3. The magnitude of this are in direct relationship with the degree of obesity and age.

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OBESITY-THERAPY AND SELF-REGULATION IN CHILDREN FROM AGE 8 TO 17 YEARS OVER 10 YEARS

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Background and aims: Since 1997 we carry out the treatment program for children from age 8-12 years and adolescents from age 13-17 years with their parents. The goal is to learn self-control and self-regulation of eating behaviour, to obtain better physical fitness and slightly bodyweight reduction.

Methods: Because the psycho-social problems are often overlooked and focusing on the long-term physical health, there is an emerging evidence to show the association between the psychological problems and obesity of the children and adolescents. Our obesity-therapy (>P.97) is concipatied over 3 years for children and parents. The program includes in the first year 1 times / week education in behaviour modification and nutrition by a psychologist and nutrition by a psychologist and nutritionist, the same happens with the parents in a way of family-therapy. The children participate in 3-times a week of different physical fitness in the first year.

Results: In an on-going-study we can report over 400 children of our therapy-Program that based on the 7-Phase-Mode of Kanfer. After 3 years there is an reduction of BMI-SDS $2,7 \pm 0,5$ kg/m² to $2,1 \pm 0,8$ kg/m². 43 % have a reduction of 0,2 and 29 % of BMI-SDS < 0,5. 72 % of all children and adults have positive results.

Conclusion: The results of the T.O.M.-program indicate that long term weight-control is feasible in children and adolescents and is worthwhile as a wide range of improvements in risk faktors and self-confidence can be demonstrated.

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ECTOPIC NEUROHYPOPHYSIS - CASE REPORT

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Background: Ectopic Neurohypophysis is a rare congenital anomaly of the pituitary gland associated with growth hormone and other anterior pituitary hormone deficiencies.

Aims: To report a case of hypopituitarism due to ectopic neurohypophysis presenting with hypoglycemic seizures.

Case report: A 7-year-old Romanian boy was admitted to our hospital with a generalized tonic-clonic seizure associated with severe hypoglycemia (25mg/dL). His past medical history was remarkable for a perinatal history of asphyxia; congenital left eye strabismus; and three previous episodes of hypoglycemic seizures with inconclusive metabolic and neurologic investigations. He was under treatment with carbamazepine for 3 months.

According to his mother he had also language delay and growth retardation.

The physical examination revealed a boy with a hoarse tone voice, dry skin, brittle hair, cold extremities and left eye convergent strabismus. His height was in the 3rd percentile (target height between 75th- 85th percentile).

Laboratory studies showed hypercholesterolemia, normal values of ACTH, cortisol and TSH but abnormal low values of free T4 and IGF-1. Antithyroglobulin and antiperoxidase antibodies were negative.

Abdominal and thyroid ultrasounds were normal. Left wrist X-ray revealed a bone age of 4 years.

The brain MRI showed an ectopic neurohypophysis. The pituitary stalk was not seen.

The patient started thyroid hormone replacement therapy and has been proposed for recombinant human growth hormone.