

# **ICD-11 revision process for Rare Diseases**

## **Endocrine diseases**

*(ICD-10 chapter IV, codes E00-E39)*

*Draft structure n°2*

Topic Advisory Group – Rare Diseases  
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## **Introduction and table of contents**

You are kindly invited to participate to the World Health Organisation's *International Classification of Diseases* (ICD) revision process. The following document will help you in making your comments. You will find:

1. The rationale and the general methodology of the ICD revision for rare diseases
2. The ICD-11 draft structure for *Endocrine diseases*, which represents Orphanet's proposal for a new ICD.
3. Groups of diseases included in the endocrine section of ICD10, but that should be moved to another chapter in ICD11.

This second draft document incorporates revisions suggested by experts that reviewed the first version. It is intended to be a **validation step for final corrections** before the draft is sent to the World Health Organization. You are invited to:

1. Check the ICD-11 draft structure indicating whether there are any errors new global structure and the way rare diseases are represented in it. (See the checklist of issues to be addressed on page 5.)
2. Send your feed-back to Orphanet.  
The contact person is:  
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3. Disseminate this invitation to your colleagues who are experts in this field.

## **1. Rationale and general methodology**

WHO has established various Topic Advisory Groups to serve as planning and coordinating advisory bodies in the update and revision process for specific areas. A Revision Steering Group oversees the overall revision process. An internet-based workspace documents revision proposals that obtain evidence from analysis of available data. WHO collaborates through this platform with all interested parties. Working groups organized by the Topic Advisory Groups (TAG) review the proposals. To learn more about the whole revision process:

<https://extranet.who.int/icdrevision/help/docs/ICDRevision.pdf>

A TAG for rare diseases was established in April 2007 as rare diseases should now be traceable in mortality and morbidity information systems. The production of the basic information to establish a first draft of the classification of rare diseases has been assigned to Orphanet and will contribute to the whole revision process, as rare diseases involve all areas of medicine.

The workplan is as follows:

1. Proposals from TAG for a new ICD structure for this chapter are expected before July 2010.
2. A decision about it, after compilation of all proposals, should be taken in September 2010. This will define the category layers based on consensus hierarchies, called the Alpha version.
3. Work on the Beta version will then start at TAG level to populate the model and finalise the proposals.

In order to prepare the ICD revision process, Orphanet has collected a series of rare diseases classifications mainly based on scientific grounds (aetiology and mechanism). To complement these classifications, Orphanet has developed a strictly clinical in-house classification to meet the needs of the clinicians. All the classifications can be viewed on the Orphanet website. They now serve as a basis to build the ICD-11 proposals. For an overview on the general methodology of Orphanet classification:

<http://www.orpha.net/data/patho/Pro/en/OrphanetClassificationRareDiseases.pdf>

Orphanet is a comprehensive peer-reviewed database of information on rare diseases. Over 5,800 are inventoried, and the database of diseases is updated monthly according to the evolution of knowledge. Each Orphanet entry is indexed with MeSH terms, Orphanet thesaurus of clinical signs and symptoms, ICD-10 codes, and linked to the OMIM database, to an in-house genes database and to PubMed as well as to other websites of interest. For each Orphanet entry there is an identity card with epidemiological data (prevalence rank, mode of inheritance, age of onset) and a set of synonyms. Orphanet produces a peer-reviewed encyclopaedia covering more than 2,600 entries and updated continuously.

## 2. General principles for ICD revision

**The current ICD10 classification is monoaxial, meaning that every entity can figure only at one point in the classification.** The rationale for this choice is to avoid double counting, since the ICD is primarily used as a statistic tool. This is a problem however for numerous diseases that can be associated with more than one body system (chapters being broadly organised along them). In such cases, one system must then be given priority, and *exclusion notes* are put in the other relevant chapters to redirect users to the correct code.

