Precocious Puberty Management in Girls

Bone age advanced ≥2 years\(^1\)

- Letrozole 2.5 mg daily
- If ineffective--add or replace with tamoxifen 5 mg daily
- Monitor for central precocious puberty (bone age ~11 years); treat with monthly leuprolide

Bone age advancement <2 years

- Bone age, growth velocity, PE q 6 mo
- No routine labs or imaging\(^2\)

\(^1\)The primary indication for treatment is to prevent impairment of adult height. Vaginal bleeding in the absence of bone age advancement does not typically warrant treatment. Exceptions may be made for very young children with frequent bleeding episodes deemed likely to lead to bone age advancement. 

\(^2\)The primary endpoint for treatment efficacy is prevention of bone age advancement, which is assessed by growth velocity and bone age examination. Routine laboratory testing and ultrasound are unlikely to change management, and are not recommended.

References

Legend
mg = milligrams; mo = months; q = each