Special Section

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Preface

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Children with growth disorders are by far the largest group of individuals seeking medical advice from paediatric endocrinologists. As short stature is caused by a multitude of variable factors, it is sometimes only possible to make a descriptive diagnosis. However, the number of growth disorders that cannot be diagnosed using conventional diagnostic methods alone or by solely assessing the clinical indications is increasing. Such disorders can be diagnosed accurately using advanced molecular genetic techniques.

Considerable progress has been made in the treatment of patients with growth hormone (GH) deficiency. Furthermore, efforts are intensifying to explore the efficacy and safety of GH replacement therapy in growth disorders for which causes remain to be established. These developments are taking place at a time in which modern methods of communication favour international cooperation, thus marking a new dimension in the exchange of clinical experience. It is paramount, at this stage, to scrutinize the accepted definitions and diagnostic tools that have been available to date, with the ultimate aim of arriving at standards that are applicable on a global level.

The clinicians and statisticians involved in analysing the multitude of factors relating to growth and GH treatment that are inherent to the database of KIGS, the Kabi International Growth Study, have frequently been confronted with the problem of achieving a consensus of opinion on certain fundamental issues. In order to counteract this problem, a series of meetings attended by a group of experts has been

initiated. The aim of these meetings is to discuss not only basic topics relating to GH therapy, but also disputed aspects of auxology, diagnostics and the treatment of growth disorders.

The first of these meetings was attended by clinicians, auxologists and statisticians, and was held on 10-11 November 1995 in Positano, Italy. The topics chosen for discussion related mainly to the question of auxological standards for height, and also included the problem of bone maturation and bone-age rating. In addition, the group attempted to arrive at a consensus on the definition of idiopathic short stature (ISS), as this is the most common form of short stature in clinical practice. The expert contributions arising from the meeting are reported in this volume. The proceedings also contains a statement on the consensus for the definition of ISS, which was drawn up on the basis of discussions conducted at, and following the meeting.

The participants would like to express their sincere gratitude to Ms Annika Wallström, Dr Rolf Gunnarsson, and Pharmacia & Upjohn in Stockholm for making the meeting and this publication possible. The editors hope that those involved in the care of short children will find the results of the first KIGS Expert Meeting useful and interesting, and that the organizers will continue to provide their encouragement and support in this endeavour.