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## Assessment of short stature in children : auxological screening and diagnostic work-up

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## Assessment of short stature in children

1. The registration of parental height should be a routine in growth monitoring as distance to target height is the most important parameter for the detection of pathology in children with short stature older than 3 years. (this thesis)
2. A deflection of height  $< 0.25$  standard deviations per year does not discriminate pathologic growth disorders from normal conditions, especially not under the age of 3 years. (this thesis)
3. Under the age of 3 years, body mass index (BMI) and deflection of BMI play a greater role in the detection of growth related disorders such as cystic fibrosis and celiac disease than length and weight. (this thesis)
4. Growth monitoring is generally accepted but can only be used to detect pathology if appropriate criteria and cut-offs are used. (this thesis)
5. More evidence is necessary to create better guidelines, with an increase of doctor's awareness and a wider implementation of underlying procedures as a result. (McManus IC et al., Med Educ 2001;35 Suppl 1:60-9)
6. Establishing scientific clarity in a definition of failure to thrive would enhance its clinical and epidemiologic usefulness in the diagnosis and follow-up of undernourished children. (Wilcox WD et al., Clin Pediatr (Phila) 1989;28:391-4.)
7. Making clinical decisions on the basis of short term growth data may be misguided and there is a clear need for growth monitoring to start at an early age and to be continued throughout childhood. (Voss LD et al, Arch Dis Child 1991;66:833-7.)
8. No algorithm can fully replace the clinical judgment of a physician.
9. Pregnancy can never be part of time-management.
10. Why take the easy way, when you can take the hard way.
11. Still round the corner there may wait, a new road or a secret gate. (J.R.R. Tolkien)
12. "What is the definition of a good wine? It should start and end with a smile." (William Sokolin)

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1 maart 2007

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