**In the future ICD11, the classification shall become polyaxial, and every entity shall be assigned a unique identifying number:** diseases will be able to figure in all relevant places in the classification (for instance, the several endocrine diseases associated with malformations will figure among both in the endocrine and malformation chapters). This system will be fully operational in the electronic version of the future ICD. However, in the paper version, it will still be necessary for space reasons to keep the current monoaxial system; and for statistics, it is still necessary to avoid double counting. Therefore, **the ICD11 will also feature linearisations, i.e. versions allowing for a monoxial approach.** We suggest that the priority specialty should be related to the body system most severely affected by the disease and/or the specialist most likely to be relied on for the management of the disease. In a number of cases however, the choice is questionable and ultimately quite arbitrary. For multisystemic diseases, Orphanet supports the creation of a new dedicated chapter in ICD11.

As a result of the polyaxial nature of the ICD11 coupled with linearisations, many former exclusion notes are no longer necessary and can be converted into inclusions in all relevant places. A few exclusion notes, however, fulfill a different function: they clarify the range of content of particular codes, or remove possible ambiguities. For instance, crossed exclusion notes are used in this proposal between the codes for typical and atypical forms of haemolytic-uraemic syndromes, which are included in different parts of the classification. Such clarifying exclusion notes are to be kept in ICD11.

**The Orphanet proposal for a new ICD classification follows a clinical rather than aetiological approach.** Groups of diseases are preferentially defined on the basis of shared clinical features. When several possible names are possible for a disease, descriptive names formed in accordance with a clinical approach are to be preferred. The WHO style guide recommends to avoid eponyms in disease nomenclature, except when their use is dominant and well established (e.g. Alzheimer disease, Huntington disease, etc.).

The proposal regularly includes "**default codes**" for conditions without a specific code, or without enough information to allow proper coding. Currently, there are such default codes in every section of the ICD10 for specified conditions (codes ending in .8) and unspecified conditions (codes ending in .9). Those sections will be kept in the future ICD. **We recommend that similar default codes should be created for rare diseases specifically,** to allow them to be identified as such in order to improve statistics about rare diseases.

### **3. Specific issues for endocrine diseases revision**

The current ICD10 classification of endocrine diseases is covered by the first part of chapter IV, made of the block of codes *E00-E99 Endocrine, nutritional and metabolic diseases*. Codes E00 to E39 are dedicated to endocrine diseases.

The ICD10 classification of endocrine diseases is currently based on the anatomic organisation of the endocrine system, i.e. by glands. The present proposal for the ICD11 endocrine diseases chapter is based on its functional organisation, i.e. by hormonal systems. It intends to include all dysfunctions leading to a specific endocrine disorder: at the command level (e.g. hypothyroidism due to a TSH secretion defect), the secretion level (e.g. hypothyroidism due to a defect in the thyroid hormones biosynthesis) and the effector level (e.g. hypothyroidism due to peripheral resistance to thyroid hormones).

Endocrine tumours are not included in the ICD10 chapter. In our opinion, the coding of rare tumours is not satisfactory in ICD10, because it cannot be made specific: the oncology chapter only allows encoding the localisation and severity of the tumour, and must be supplemented with an additional code to express morphology. Endocrine diseases originating in tumours are especially a problem: coding the tumours themselves does not allow to take into account physiopathological consequences of the resulting hormone imbalance. The present proposal for aICD11 endocrine diseases chapter therefore includes endocrine tumours, as they are often the main cause of the hormonal disorder (e.g. *Somatotroph adenoma* in case of *Acromegaly*).

Endocrine diseases in ICD10 also include some disorders of the thymus and progeria. They should be reclassified in ICD11. They are presented at the end of the document for reference.

Some sections have not been revised as they do not pertain to the field of rare diseases, and are highlighted in the full classification by shading the rightmost column (for comments).

Rare diseases are identified by their reference number in the Orphanet database (Orphan number), in the leftmost column.

Since the chapter is large, the new classification is presented twice with different resolutions: a compressed version is first given, featuring only the first two top-levels, so as to allow to survey the general structure more easily; then a full version is given, including all levels of detail.

