

Table 2. Pediatrics 120(S4) S176 Table 6: Physical Examination Findings in Obesity Assessment and Possible Causes

System	Findings	Possible Explanations
Anthropometric features	High BMI percentile	Overweight or obesity
	Short stature	Underlying endocrine or genetic condition
Vital signs	Elevated blood pressure	Hypertension if systolic or diastolic blood pressure >95th percentile for age, gender, and height on three occasions
Skin	Acanthosis nigricans	Common in obese children, especially when skin is dark; increased risk of insulin resistance
	Excessive acne, hirsutism	Polycystic ovary syndrome
	Irritation, inflammation	Consequence of severe obesity
	Violaceous striae	Cushing syndrome
Eyes	Papilledema, cranial nerve VI paralysis	Pseudotumor cerebri
Throat	Tonsillar hypertrophy	Obstructive sleep apnea
Neck	Goiter	Hypothyroidism
Chest	Wheezing	Asthma (may explain or contribute to exercise intolerance)
Abdomen	Tenderness	Gastroesophageal reflux disorder, gallbladder disease, NAFLD*
	Hepatomegaly	NAFLD*
Reproductive system	Tanner stage	Premature puberty in <7-year-old white girls, <6-year-old black girls, and <9-year-old boys
	Apparent micropenis	May be normal penis that is buried in fat
	Undescended testes	Prader-Willi syndrome
Extremities	Abnormal gait, limited hip range of motion	Slipped capital femoral epiphysis
	Bowing of tibia	Blount disease
	Small hands and feet, polydactyly	Some genetic syndromes

* These conditions are usually without signs.
NAFLD = Non-alcoholic fatty liver disease