Testolactone Treatment in Precocious Puberty

Results are encouraging in these McCune-Albright syndrome patients

Five girls aged 1-4 years with precocious puberty and the McCune-Albright syndrome received 2 months' treatment with testolactone 20 mg/kg initially, increased over 3 weeks to a maximum of 40 mg/kg followed by a 2-month drug-free period. Treatment was then continued to 6 months followed by 6 months of no treatment. Plasma oestradiol levels decreased from 163 before to 32 pg/ml during treatment and rose to 182 pg/ml after treatment discontinuation with a similar pattern observed in oestrone levels. Ovarian volume decreased during treatment (4.8 *vs* 2.6ml) and rose after drug discontinuation (9.2ml). Basal gonadotrophin levels were suppressed in all patients, and gonadotrophin response to luteinising-hormone-releasing hormone remained below normal prepubertal values during treatment although an elevated response was observed. Growth rates, assessed in 3 patients, fell during treatment and rose again after discontinuation with the mean rate of bone maturation showing a similar trend. Menstrual bleeding, present in 4 patients, showed a decreased frequency which was significant in 3 of the 4. One patient demonstrated reduced breast development and pubic hair stage was diminished in another.

Transient diarrhoea and abdominal cramps in 1 patient resolved on temporary dosage reduction.

Feuillan PP, Foster CM, Pescovitz OH, Hench KD, Shawker T. New England Journal of Medicine 315: 1115-1119, 30 Oct 1986

0156-2703/86/1122-0008/0$01.00/0