Growth Hormone Treatment in SGA
More than meets the eye

1. Combined GH/GnRHa treatment in short SGA children has no long-term negative effects on their metabolic and cardiovascular profile compared to GH treatment only. (this thesis)

2. Additional GnRHa treatment for 2 years in GH-treated SGA children, who are still short at pubertal onset, results in a shorter pubertal duration after cessation of GnRHa but due to adequate growth they reach a similar adult height as those with a normal height at pubertal onset treated with GH only. (this thesis)

3. The loss of the pharmacologic effects of GH treatment results in an increase in fat mass and insulin sensitivity after GH-cessation, but after 5 years, previously GH-treated SGA young adults have a comparable metabolic profile as untreated short SGA young adults. (this thesis)

4. At 5 years after cessation of GH treatment, previously GH-treated SGA young adults have a similar or more beneficial cardiovascular profile as untreated short SGA young adults. (this thesis)

5. ACAN gene sequencing should be considered in short children born SGA with advanced bone age and in addition a midface hypoplasia, joint problems, and broad great toes. (this thesis)


7. Plasma concentrations of GH increase while listening to Mozart. (Crit. Care Medicine, 2007)

8. Most of the world’s population live in countries where overweight and obesity kills more people than underweight. (World Health Organization, 2016)

9. Serendipity is essential to providing the very best care for children and a good quality for researchers. (Journal of Pediatric Surgery, 2014)

10. Since good communication benefits patient care and depends on eye contact, all desks in hospitals should best be created on a ‘one-size-fits-all’ principle to ensure adequate interaction with patients and parents with a short stature. (National Health Service England, 2004)

11. Tell me and I forget, teach me and I may remember, involve me and I learn. (Benjamin Franklin)

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