

Delayed Puberty In Boys

Delayed or absent testicular development (testicular volume ≤ 3 mL or < 2.5 cm length) in boy > 14 yo

Obtain AM labs:
Ultrasensitive FSH and LH, total testosterone, TSH and FT4, prolactin,
Obtain bone age

Consider endocrine referral

- History Assessment**
- 1) Testicular torsion
 - 2) Orchitis
 - 3) Cryptorchidism/Orchidopexy
 - 4) Anosmia
 - 5) Radiation therapy
 - 6) Chemotherapy
 - 7) Chronic illness
 - 8) Family history of delayed puberty

- Absent Pubertal Development**
- No increase in penile size
 - No increase in testicular volume

Tanner stage for boys

I		Stage 1 (Preadolescent): No pubic hair, just fine vellus hair. Testes, scrotum, and penis identical to early childhood.
II		Stage 2: Enlargement of testes as a result of canalization of seminiferous tubules. The scrotum enlarges, developing a reddish hue and altering its skin texture. The penis enlarges slightly. A sparse distribution of long, slightly pigmented hair appears at the base of the penis.
III		Stage 3: The testes and scrotum continue to grow. The penile length increases. Increase pigmentation of pubic hair and hairs begin to curl and to spread laterally in a scanty distribution.
IV		Stage 4: The testes and scrotum continue to grow; the scrotal skin darkens. The penis grows in width, and the glans penis develops. Pubic hair continues to curl and become coarse in texture.
V		Stage 5 (Mature): Adult size and shape of testes, scrotum, and penis. Pubic hair attains adult distribution with spread to the surface of medial thigh. Pubic hair will grow along linea alba in 80% of males.