs Baş, Hülya Günöz, Olcay Neyzi
- 216 The Impact of the CEDD-NET on the Evaluation of Rare Disorders: A Multicenter Scientific Research Platform in the Field of Pediatric Endocrinology Samim Özen, Aysun Ata, Feyza Darendeliler

Case Reports

- 221 A Novel Mutation in the Thyroglobulin Gene Resulting in Neonatal Goiter and Congenital Hypothyroidism in an Eritrean Infant Eve Stern, Nadia Schoenmakers, Adeline K. Nicholas, Eran Kassif, Orit Pinhas Hamiel, Yonatan Yeshayahu
- 227 TRMT10A Mutation in a Child with Diabetes, Short Stature, Microcephaly and Hypoplastic Kidneys Eve Stern, Asaf Vivante, Ortal Barel, Yael Levy-Shraga
- 233 46,XY Sex Development Defect due to a Novel Homozygous (Splice Site) c.673_1G>C Variation in the HSD17B3 Gene: Case Report Nurdan Ciftci, Leman Kayas, Emine Camtosun, Aysehan Akıncı





- **239** The Successful Treatment of Deep Soft-tissue Calcifications with Topical Sodium Thiosulphate and Acetazolamide in a Boy with Hyperphosphatemic Familial Tumoral Calcinosis due to a Novel Mutation in *FGF23* Hakan Döneray, Ayse Özden, Kadri Gürbüz
- 244 A Novel SCNN1A Variation in a Patient with Autosomal-recessive Pseudohypoaldosteronism Type 1 Mohammed Ayed Huneif, Ziyad Hamad Alhazmy, Anas M. Shoomi, Mohammed A. Alghofely, Humariya Heena, Aziza M. Mushiba, Abdulhamid Alsaheel
- 251 Bilateral Ovarian Germ Cell Tumor in a 46,XX Female with Nijmegen Breakage Syndrome and Hypergonadotropic Hypogonadism Malgorzata A. Krawczyk, Malgorzata Styczewska, Dorota Birkholz-Walerzak, Mariola Iliszko, Beata S. Lipska-Zietkiewicz, Wojciech Kosiak, Ninela Irga-Jaworska, Ewa Izycka-Swieszewska, Ewa Bien