The paper used to print this journal conforms to ISO 9706: 1994 standard (Requirements for Permanence).

The National Library of Medicine suggests that biomedical publications be printed on acid-free paper (alkaline paper).

Reviewing the articles’ conformity to the publishing standards of the Journal, typesetting, reviewing and editing the manuscripts and abstracts in English, creating links to source data, and publishing process are realized by Galenos.

Contact
Address: Molla Gürani Mahallesi Kaçamak Sokak No: 21 34093
Fındıkzade, İstanbul-Turkey
Phone: +90 (212) 621 99 25
Fax: +90 (212) 621 99 27
E-mail: info@galenos.com.tr
Publisher Certificate Number: 14521
www.galenos.com.tr

Printing at:
Üniform Basım ve Turizm Ltd. Şti.
Matbaacılar Sanayi Sitesi 1. Cad. No: 114
34204 Bağcılar, İstanbul, Türkiye
Phone: +90 212 429 10 00
Certificate Number: 42419
Date of printing: February 2019
ISSN: 1308-5727
E-ISSN: 1308-5735
AIMS AND SCOPE
The Journal of Clinical Research in Pediatric Endocrinology (JCRPE) publishes original research articles, reviews, short communications, letters, case reports and other special features related to the field of pediatric endocrinology. JCRPE is published in English by the Turkish Pediatric Endocrinology and Diabetes Society quarterly (March, June, September, December). The target audience is physicians, researchers and other healthcare professionals in all areas of pediatric endocrinology.

JCRPE is indexed in EBSCO, SCOPUS, EMBASE, Engineering Village, Reaxys, Index Copernicus, OINAHL, ProQuest, GALE, Turk Medline, Tübitak Ulakbim TR Index, Index Medicus/PubMed, Turkije Citation Index, PubMed Central (PMC), Science Citation Index-SCI-E and PubMed/MEDLINE.

JCRPE has an impact factor 1.163 in 2017. The journal is printed on an acid-free paper.

Permissions
Requests for permission to reproduce published material should be sent to the publisher.

Publisher: Erkan Mor
Address: Molla Gürani mah. Kaşanmak Sok. 21/1 Fatih, Istanbul, Turkey
Telephone: +90 212 621 99 25
Fax: +90 212 621 99 27
E-mail: info@galenos.com.tr

Copyright Notice
The author(s) hereby affirms that the manuscript submitted is original, that all statements asserted as facts are based on author(s) careful investigation and research for accuracy, that the manuscript does not, in whole or part, infringe any copyright, that it has not been published in total or in part and is not being submitted or considered for publication in total or in part elsewhere. Completed Copyright Assignment & Affirmation of Originality Form will be faxed to the JCRPE Editorial Office (Fax: +90 212 621 99 27).

By signing this form,
1. Each author acknowledge that he/she participated in the work in a substantive way and is prepared to take public responsibility for the work.
2. Each author further affirms that he or she has read and understands the "Ethical Guidelines for Publication of Research".
3. The author(s), in consideration of the acceptance of the manuscript for publication, does hereby assign and transfer to the Journal of Clinical Research in Pediatric Endocrinology all of the rights and interest in and the copyright of the work in its current form and in any form subsequently revised for publication and/or electronic dissemination.

Open Access Policy
This journal provides immediate open access to its content on the principle that making research freely available to the public supports a greater global exchange of knowledge.

This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

GENERAL INFORMATION
Manuscripts must be written in English and must meet the requirements of the journal. Papers that do not meet these requirements will be returned to the author for necessary revision before the review. Manuscripts submitted to JCRPE are evaluated by peer reviewers. Authors of manuscripts requiring modifications have two months to resubmit a revised paper. Manuscripts returned after this deadline will be treated as new submissions. The journal is in compliance with the uniform requirements for manuscripts submitted to biomedical journals published by the International Committee of Medical Journal Editors (NEJM 1997; 336:309-315, updated 2001). Upon submission of the manuscript, authors are to indicate the type of trial/research and provide the checklist of the following guidelines when appropriate: Consensus statement for randomized controlled trials (Moher D, Schulz NF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel group randomized trials. JAMA 2001; 285 : 1987 - 91), the QUOROM statement for meta-analysis and systemic reviews of randomized controlled trials (Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF). Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. Quality of Reporting of Meta-Analyses. Lancet 1999; 354 : 1896 – 900) and the MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF; Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational studies in Epidemiology (MOOSE) group. JAMA 2000; 283: 2008 – 12). Keywords are included according to MeSH (Medical Subject Headings) National Library of Medicine.

