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A 15-year-old adolescent girl is brought in by her mother because she has not yet started to menstruate. She is tall for her age but otherwise of normal body habitus. She had a growth spurt that began when she was about age 12 years and began breast development at age 13 years. Physical examination finds Tanner stage III breast development and stages III to IV pubic hair. She shaves her underarms.



Puberty, an endocrine process involving:

Emotional transition

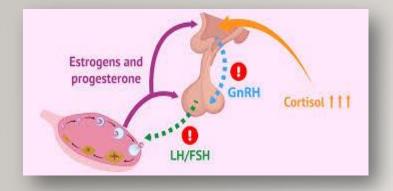
Physical transition

Sextual transition









Mormal Pubertal Development

Hypothalamic-Pituitary-Gonadal axis begins to function during fetal life



Active during the 1ST few weeks following birth



Axis becomes quiescent, central inhibition of axis during childhood

Axis becomes active during puberty



Triggering production of (GnRH)



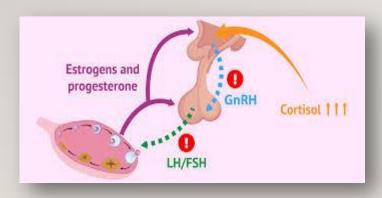
Gonadotropins control the production of sex steroids from ovary

PHYSICAL CHANGES OF PUBERTY

PHYSICAL CHANGES OF PUBERTY

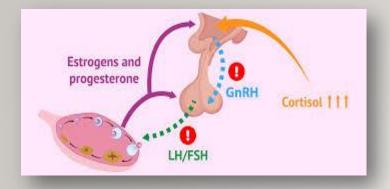


pulsatile GhRH signaling from hypothalamus



increased pituitary secretion of LH&FSH

gonadal sex hormone production from ovaries



Mormal Pubertal Development



Adrenarche

Gonadarche



physical manifestation of adrenarche:

- development of pubic hair, axillary hair
 - apocrine odor
 - acne

Adrenarche

- At approximately 10 11 Y/O, an increase in the production of androgens in adrenal glands.
 - Increase in production of dehydroepiandrosterone (cortical zona reticularis activity, adrenal pubertal maturation)
 - It can be converted to more potent androgens (testosterone / dihydrotestosterone)

The impact of adrenarche on human puberty

Adrenarche is independent of the hypothalamic-pituitary-gonadal axis



Adrenarche, usually, begins prior to the first visible physical manifestation of gonadarche



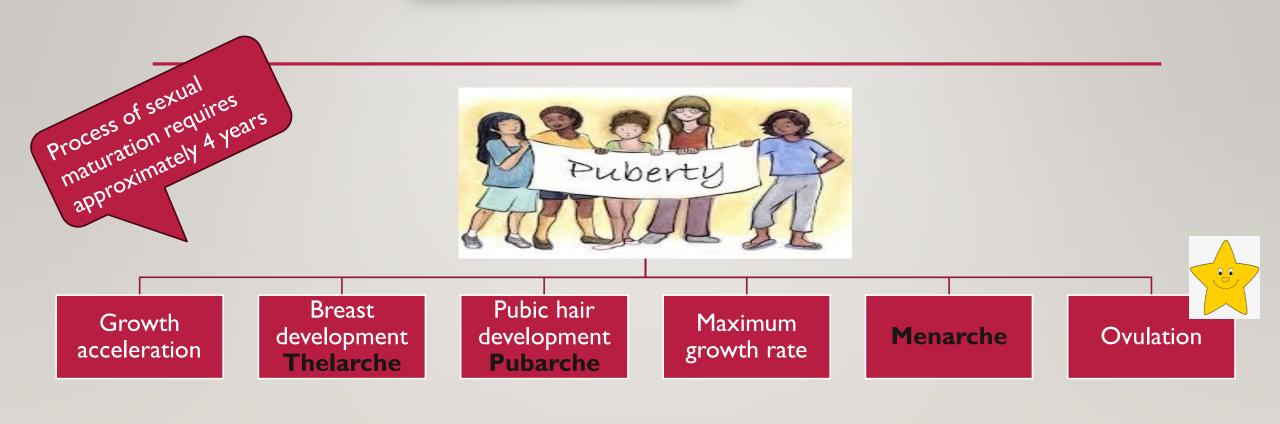


During pubertal transition, balance between inhibitory & stimulatory factors shifts to favor re-activation of axis, onset of pubertal changes, reproductive competence.

Gonadarche

- At approximately 7-8Y/O, an increase in the production & pulse of GnRH in hypothalamus
 - Increase in production & pulse of FSH & LH in pituitary
 - Production of estrogen & progesterone in ovaries
 - Folliculogenesis, Ovulation, Menses, Breast development, Cornification of vaginal mucosa, Uterine growth

