### Clinical Pearls

- Obesity alone can accelerate growth velocity and bone age, making pubertal assessment difficult.
- Pubertal development between ages 2-6 years is more likely to be a serious endocrine disorder.
- The first sign of true puberty in boys and girls is testicular enlargement and breast development, respectively.
- Growth velocity (GV) = (change in height in cm/weeks between measurements) x 52. Using heights 4-6 months apart is more accurate.
- GV is around 4.5 cm/year prior to puberty. If GV > 6-7 cm/year and accelerating, puberty is more likely.
- Differential diagnosis for early puberty is extensive: pituitary, gonadal, adrenal, or exogenous causes are all considerations.
- Central precocious puberty can be easily treated with GnRH agonists, a safe and effective therapy that can prevent premature closure of the growth plates and short stature. Premature adrenarche by contrast is treated with lifestyle modification.

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis, and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.