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LHRH-test in anorchia.

In order to investigate the contribution of LHRH-
test and its advantages over measuring basal serum and
urinary FSH and LH in the diagnosis of anorchia the
test was performed in 4 surgically verified gonadal
children aged 6-12 years. It was concluded that the
basal urinary and serum FSH concentration is the best
discriminatory index for the diagnosis of anorchia.

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Control of plasma aldosterone (PA) in congenital adrenal
hyperplasia, 21-hydroxylase defect (CAH).

We previously found in CAH patients high 8 am PA and
17OH-P with normal PRA levels. This discrepancy was
further investigated. 1) 17 salt and non salt-losers,
aged 5-17 yrs, treated with F alone, were tested. In 6
of 17, high 8 am supine PA and 17OH-P were found with
normal PRA levels. However, when re-tested at 11 am
while standing, they all had increased PRA and PA values.
2) Six children had repeated hormonal determinations
during a 24-h period. In 3 patients, PA and 17OH-P
decreased in the evening, but PRA remained elevated,
while the contrary was observed in the early morning.
In the 3 others, PA and PRA were low without PA
fluctuations. These results indicate that 1) in CAH
patients, PA is modulated by ACTH as in normals. 2) 8 am
recumbent PRA is not a good index for the mineralocorti-
coid adjustment which is better based on PRA measured
in standing patients.