RESULTS
Normal values of the total mFG score is between 0 and 7. Using a cut-off score of 7, a higher proportion of hirsute women were observed in the PCOS group (17.9% vs. 5.0%, *p*=0.025). Elevated calculated free testosterone (cFT) was also significantly associated with hirsutism (odds ratio, 5.9; 95% CI, 1.4 – 23.8; *p*=0.013).

CONCLUSION
A score of 7 and above represents hirsute women in this population. Hirsute women are more likely to have elevated cFT.

KEY WORDS
hirsutism, hyperandrogenism, modified Ferriman-Gallwey score

OA-GE-17

DELAYED PUBERTY AND INSULIN-LIKE GROWTH FACTOR-I IN THALASSEMIA MAJOR AND THALASSEMIA INTERMEDIA ADOLESCENTS: A COMPARATIVE STUDY

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INTRODUCTION
Delayed puberty, a common endocrine complication, is well-recognized in thalassemic adolescents. Evaluation of delayed puberty has been done in both thalassemia major (TM) and thalassemia intermedia (TI) patients but comparative study between them is still limited. Emerging evidence suggests that insulin-like growth factor-I (IGF-I) could have an influence on pubertal development. Therefore, this study aimed to determine and compare delayed puberty and serum IGF-I levels between thalassemic adolescents with different phenotypes.

METHODOLOGY
A total of 82 thalassemic adolescents (13-17 years), 24 with TM and 57 with TI, attending Day Care Center, Yangon Children Hospital, participated. Delayed puberty was defined as lack of breast development by age of 13, lack of pubic hair by 14, lack of menarche by 16 in female patients and no testicular enlargement by 14, lack of pubic hair by 15 or more in male patients. Fasting serum IGF-I concentrations were determined by ELISA method.

RESULTS
There was no significant difference in IGF-I concentrations between TM and TI adolescents (*P*=0.51). Nineteen (79.2%) of TM patients and 52 (91.2%) of TI patients showed delayed puberty. Median IGF-I concentration of TM patients with delayed puberty was significantly lower (*P*=0.004) than those without whereas, for TI patients, no significant difference (*P*=0.59) was seen.

CONCLUSION
A higher percentage of delayed puberty was noted in TI adolescents when compared with TM ones. Circulating IGF-I may play a role in delayed puberty of TM adolescents whereas, in TI adolescents, delayed puberty might not be related to IGF-I level.

KEY WORDS
delayed puberty, insulin-like growth factor-i, thalassemic adolescents

OA-GE-18

REPRODUCTIVE OUTCOMES FOLLOWING CHILDHOOD HEMATOPOIETIC STEM CELL TRANSPLANTATION: SUCCESSFUL PREGNANCIES AND 40 CHILDREN BORN TO 25 OF 180 ADULT LONG-TERM SURVIVORS

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INTRODUCTION
Gonadal insufficiency and infertility are amongst the most frequent and emotionally sensitive late complications following hematopoietic stem cell transplantation (HSCT). So far little is known about reproductive outcomes following childhood HSCT.

METHODOLOGY
Successful pregnancies/births were evaluated amongst 180 adult long-term survivors following HSCT, transplanted at median age 15.5 (range 8.0–19.9) years.

RESULTS

So far 25/180 (14%) subjects (males=14; females=11) 10.4 (2.5-24.0) years after HSCT became parents (n=20 biological) of 40 children (n=34 in term). Primary diagnosis at HSCT was: Severe aplastic anemia (SAA; n=12), acute lymphoblastic (ALL; n=6), acute myeloid (AML; n=1) and chronic myeloid (CML; n=3) leukemia, myelodysplastic syndrome (MDS; n=3). Spontaneous conception with 28 children reached 16 subjects (males=9), 5/7 females still spontaneously menstruating. SAA received cyclophosphamide only (males=7; females=5). Two males (MDS and ALL) had full myeloablative dose of busulphan during conditioning, 2 females (MDS and CML with hormonal replacement) spontaneously conceived following previously unsuccessful assisted reproduction (ART), one after total body irradiation 14.4 Gy (probably residual oocyte reserve and ovarian hyperstimulation). After ART, remaining 9/25 subjects became parents (n=4 biological) of 12 children (n=2 males cryopreserved sperm; n=2 males TESE; n=1 male donor sperm; n=4 females donor oocytes).

CONCLUSION

The ability to have offspring significantly affects the quality of life after HSCT. At the peritransplant care, fertility issues, pregnancy outcome and the possibility of fertility preservation must be routinely discussed. Better knowledge of pregnancy rate in pediatric population following HSCT will require more data. Very limited data is available on frequency of abortions.

KEY WORDS

children, HSCT, offsprings