Once the manuscript is accepted to be published in The Journal of Clinical Research in Pediatric Endocrinology, it receives a Digital Object Identifier (DOI) number. Uncorrected full text files can be reached online via PubMed and Ahead of Print section of the journal's website (http://www.jcrpe.org/ahead-of-print).

All contents will be printed in black and white. The payment of $75 per article should be made if the author(s) wish their articles in color. For payment details, please contact the Editorial Office.

NEW
Article Publication Charges for accepted case reports is $100. Please contact the editorial office for detailed information by the following link: info@jcrpe.org

All other forms of articles are free of publication charge.

MANUSCRIPT CATEGORIES
All manuscripts must adhere to the limitations, as described below, for text only; the word count does not include the abstract, references, or figure/table legends. The word count must be noted on the title page, along with the number of figures and tables. Original Articles should be no longer than 5000 words and include no more than six figures and tables and 50 references. Short Communications are short descriptions of focused studies with important, but very straightforward results. These manuscripts should be no longer than 2000 words, and include no more than two figures and tables and 20 references. Brief Reports are discrete, highly significant findings reported in a shorter format. The abstract of the article should not exceed 150 words and the text/article length should not exceed 1200 words. References should be limited to 12, a maximum of 2 figures or tables.

Clinical Reviews address important topics in the field of pediatric endocrinology. Authors considering the submission of uninvited reviews should contact the editors in advance to determine if the topic that they propose is of current potential interest to the Journal. Reviews will be considered for publication only if they are written by authors who have at least three published manuscripts in the international peer reviewed journals and these studies should be cited in the review. Otherwise only invited reviews will be considered for peer review from qualified experts in the area. These manuscripts should be no longer than 6000 words and include no more than four figures and tables and 120 references.

Case Reports are descriptions of a case or small number of cases revealing novel and important insights into a condition’s pathogenesis, presentation, and/or management. These manuscripts should be 2500 words or less, with four or fewer figures and tables and 30 or fewer references.

Consensus Statements may be submitted by professional societies. All such submission will be subjected to peer review, must be modifiable in response to criticisms, and will be published only if they meet the Journal’s usual editorial standards. These manuscripts should typically be no longer than 4000 words and include no more than six figures and tables and 120 references.

Letters to the Editor may be submitted in response to work that has been published in the Journal. Letters should be short commentaries related to specific points of agreement or disagreement with the published work.
INSTRUCTIONS TO AUTHORS

MANUSCRIPT PREPARATION

General Format
The Journal requires that all submissions be submitted according to these guidelines:

- Text should be double spaced with 2.5 cm margins on both sides using 12-point type in Times Roman font.
- All tables and figures must be placed after the text and must be labeled.
- Each section (abstract, text, references, tables, figures) should start on a separate page.
- Manuscripts should be prepared as word document (*.doc) or rich text format (*.rtf).

Title Page
The title page should include the following:

- Full title
- Authors’ names and institutions.
- Short title of not more than 40 characters for page headings
- At least three and maximum eight key words. Do not use abbreviations in the key words
- Word count (excluding abstract, figure legends and references)
- Corresponding author’s e-mail and post address, telephone and fax numbers
- Name and address of person to whom reprint requests should be addressed
- Any grants or fellowships supporting the writing of the paper
- The ORCID (Open Researcher and Contributor ID) number of the all authors should be provided while sending the manuscript. A free registration can be done at http://orcid.org.