#### **4. Checklist for reviewing this revision proposal**

- Is the revised structure of the chapter scientifically correct?
- Is it useful or relevant considering the expected uses of the ICD11?
  - Mortality reporting
  - Morbidity reporting
  - Clinical practice
  - Research practice
  - Primary care
  - Public Health Reporting
- Are rare diseases properly represented in the new structure?
- Are there rare diseases lacking in the new structure?
- Are there entities of doubtful status in the new structure?
- Are there entities that could be improperly understood by coders because of their denomination or their place in the hierarchy?
- For diseases that can be included in several medical specialties, do you agree with the choice of the priority specialty for the linearised version of the ICD11?

**ICD-11 revised draft structure  
for  
Endocrine diseases**

*Top-level classification only*

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ICD10 codes are indicated when there is a corresponding entry in the current ICD10 tabular list.

*ICD-11 Table draft*

*ICD-10*

<b>Disorders of the thyroid and thyroid hormones system</b>	<b>(E00-E07)</b>
Congenital hypothyroidism	
Iodine-deficiency-related thyroid disorders and allied conditions	E01
Subclinical iodine-deficiency hypothyroidism	E02
Acquired hypothyroidism	E03
Hyperthyroidism (thyrotoxicosis)	E05
Thyroiditis	E06
Other nontoxic goitre	E04
Other disorders of thyroid	E07
<b>Diabetes mellitus</b>	<b>(E10-E14)</b>
Diabetes mellitus, type 1	
Diabetes mellitus, type 2	E11
Wolfram syndrome	
MODY syndrome	
Insulin-resistance syndromes	
Neonatal diabetes mellitus	P70.2
Malnutrition-related diabetes mellitus	E12
Drug-induced diabetes mellitus	
Other rare specified diabetes mellitus	E13
Unspecified diabetes mellitus	E14
<b>Lipodystrophies</b>	<b>E88.1</b>
Genetic lipodystrophy	
Acquired lipodystrophy	
<b>Other disorders of glucose regulation and pancreatic internal secretion</b>	<b>(E15-E16)</b>
Nondiabetic hypoglycaemic coma	E15
Drug-induced hypoglycaemia without coma	E16.0
Other specified hypoglycaemia	E16.1
Hypoglycaemia, unspecified	E16.2
Abnormal secretion of glucagon	E16.3
Abnormal secretion of gastrin	E16.4
Pancreatic endocrine tumours	E16.8
Disorder of pancreatic internal secretion, unspecified	E16.9
<b>Disorders of the parathyroids and parathyroid hormone system</b>	<b>(E20-E21)</b>
Hypoparathyroidism	E20
Hyperparathyroidism	E21
Other specified disorders of parathyroids	E21.4
Disorder of parathyroids, unspecified	E21.5
<b>Disorders of the pituitary hormones system</b>	<b>(E22-E23)</b>
Hypersecretion of pituitary hormones	E22
Hyposecretion of pituitary hormones and other disorders of the hypothalamus and/or pituitary hormones	E23
<b>Disorders of the adrenal glands and adrenal hormones system</b>	<b>(E24-E27)</b>

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**ICD-11 Table draft**

**ICD-10**

Cushing syndrome	E24
Adrenocortical insufficiency	E27.1
Adrenogenital disorders	E25
Hyperaldosteronism	E26
Apparent mineralocorticoid excess	
Hypoaldosteronism	E27.4
Hypersecretion of adrenomedullary hormones	E27.5
Adrenal incidentaloma	
Other specified disorders of adrenal gland	E27.8
Disorder of adrenal gland, unspecified	E27.9

**Disorders of the gonadal hormones system (E28-E30)**

Ovarian dysfunction and ovarian hormones disorders	E28
Testicular dysfunction and testosterone-related disorders	E29

**Disorders of puberty, not elsewhere classified E30**

Delayed puberty	E30.0
Other specified disorders of puberty	E30.8
Disorder of puberty, unspecified	E30.9

**Polyglandular dysfunction E31**

Autoimmune polyendocrinopathy	E31.0
Multiple polyglandular tumours	C73.8, D44.8
Other specified polyglandular dysfunction	E31.8
Polyglandular dysfunction, unspecified	E31.9

