

and have been monitored by US every 6 months. Appearances are unchanged 1.5 years later. Age 14 years he complained of depressive symptoms. BMI SDS increased 0.69 and height SDS decreased 0.25 over the preceding 3 months. Diurnal rhythm of cortisol secretion was lost: 0900 h, 239 nmol/l; midnight, 192 nmol/l; 0900 h, 162 nmol/l; midnight, and 179 nmol/l. ACTH was undetectable. 0900 h cortisol was 144 nmol/l following dexamethasone 2 mg at 2300 h. Adrenal vein sampling indicated focal right-sided origin of cortisol excess. Right-sided retroperitoneoscopic adrenalectomy restored normal, diurnal patterns of ACTH and cortisol secretion. **Conclusion:** This patient has been managed conservatively, in accordance with the family's wishes, to preserve testicular and adrenal function, with close surveillance of testicular appearances and cortisol profiles. This is approach is controversial, with bilateral orchidectomy and adrenalectomy being advocated by some.

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### P3-D3-656

#### Two Cases of Thyroid Carcinoma in Children

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**Background:** Whilst thyroid carcinoma is rare in children, thyroid nodules in children have an increased risk of being malignant. Two 10-year-old patients with thyroid nodules presented to the Royal Belfast Hospital for Sick Children in December 2013. **Objective and hypotheses:** Illustration of sporadic and genetic presentations of thyroid carcinoma in children. **Method:** Presentation of two cases of thyroid carcinoma in children. **Results:** The first case is a previously well 10-year-old girl who presented with a firm, asymmetrical nodular goitre. Ultrasound scan showed an enlarged, abnormal thyroid with multiple abnormal lymph nodes. Fine needle aspiration stained positive for TTF1 and CK19 but negative for calcitonin – in keeping with papillary thyroid carcinoma. She proceeded to total thyroidectomy and bilateral cervical lymph node dissection. On histology, tracheal margin was positive and 18 of 66 lymph nodes were positive. She is currently awaiting radioactive iodine treatment. The second case is a 10-year-old boy who presented to ophthalmology with painful eyes. He was found to have limbic hyperplasia and other features in keeping with multiple endocrine neoplasia type 2B (MEN2B). No family history of note. Ultrasound scan of neck revealed suspicious solid nodules within both lobes of the thyroid and extensive cervical lymphadenopathy. Ultrasound scan of liver was normal, calcitonin markedly elevated and catecholamines normal. He proceeded to total thyroidectomy and bilateral cervical lymph node dissection. On histology, confirmed to be thyroid medullary carcinoma with positive margins and 26 of 60 lymph nodes positive. On genetic testing, a missense mutation in RET gene demonstrated (exon 16, c.2753T>C, codon 918),

confirming a diagnosis of MEN2B. **Conclusion:** These two cases clearly illustrate both sporadic and genetic presentations of thyroid carcinoma in children and that genetic cases can arise *de novo*.

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### P3-D3-657

#### Is There Any Correlation Between Height and Pediatrics' Malignancy

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**Background:** Recent studies had been demonstrated that raised height could be related with Hodgkin lymphoma (HL). In addition, increased osteo-sarcoma had been indicated in taller individuals and those with earlier pubertal growth spurts. However, some investigators obtained no significant relation between elevated height and childhood malignancy. **Objective and hypotheses:** We aimed to investigate whether there is any correlation between height and pediatrics' malignancy or not. **Method:** This is a prospective study which included children and adolescents aged 14 years and less with newly diagnosed malignancies who were admitted to pediatric oncology ward in 17 Shahrivar Children Hospital during October 2009–October 2013 in north part of Iran, Rasht. Height was measured by tape meter and the comparison between height and 25th and 50th NCHS was evaluated. Data were reported by descriptive statistics and analyzed by Regression tests in SPSS version 19. **Results:** Malignancy had been observed in 78 (38.6%) boys and 124 (61.4%) girls with the mean age of  $74.76 \pm 44.06$  months. Results showed that leukaemia was the most common cause of malignancy. Mean heights in most children with malignancies were more than 20th percentile and under 50th percentile of the NCHS. **Conclusion:** Although, in this article there was significant correlation between height and cancer but it could be better if larger sample size matched for sex was assessed in a cohort study. Also, if the correlation between height and cancer could be acceptable, cancer could be prevented by measuring IGF1 and GFBP3 factors.

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### P3-D3-658

#### Increasing Testicular Size due to Bilateral Large Cell Calcifying Sertoli Cell Tumours in a Peri-Pubertal Child with Carney Complex

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