Structured Abstracts (According to the The Journal of the American Medical Association)
Original Articles should be submitted with structured abstracts of no more than 250 words. All information reported in the abstract must appear in the manuscript. The abstract should not include references. Please use complete sentences for all sections of the abstract. Structured abstract should include background, objective, methods, results and conclusion.

What is already known on this topic?
What this study adds?

These two items must be completed before submission. Each item should include at most 2-3 sentences and at most 50 words focusing on what is known and what this study adds.

Review papers do not need to include these boxes.

Introduction
The article should begin with a brief introduction stating why the study was undertaken within the context of previous reports.

Experimental Subjects
All clinical investigations described in submitted manuscripts must have been conducted in accordance with the guidelines in the Declaration of Helsinki and has been formally approved by the appropriate institutional review committees. All manuscripts must indicate that such approval was obtained and that informed consent was obtained from subjects in all experiments involving humans. The study populations should be described in detail. Subjects must be identified only by number or letter, not by initials or names. Photographs of patients’ faces should be included only if scientifically relevant. Authors must obtain written consent from the patient for use of such photographs.

Clinical Trials Registration
For clinical trial reports to be considered for publication in the Journal, prospective registration, as endorsed by the International Conference of Medical Journal Editors, is required. We recommend use of http://www.clinicaltrials.gov.

Experimental Animals
A statement confirming that all animal experimentation described in the submitted manuscript was conducted in accord with accepted standards of humane animal care, according to the Declaration of Helsinki and Genova Convention, should be included in the manuscript.

Materials and Methods
These should be described and referenced in sufficient detail for other investigators to repeat the work. Ethical consent should be included as stated above.

The name of the ethical committee, approval number should be stated.

Results
The Results section should briefly present the experimental data in text, tables, and/or figures. Do not compare your observations with that of others in the results section.
INSTRUCTIONS TO AUTHORS

Discussion
The Discussion should focus on the interpretation and significance of the findings with concise objective comments that describe their relation to other work in that area and contain study limitations.

Study Limitations
Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion
The conclusion of the study should be highlighted.

Acknowledgments (Not Required for Submission)
An acknowledgment is given for contributors who may not be listed as authors, or for grant support of the research.

Authorship Contribution
The kind of contribution of each author should be stated.

References
References to the literature should be cited in numerical order (in parentheses) in the text and listed in the same numerical order at the end of the manuscript on a separate page or pages. The author is responsible for the accuracy of references.

Number of References: Case Report max 30 / Original Articles max 50
Examples of the reference style are given below. Further examples will be found in the articles describing the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med. 1988; 208:258-265, Br Med J. 1988; 296:401-405). The titles of journals should be abbreviated according to the style used in the Index Medicus.

Journal Articles and Abstracts: List all authors. The citation of unpublished observations, of personal communications is not permitted in the bibliography. The citation of manuscripts in press (i.e., accepted for publication) is permitted in the bibliography; the name of the journal in which they appear must be supplied. Citing an abstract is not recommended.

Books: List all authors or editors.

Sample References


Tables
Tables must be constructed as simply as possible. Each table must have a concise heading and should be submitted on a separate page. Tables must not simply duplicate the text or figures. Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10 to 15 words). Include all tables in a single file following the manuscript.

Figures Legends
Figure legends and titles should be submitted on a separate page. Figure legends and titles should be clear and informative. Tables and figures should work under “windows”. Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. Include a title for each figure (a brief phrase, preferably no longer than 10 to 15 words).

Figures & Images
At submission, the following file formats are acceptable: AI, EMF, EPS, JPG, PDF, PPT, PSD, TIF. Figures may be embedded at the end of the manuscript text file or loaded as separate files for submission purposes.

All images MUST be at or above intended display size, with the following image resolutions: Line Art 800 dpi, Combination (Line Art + Halftone) 600 dpi, Halftone 300 dpi. See the Image quality specifications chart for details. Image files also must be cropped as close to the actual image as possible.

Units of Measure
Results should be expressed in metric units.

