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2nd, revised and extended edition

Editor
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The extended contents of this second edition reflect the growing spectrum of topics in pediatric and adolescent gynecology. Like its predecessor, this book addresses the most common gynecological problems encountered in childhood medicine, including endocrinological and surgical aspects. New chapters place particular emphasis on an update of technological aspects such as ultrasound, molecular genetics, surgery in sex disorders and new problems encountered in reproductive medicine.

The book opens with a comprehensive description of the background of infant and adolescent gynecology and diagnostic tools. Several chapters are devoted to the various pathologies encountered in prepubertal and adolescent girls. Contemporary social issues such as sexual abuse, sexually transmitted diseases, contraception for teenagers and teenage pregnancy are also discussed in detail.

Presenting a clear plan for clinical management and treatment of frequently encountered problems in prepubertal and adolescent girls, this book should be read by pediatricians, endocrinologists, gynecologists and family practitioners.
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For systematic reviews of studies examining interventions or diagnostic procedures, we refer to the Cochrane Collaboration (www.Cochrane.org). As they represent ‘the state of the art’, they provide an exceptionally useful handbook. Systematic reviews need not only be the results of intervention studies but can be made on all kinds of research questions, even those that can only be answered by non-experimental studies or interpretive research. For example, a systematic review can be made on qualitative studies – for the ‘Qualitative method group’ of reviews, the Cochrane Collaboration is a useful information source. All systematic reviews must take and document the following steps:

1. Specification of a research question. A systematic review addresses a specific question rather than provides a general summary of the literature on a topic of interest as is in a traditional review, e.g. for
Development of a review protocol. Systematic reviews use a specified method that is planned beforehand and documented in a review protocol to avoid the risk of bias. A review protocol describes the complete review process, including research questions, literature search strategy, selection criteria, criteria for evaluation of methodological quality and how data will be summarized.

Systematic literature search. For a systematic review, the search strategy for the literature should be reported and should be repeatable. It includes several steps: a literature search to identify optimal key search terms, databases and search strategy; the search itself; the search of the reference lists of all included studies for the identification of additional studies (snowball method).

Selection of relevant studies. This must be done on the basis of selection criteria (e.g. populations, outcome measures, … to include/exclude) described in the protocol. It protects the review from investigator bias, e.g. (un)consciously including studies on the basis of their results.

Evaluation of the methodological quality of each study. The quality of a systematic review depends on the quality of the studies included. Therefore, all studies must be assessed for methodological rigor because the results are only valid if the methods are. Critical appraisal of all studies must be reported and, depending on the research design, scored.

Data collection from individual studies. The data that must be collected depends on the research question and must overcome the different methods of reporting and presenting data in the individual studies. It is useful to use a tool such as a literature table.

Synthesis of the findings. The aim of this phase is to summarize the findings from individual studies in an objective manner. The technique depends on the type of studies included. Under certain circumstances (same question, same population, same administration of the intervention, same outcome), the results of experimental studies can be pooled by meta-analysis. The results of nonexperimental studies relating to a phenomenon of interest can be summarized in a meta-synthesis which is an interpretative rather than a cumulative exercise used in meta-analysis.

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If the authors are of the opinion that a systematic review is not possible for a specific topic/clinical question, they may opt for a narrative review. For narrative reviews, authors are also requested to have an appropriately formulated research question, to specify their literature search, to carefully consider and discuss the methodological quality of all studies included, and to give an objective summary of the results and conclusions. Narrative reviews need to contain at least the following items:

- Summary of findings and conclusions allowing comparison regarding significant findings
- Summary statement taking into account all available evidence

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Novel Insights from Clinical Practice
This category replaces the previous Case Report section.

We invite contributions to this section that provide novel insight into a clinical problem.

We recognize the value of case reports and thus submissions can be based around a case or a number of similar cases. The most important aspect of the presentation is that it should provide a new perspective on a recognised clinical scenario or may represent an entirely new clinical condition. The novel aspects of the case(s) may be in the phenotype, the presentation, the investigation and/or the management.

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The body of knowledge in most medical specialties is rapidly expanding, making it virtually impossible to follow all advances in clinical and basic sciences that are relevant to a given field. This is particularly true in pediatric endocrinology, at the cross-road of pediatrics, endocrinology, development and genetics.

Providing abstracts of articles that report the year’s breakthrough developments in the basic sciences and evidence-based new knowledge in clinical research and clinical practice that are relevant to the field, the *Yearbook of Pediatric Endocrinology* keeps busy clinicians and scientists, pediatric endocrinologists, and also pediatricians and endocrinologists informed on new advances.

Twelve Associate Editors and their co-authors selected from several thousand papers those that brought the most meaningful new information, summarized them and provided comments to put them into perspective. The papers are classified into those that identify new genes involved in diseases, new hormones, concepts revised or re-centered, important observations for clinical practice, large-scale clinical trials, new mechanisms, new paradigms, important review articles, new fears and new hopes. Because the Yearbook is endorsed by the European Society for Paediatric Endocrinology (ESPE), its publication is linked to the annual meeting of the ESPE. The *Yearbook of Pediatric Endocrinology 2014* covers the medical and scientific literature from June 2013 through May 2014.

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Fetal growth restriction is possibly the commonest of the great obstetric syndromes. Small fetuses and newborns have a higher risk of intrauterine fetal death and poorer perinatal outcome, and suffer fetal programming and remodeling in different organ systems, which may decrease life expectancy and quality of life. This special issue deals with all of the current relevant topics and challenges concerning the management of fetal growth restriction, and contains several updated reviews about prevention, management and postnatal consequences, as well as original papers that provide new insights into the pathophysiology and clinical management of this syndrome.

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Selected contributions
• Second International Consensus Conference on Advanced Breast Cancer (ABC2), Lisbon, 11/09/2013: The German Perspective: Harbeck, N. (Munich); Marschner, N. (Freiburg (Br.)); Untch, M. (Berlin); Deckert, T. (Ravensburg); Hegewisch-Becker, S. (Hamburg); Jackisch, C. (Offenbach); Hüber, J. (Ulm); Lück, H.-J. (Hannover); von Minckwitz, G. (Neu-Isenburg/Frankfurt); Schardl, A. (Amberg); Schneeweiss, A. (Heidelberg); Tesch, H. (Frankfurt/M.); Welt, A. (Essen); Wuerstlein, R. (Munich); Thomssen, C. (Halle/Saale)
• Effect of Endocrine Therapy on Quality of Life and Cognitive Functions in Patients with Breast Cancer: Kilickap, S. (Sivas); Hayran, M.; Cakir, B.; Cilingiroglu, N.; Erman, M. (Ankara); Buyukdamgaci, G. (Istanbul); Ozisik, Y. (Ankara)
• Complementary Medicine in Gynaecological Oncology: Hübner, J. (Frankfurt/M.); Hand, V. (Fürth)
• Management of Paclitaxel-Induced Hand-Foot Syndrome: Assi, H.; Ayoub, Z.; Jaber, S.; Sibai, H.; El Saghir, N. (Beirut)

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