**Other endocrine disorders E34**

Carcinoid syndrome	E34.0
Neuroendocrine tumours	
Ectopic hormone secretion, not elsewhere classified	E34.2
Short stature, not elsewhere classified	E34.3
Constitutional tall stature	E34.4
Other specified endocrine disorders	E34.8
Endocrine disorder, unspecified	E34.9
Disorders of endocrine glands in diseases classified elsewhere	E35*
Disorders of thyroid gland in diseases classified elsewhere	E35.0*
Disorders of other endocrine glands in diseases classified elsewhere	E35.8*

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**ICD-11 revised draft structure**  
**for**  
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*Full classification*

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**Legend :**

**Items in italics:** synonym of the term just above

**Items in bold:** main divisions of the ICD11 table draft. Upper levels are additionally highlighted in light grey.

**Items with comments column in grey:** unrevised sections, directly transposed from ICD10.

ICD10 codes are indicated when there is a corresponding entry in the current ICD10 tabular list. Rare diseases are identified by their Orpha number.

Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Disorders of the thyroid gland and thyroid hormones system</b>	(E00-E07)		
442	<b>Congenital hypothyroidism</b>			
	<b>Congenital hypothyroidism due to iodine deficiency</b>	E00		Section transposed from ICD10.
	<i>Congenital iodine-deficiency syndrome</i>			
	Congenital iodine-deficiency syndrome, neurological type	E00.0		
	<i>Endemic hypothyroidism, neurological type</i>			
	Congenital iodine-deficiency syndrome, myxoedematous type	E00.1		
	<i>Endemic hypothyroidism, myxoedematous type</i>			
	Congenital iodine-deficiency syndrome, mixed type	E00.2		
	<i>Endemic hypothyroidism, mixed type</i>			
	Congenital iodine-deficiency syndrome, unspecified	E00.9		
	<i>Congenital iodine-deficiency hypothyroidism NOS</i>			
	<b>Excludes:</b> subclinical iodine-deficiency hypothyroidism	E02		
80841	<b>Permanent congenital hypothyroidism</b>			
	Permanent congenital hypothyroidism with diffuse goitre	E03.0		
95716	Primary congenital hypothyroidism due to impaired hormone production	E07.1		
	<i>Familial thyroid dysharmonogenesis</i>			
	<i>Hereditary thyroid dysharmonogenesis</i>			
	<i>Dyshormonogenetic hypothyroidism</i>			
	Congenital hypothyroidism due to iodine/sodium transporter mutations			
	Congenital hypothyroidism due to thyroid peroxidase mutations			
	Congenital hypothyroidism due to thyroglobulin mutations			
	Congenital hypothyroidism due to thyroid deiodinase mutations			
705	Pendred syndrome	E07.1	ENT	
97927	Hypothyroidism due to peripheral resistance to thyroid hormones			
	<i>Mutation of the thyroid receptor beta</i>			

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
140246	Permanent congenital hypothyroidism without goitre Primary congenital hypothyroidism due to a developmental anomaly <i>Thyroid dysgenesis</i>	E03.1		
95712	Thyroid ectopia	E03.1		
95713	Thyroid agenesis <i>Athyreosis</i>	E03.1		
95719	Thyroid hemiagenesis	E03.1		
95720	Thyroid hypoplasia	E03.1		
90673	Primary congenital hypothyroidism due to TSH receptor mutations <i>Resistance to TSH binding or signalling</i>			
90674	Isolated TSH deficiency <i>Congenital hypothyroidism due to thyroid-stimulating hormone beta-chain deficiency</i> Thyrotropin-releasing hormone deficiency			
99832	Resistance to thyrotropin-releasing hormone syndrome			
78523	Hypothyroidism due to deficient transcription factors involved in pituitary development or function			
1882	Syndromic permanent congenital hypoparathyroidism Ectodermal dysplasia, hypohidrotic - hypothyroidism - ciliary dyskinesia <i>ANOTHER syndrome</i>		malformations	
3047	Young-Simpson syndrome		malformations	
1226	Bamforth-Lazarus syndrome			Position of the main code is to be discussed.
2349	Kocher-Debre-Semelaigne syndrome			
209905	Choreoathetosis - hypothyroidism - neonatal respiratory distress			
59	Allan-Herndon-Dudley syndrome		syndromic intellectual deficiencies	
705	Benign chorea - hypothyroidism <b>Excludes:</b> Pendred syndrome Congenital idiopathic hypothyroidism	E07.1	ENT	
178045	<b>Transient congenital hypothyroidism</b>	P72.2	neonatology	The whole section must also be included in neonatology.
95715	Transient congenital hypothyroidism due to transplacental passage of maternal TSH receptor blocking antibodies		neonatology	
78530	Transient congenital hypothyroidism due to maternal intake of antithyroid drugs		neonatology	
1910	Transient congenital hypothyroidism due to heterozygous mutations of THOX2 <i>Fetal iodine syndrome</i>		neonatology	