Validation of Data and Statistical Analysis
Assay validation: Bioassay and radioimmunoassay potency estimates should be accompanied by an appropriate measure of the precision of these estimates. For bioassays, these usually will be the standard deviation, standard error of the mean, confidence limits. For both bioassays and radioimmunoassays, it is necessary to include data relating to within-assay and between-assay variability. If all relevant comparisons are made within the same assay, the latter may be omitted. Statistical analysis should be done accurately and with precision. Please consult a statistician if necessary.

Proofs and Reprints
Proofs and a reprint order are sent to the corresponding author. The author should designate by footnote on the title page of the manuscript the name and address of the person to whom reprint requests should be directed. The manuscript when published will become the property of the journal.

Page and Other Charges
Archiving
The editorial office will retain all manuscripts and related documentation (correspondence, reviews, etc.) for 12 months following the date of publication or rejection.

Submission Preparation Checklist
As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).

2. The submission file is in Microsoft Word, RTF, or WordPerfect document file format. The text is double-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end. Please do not send the manuscript in docx.

3. Where available, URLs for the references have been provided.

4. Upon acceptance of your manuscript for publication, a completed Copyright Assignment & Affirmation of Originality Form will be faxed to the JCRPE Editorial Office (Fax: +90 212 621 99 27).

5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the Journal.
6. Completed Disclosure of Potential Conflict of Interest Form. The corresponding author must acquire all of the authors’ completed disclosure forms and fax them, together, to the editorial office along with the Author Disclosure Summary.

Privacy Statement
The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

Peer Review Process
1. The manuscript is assigned to an editor, who reviews the manuscript and makes an initial decision based on manuscript quality and editorial priorities.
2. For those manuscripts sent for external peer review, the editor assigns reviewers to the manuscript.
3. The reviewers review the manuscript.
4. The editor makes a final decision based on editorial priorities, manuscript quality, and reviewer recommendations.
5. The decision letter is sent to the author.

The Reviewer is Asked to Focus on the Following Issues:
1. General recommendation about the manuscript
   - How original is the manuscript?
   - How is the length of the manuscript?

2. Publication timing, quality, and priority
   - How important is the manuscript in this field?
   - Does it present original data?
   - Does it carry priority in publishing?

3. Specific questions regarding the quality of the manuscript
   - Does the title describe the study accurately?
   - Is the abstract informative and clear?
   - Do the authors state the study question in the introduction?
   - Are the methods clear?
   - Are ethical guidelines met?
   - Are statistical analyses appropriate?
   - Are the results presented clearly?
   - Does the discussion cover all of the findings?
   - Are the references appropriate for the manuscript?

4. Remarks to the editor
   - Accepted in its present form
   - Accepted after modest revisions
   - Reconsidered for acceptance after major changes
   - Rejected

5. Remarks to the author
   - What would be your recommendations to the author?
   - Conflict of interest statement for the reviewer (Please state if a conflict of interest is present)
   - For further instructions about how to review, see Reviewing Manuscripts for Archives of Pediatrics & Adolescent Medicine by Peter Cummings, MD, MPH; Frederick P. Rivara, MD, MPH in Arch Pediatr Adolesc Med. 2002;156:11-13.
Editorial

1 Neonatal Screening for Congenital Adrenal Hyperplasia in Turkey
   Abdullah Bereket, (İstanbul, Turkey)

Review

4 Neonatal Hypopituitarism: Approaches to Diagnosis and Treatment
   Selim Kurtöglu, Ahmet Özdemir, Nihal Hatipoğlu, (Kayseri, Turkey)

Original Articles

13 Neonatal Screening for Congenital Adrenal Hyperplasia in Turkey: A Pilot Study with 38,935 Infants

24 Androgen Insensitivity Syndrome: Clinical Phenotype and Molecular Analysis in a Single Tertiary Center Cohort
   Maria Sol Touzon, Natalia Perez Garrido, Roxana Marino, Pablo Ramirez, Mariana Costanzo, Gabriela Guercio, Esperanza Berensztein, Marco A. Rivarola, Alicia Belgorosky, (Buenos Aires, Argentina)

