

Stature abnormal (tall stature / short stature)

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Rationale

Normal growth is a reflection of a child's general health. Deviations may be due to illness, genetics or other environmental factors.

Causal Conditions

- Tall Stature
 - a. Genetic (e.g., Marfan's syndrome)
 - b. Endocrine (e.g., excess growth hormone)
- Short Stature
 - a. Genetic (e.g., Down syndrome)
 - b. Systemic disorders (e.g., chronic disease and treatment complications)
 - c. Environmental
 - Malnutrition
 - Psychosocial deprivation
 - Toxins/drugs
 - d. Intrauterine growth restriction [WEIGHT (LOW) AT BIRTH/INTRAUTERINE GROWTH RESTRICTION]

Key Objectives

Given a patient with abnormal stature, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. In particular, the candidate will determine whether the growth pattern is pathological or normal and determine whether the child

has dysmorphic features.

Enabling Objectives

Given a patient with abnormal stature, the candidate will

- list and interpret critical findings, including
 - a. determine if the child is following normal growth pattern (e.g., accurate growth chart, family history);
 - b. take a history to identify factors resulting in abnormal growth:
 - maternal or intra-uterine environmental factors;
 - phases of growth;
 - underlying medical conditions or other environmental factors;
 - c. identify dysmorphic features on physical examination;
- list and interpret critical investigations, if needed (e.g., X-ray of wrist for bone age);
- construct an effective initial management plan, including
 - a. counsel the family and the child with questions about stature;
 - b. refer the patient for specialized care, if necessary.