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments	
	Transient congenital hypothyroidism due to neonatal iodine deficiency or excess <i>Transient congenital hypothyroidism due to neonatal iodine exposure</i> Transient congenital hepatic hemangioma or hemangioendothelioma <b>Excludes:</b> Transitory congenital goitre with normal function	P72.0	neonatology neonatology neonatology		
	<b>Iodine-deficiency-related thyroid disorders and allied conditions</b>	E01		Section transposed from ICD10.	
	<b>Iodine-deficiency-related diffuse (endemic) goitre</b>	E01.0			
	<b>Iodine-deficiency-related multinodular (endemic) goitre</b> <i>Iodine-deficiency-related nodular goitre</i>	E01.1			
	<b>Iodine-deficiency-related (endemic) goitre, unspecified</b> <i>Endemic goitre NOS</i>	E01.2			
	<b>Other iodine-deficiency-related thyroid disorders and allied conditions</b> Acquired iodine-deficiency hypothyroidism, not otherwise specified	E01.8			
	<b>Excludes:</b> congenital iodine-deficiency syndrome	E00.-			
	<b>Excludes:</b> subclinical iodine-deficiency hypothyroidism	E02			
	<b>Subclinical iodine-deficiency hypothyroidism</b>	E02			Section transposed from ICD10.
	<b>Acquired hypothyroidism</b>	E03			Transposed from ICD10, except E03.1 <i>Congenital atrophy of thyroid</i> which was moved under <i>Permanent congenital hypothyroidism</i> .
	<b>Hypothyroidism due to medicaments and other exogenous substances</b>	E03.2			
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify cause.				
	<b>Postinfectious hypothyroidism</b>	E03.3			
	<b>Autoimmune hypothyroidism</b>	E03.4			
	Primary thyroid atrophy <i>Primary autoimmune hypothyroidism with thyroid atrophy</i> <i>Ord disease</i>	E03.4			
	<b>Excludes:</b> congenital atrophy of thyroid	E03.1			
	<b>Myxoedema coma</b>	E03.5			
	<b>Other rare specified hypothyroidism</b>	E03.8			
	<b>Hypothyroidism, unspecified</b>	E03.9			
	Myxoedema, not otherwise specified	E03.9			
	<b>Excludes:</b> Iodine-deficiency-related hypothyroidism	E00-E02			
	<b>Excludes:</b> Postprocedural hypothyroidism	E89.0			

