Turner Syndrome Guidelines Transition
Pediatric - Adult Follow Up

Childhood

Yearly

1. Physical exam, including height, weight, blood pressure, heart, lymphedema.
2. In infancy, hip dislocation screening
3. Ear infections/Hearing screening
4. Scoliosis/orthopedic evaluation
5. Around age 2, vision screening
6. Thyroid and liver function tests
7. Psychosocial evaluation for development and behavior, school performance
8. Pediatric dental specialist by age 2, orthodontic evaluation no later than age 7
9. Dermatology follow up for nevi
10. Cardiac MRI at age 9
11. Endocrine evaluation for pubertal delay
12. Nutritional evaluation, including celiac screening, and education

During Adolescence: As above with possible added counseling for sexual issues. Transition should occur over a 2–3-year period. Pediatric/pediatric endocrinology care should be transferred to and managed by either a family practitioner or adult/reproductive endocrinologist, plus cardiologist, audiologist, ENT, GYN, psychologist.

Adult

Yearly

1. Dietary/exercise counseling for prevention of obesity
2. Estrogen treatment, evaluation of ovarian function, family planning counseling
3. Routine pelvic/pap smear as indicated
4. Bone density monitoring
5. Hypertension/cardiology monitoring
6. Ophthalmologic exam
7. Fasting glucose, HgbA1C

Every 2 Years

1. Hgb/CBC, IGA, EMA, Vitamin D level
2. Thyroid function tests (TSH, Total/free T4, antibodies)
3. Liver and kidney function tests (BUN, creatinine, liver enzymes)
4. Lipid profile and glucose monitoring
5. ENT/audiology every 1-5 years
6. Psychosocial evaluation if needed.

Every 3-5 Years

DEXA scan (sooner if osteopenia/osteoporosis develop). Small size may lead to underestimation of bone density.

Every 5-10 Years

1. Renal ultrasound
2. Cardiac MRI (especially important to monitor, if patient experiences chest pain, should go to ER immediately t0 assess for aortic rupture)