34 Genetic and Clinical Characteristics of Patients with Vitamin D Dependent Rickets Type 1A
   Fatma Dursun, Gamze Özgürhan, Heves Kırmızıbekmez, Ece Keskin, Bülent Hacıhamdioğlu, (İstanbul, Turkey)

41 Birth Size in Neonates with Congenital Adrenal Hyperplasia due to 21-hydroxylase Deficiency
   Helmuth G. Dörr, Theresa Penger, Andrea Albrecht, Michaela Marx, Thomas M. K. Völkl, (Erlangen, Germany)

46 Evaluation of Renal Function in Obese Children and Adolescents Using Serum Cystatin C Levels, Estimated Glomerular Filtration Rate Formulae and Proteinuria: Which is most Useful?
   Dilşah Önerli Salman, Zeynep Şıklar, Eda Nisa Çullas İlarslan, Z. Birsin Özcakar, Pınar Kocaay, Merih Berberoğlu, (Ankara, Turkey)

55 SLC30A8 Gene rs13266634 C/T Polymorphism in Children with Type 1 Diabetes in Tamil Nadu, India
   Ramasamy Thirunavukkarasu, Arthur Joseph Asirvatham, Aiyappan Chitra, Mariakuttikan Jayalakshmi, (Madurai, India)

61 Epicardial Fat Thickness in Children with Classic Congenital Adrenal Hyperplasia
   Kotb Abbass Metwalley, Hekma Saad Farghaly, Abdelrahman Abdelhamid, (Assiut, Qena, Egypt)

70 Effect of Telehealth System on Glycemic Control in Children and Adolescents with Type 1 Diabetes
   Esra Döğer, Rukiye Bozbülu, A. Sebnem Soyasal Acar, Sebnem Ercan, Aylin Kilinc Ugurlu, Emine Demet Akbas, Aysun Bideci, Orhun Camurdan, Peyami Cınaz, (Ankara, Turkey)

76 Remarkable Increase in the Prevalence of Overweight and Obesity Among School Age Children in Antalya, Turkey, Between 2003 and 2015
   Gamze Çelmeli, Yusuf Cürek, Zümrüt Arslan Gülten, Mehmet Yardımsever, Mustafa Koyun, Sema Akcurin, Iffet Bircan, (Antalya, Turkey)
Case Reports

82 Congenital Hyperinsulinism and Evolution to Sulfonylurea-responsive Diabetes Later in Life due to a Novel Homozygous p.L171F ABCC8 Mutation
Emregül Işık, Hüseyin Demirbilek, Jayne A. Houghton, Sian Ellard, Sarah E. Flanagan, Khalid Hussain, (Gaziantep, Ankara, Turkey, Exeter, United Kingdom, Doha, Qatar)

88 Inherited Deletion of 1q, Hyperparathyroidism and Signs of Y-chromosomal Influence in a Patient with Turner Syndrome
Alejandro F. Siller, Alex Shimony, Marwan Shinawi, Ina Amarillo, Louis P. Dehner, Katherine Semenkovich, Ana María Arbeláez, (Washington, USA)

94 Hyperphosphatemic Familial Tumoral Calcinosis in Two Siblings with a Novel Mutation in GALNT3 Gene: Experience from Southern Turkey
Rabia Miray Koşla Ekinci, Fatih Gürbüz, Sibel Balı, Atıl Bişgin, Mehmet Taştan, Bilgin Yüksel, Mustafa Yılmaz, (Adana, Turkey)

100 Severe Neonatal Cholestasis as an Early Presentation of McCune-Albright Syndrome
Nicole Coles, Ian Comeau, Tatiana Munoz, Jennifer Harrington, Roberto Mendoza-Londono, Andreas Schulze, Sari Kives, Binita M. Kamath, Jill Hamilton, (Toronto, Montreal, Canada)

Brief Report

104 Extreme Premature Small for Gestational Age Infants Have Appropriate Catch-up Growth at Term Equivalence Compared with Extreme Premature Appropriate for Gestational Age Infants
Sze May Ng, Donatella Pintus, Mark A. Turner, (Liverpool, Southport, UK)

109 Erratum