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Hyperthyroidism (thyrotoxicosis)</b>	E05		Section transposed from ICD10. Some synonyms have been added.
	<b>Hyperthyroidism (thyrotoxicosis) with diffuse goitre</b>	E05.0		
	<i>Toxic diffuse goitre</i>	E05.0		
	<i>Graves disease</i>			
	<i>Basedow disease</i>			
	<i>Graves-Basedow disease</i>			
	<b>Hyperthyroidism (thyrotoxicosis) with toxic single thyroid nodule</b>	E05.1		
	<i>Thyrotoxicosis with toxic uninodular goitre</i>			
	<b>Hyperthyroidism (thyrotoxicosis) with toxic multinodular goitre</b>	E05.2		
	<i>Plummer disease</i>			
	<i>Toxic nodular goitre, not otherwise specified</i>			
	<b>Hyperthyroidism (thyrotoxicosis) from ectopic thyroid tissue</b>	E05.3		
	<b>Thyrotoxicosis factitia</b>	E05.4		
	<b>Thyroid crisis or storm</b>	E05.5		
	<b>Familial hyperthyroidism (thyrotoxicosis)</b>			
	<i>Hereditary hyperthyroidism (thyrotoxicosis)</i>			
424	Hereditary hyperthyroidism due to mutations in TSH receptor			
	<i>Familial hyperthyroidism due to mutations in TSH receptor</i>			
165994	Selective pituitary resistance to thyroid hormone			
	<b>Other specified hyperthyroidisms (thyrotoxicoses)</b>	E05.8		
91347	TSH-secreting pituitary adenoma			
	<i>Thyrotroph adenoma</i>			
	Overproduction of thyroid-stimulating hormone	E05.8		
	<b>Hyperthyroidism (thyrotoxicosis), unspecified</b>	E05.9		
	<b>Thyrotoxic heart disease</b>	I43.8*	cardiology	This can be a complication of any hyperthyroidism.
	<b>Excludes:</b> Chronic thyroiditis with transient thyrotoxicosis	E06.2		
	<b>Excludes:</b> Transitory neonatal hyperthyroidism	P72.1		
	<b>Thyroiditis</b>	E06		Section transposed from ICD10.
	<b>Acute thyroiditis</b>	E06.0		
	<i>Abscess of thyroid</i>			
	<i>Pyogenic thyroiditis</i>			
	<i>Suppurative thyroiditis</i>			
	<b>Note:</b> Use additional code (B95-B97), if desired, to identify infectious agent.			

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
	<b>Subacute thyroiditis</b>	E06.1		
	<i>De Quervain thyroiditis</i>			
	<i>Giant-cell thyroiditis</i>			
	<i>Granulomatous thyroiditis</i>			
	<i>Nonsuppurative thyroiditis</i>			
	<b>Excludes:</b> Autoimmune thyroiditis	E06.3		
	<b>Chronic thyroiditis with transient thyrotoxicosis</b>	E06.2		
	<b>Excludes:</b> Autoimmune thyroiditis	E06.3		
	<b>Autoimmune thyroiditis</b>	E06.3		
	Hashimoto thyroiditis	E06.3		
	<i>Hashitoxicosis</i>			
	<i>Lymphadenoid goitre</i>			
	<i>Chronic lymphocytic thyroiditis</i>			
	<i>Struma lymphomatosa</i>			
	Transient hashitoxicosis			
	Postpartum thyroiditis	O90.5	obstetrics	
	<b>Drug-induced thyroiditis</b>	E06.4		
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug.			
64744	<b>Riedel thyroiditis</b>	E06.5		
	<i>Chronic invasive fibrous thyroiditis</i>			
	<i>Ligneous thyroiditis</i>			
	<b>Other specified thyroiditis</b>	E06.5		
	<b>Thyroiditis, unspecified</b>	E06.9		
	<b>Other nontoxic goitre</b>	E04		
	<b>Nontoxic diffuse goitre</b>	E04.0		
	Diffuse (colloid) nontoxic goitre	E04.0		
	<b>Nontoxic single thyroid nodule</b>	E04.1		
	Simple nontoxic goitre	E04.1		
	Colloid nodule (cystic)(thyroid)	E04.1		
	Nontoxic uninodular goitre	E04.1		
	Thyroid (cystic) nodule, not otherwise specified	E04.1		
	<b>Nontoxic multinodular goitre</b>	E04.2		
	Cystic goitre, not otherwise specified	E04.2		
	Multinodular (cystic) goitre, not otherwise specified	E04.2		
	<b>Other specified nontoxic goitre</b>	E04.8		

Section transposed from ICD10.