Mormal Pubertal Development

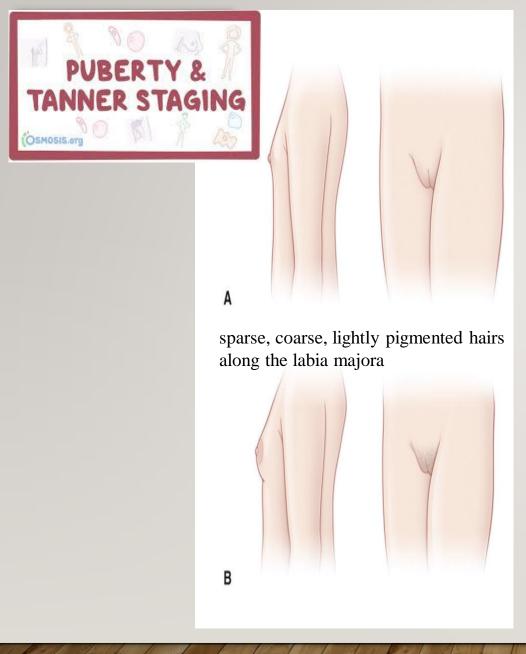


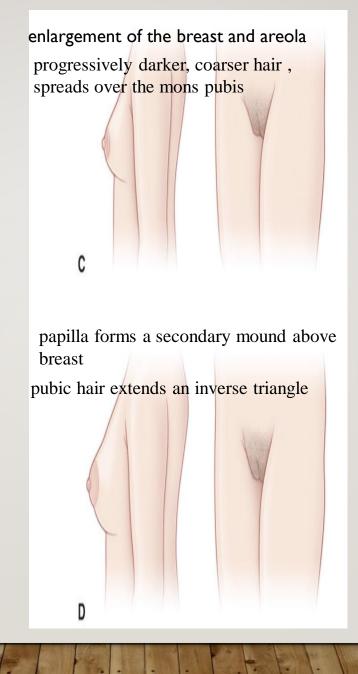


The initial event is accelerated growth.



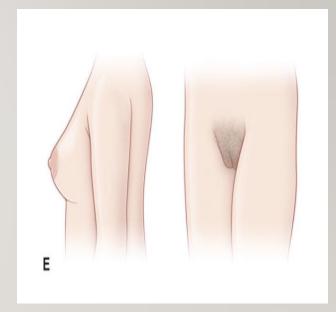
- It may be subtle; breast budding is easier to detect as the first event.
- While the majority of the time thelarche occurs before pubarche, in 20% of girls, pubarche will begin before thelarche.
- The sequence of breast development & pubic hair growth is quantified by the **Tanner classification** of sexual maturity.

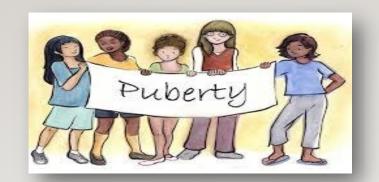




mature breast development due to recession of areola to contour of breast

Spreading of hair to the medial aspects of the thighs







- Breast development (thelarche) may be unilateral.
- Increased estrogen secretion promotes uterine growth & causes physiologic leukorrhea
- A thin, white, non-foul-smelling vaginal discharge
- It begins 6 12 months before menarche.
- Menarche occurs, on average, 2 to 2.5 years after the onset of breast development
- During the first-year post-menarche, menses are usually irregular & anovulatory





There is a strong relationship between <u>BODY FAT CONTENT</u> & the onset of puberty.

• Mild (BMI=30-34.99) to moderate (BMI =35-39.99) obesity results in earlier puberty, whereas thinness results in later puberty.

The onset of puberty is also marked by significant <u>ETHNIC DIFFERENCES</u>.



The relation between Puberty & race:

(African American & Mexican American girls > girls of European descent > Asian American girls)



- The difference may result from:
 - the differences in BMI

 - genetic factors
 - environmental factors
 - socioeconomic conditions
 - nutrition
 - access to preventive health care
 - chronic illness





TABLE 38.1 ETHNICITY AND ONSET OF PUBERTY

Event	Mean Age (years)		
	Non-Hispanic Blacks	Mexican Americans	Non-Hispanic Whites
Thelarche	9.5	9.8	10.3
Pubarche	9.5	10.3	10.5
Menarche	12.2	12.5	12.5

Sources: Data from McDowell MA, Brody DJ, Hughes JP. Has age at menarche changed? Results from the National Health and Nutrition Examination Survey (NHANES) 1999–2004. *J Adoles Health*. 2007;40(4):227-231; Goldman MB, Troisi R, Rexrode KM. *Women and Health*. 2nd ed. Academic Press; 2013; Finer LB, Philbin JM. Trends in ages at key reproductive transitions in the United States, 1951–2010. *Women's Health Issues*. 2014;24(3):e271-e279.



Precocious puberty
 (development of puberty prior to age 8)

Primary amenorrhea(no menstruation by 15 years)

Delayed puberty
(absence of breast development by age 13 years)
(absence of menarche by age 15)
(lack of menses after 3 years since breast development)

- Incomplete sexual maturation

The presence of any of these disorders requires:

- I investigation of the hypothalamic-pituitary-gonadal axis
- 2 Investigation of the reproductive outflow tract.

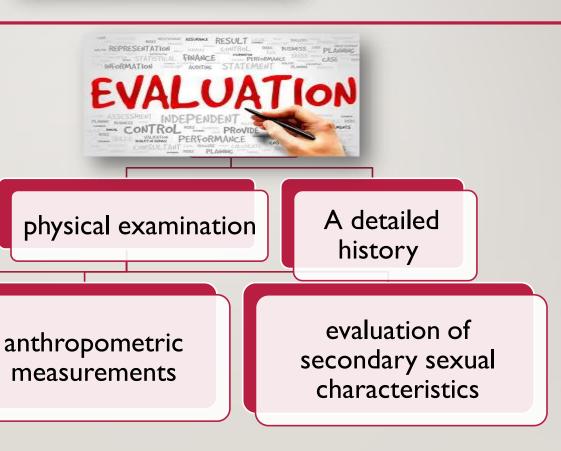


calculation of

linear growth

velocity









Laboratory studies:



Distinguish between:

Hypothalamicpituitary etiology

Gonadal etiology



Thanks for your attention