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<i>Orpha</i>	<i>ICD-11 Table draft</i>	<i>ICD-10</i>	<i>Main code when elsewhere</i>	<i>Comments</i>
	<b>Nontoxic goitre, unspecified</b>	E04.9		
	Goitre, not otherwise specified	E04.9		
	Nodular goitre (nontoxic), not otherwise specified	E04.9		
	<b>Excludes:</b> Congenital goitre	E03.0		
	<b>Excludes:</b> Iodine-deficiency-related goitre	E00-E02		
	<b>Other disorders of thyroid</b>	E07		
	<b>Hypersecretion of calcitonin</b>	E07.0		
	<i>Hypersecretion of thyrocalcitonin</i>	E07.0		
	C-cell hyperplasia of thyroid	E07.0		
1332	Thyroid carcinoma, medullary	C73		
	<b>Excludes:</b> Multiple endocrine neoplasia, type 2			
	<b>Thyroid tumours</b>	C73		
146	Thyroid carcinoma, papillary or follicular			
142	Thyroid carcinoma, anaplastic			
	<b>Excludes:</b> Thyroid carcinoma, medullary			
	<b>Other specified disorders of thyroid</b>	E07.8		
	Haemorrhage of thyroid	E07.8		
	Infarction of thyroid	E07.8		
	Sick-euthyroid syndrome	E07.8		
3221	Generalized resistance to thyroid hormone	E07.8		
	<b>Disorder of thyroid, unspecified</b>	E07.9		
<b>Diabetes mellitus</b>		(E10-E14)		
	The following fourth-character subdivisions are for use with categories E10-E14:			Transposed from ICD10.
	<b>Diabetes mellitus with coma</b>	.0		
	Diabetic coma with or without ketoacidosis			
	Diabetic hyperosmolar coma			
	Diabetic hypoglycaemic coma			
	Hyperglycaemic coma NOS			
	<b>Diabetes mellitus with ketoacidosis</b>	.1		
	Diabetic acidosis with mention of coma			
	Diabetic acidosis without mention of coma			

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<i>Orpha</i>	<i>ICD-11 Table draft</i>	<i>ICD-10</i>	<i>Main code when elsewhere</i>	<i>Comments</i>
	<b>Diabetes mellitus with renal complications</b>	.2+		
	Diabetic nephropathy	N08.3*		
	Intracapillary glomerulonephrosis	N08.3*		
	Kimmelstiel-Wilson syndrome	N08.3*		
	<b>Diabetes mellitus with ophthalmic complications</b>	.3+		
	Diabetic cataract	H28.0*		
	Diabetic retinopathy	H36.0*		
	<b>Diabetes mellitus with neurological complications</b>	.4+		
	Diabetic amyotrophy	G73.0*		
	Diabetic autonomic neuropathy	G99.0*		
	Diabetic mononeuropathy	G59.0*		
	Diabetic polyneuropathy	G63.2*		
	Diabetic autonomic polyneuropathy	G99.0*		
	<b>Diabetes mellitus with peripheral circulatory complications</b>	.5		
	Diabetic gangrene			
	Diabetic peripheral angiopathy	I79.2*		
	Diabetic ulcer			
	<b>Diabetes mellitus with other specified complications</b>	.6		
	Diabetic arthropathy	M14.2*		
	Diabetic neuropathic arthropathy	M14.6*		
	<b>Diabetes mellitus with multiple complications</b>	.7		
	<b>Diabetes mellitus with unspecified complications</b>	.8		
	<b>Diabetes mellitus without complications</b>	.9		
	<b>Diabetes mellitus, type 1</b>			
	<i>Insulin-dependent diabetes mellitus</i>	E10		Transposed from ICD10 - except that the nomenclature "type 1" has been preferred as main term.
	<i>Brittle diabetes mellitus</i>			
	<i>Juvenile-onset diabetes mellitus</i>			
	<i>Ketosis-prone diabetes mellitus</i>			



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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
	<b>MODY 6 syndrome</b>			
	<b>MODY 7 syndrome</b>			
	<b>MODY 8 syndrome</b>			
181368	<b>Insulin-resistance syndromes</b>			
2297	<b>Insulin-resistance syndrome, type A</b>			
2298	<b>Insulin-resistance syndrome, type B</b>			
769	<b>Rabson-Mendenhall syndrome</b>			
137871	<b>Laminopathy type Decaudain-Vigouroux</b> <i>Laminopathy with severe metabolic syndrome and myopathy</i>			
508	<b>Leprechaunism</b>			
	<b>HAIR-AN syndrome</b>			
66518	<b>Insulin resistance, short fifth metacarpals</b>			Position of the main code is to be discussed : among polycystic ovarian syndromes or insulin resistance syndromes?
528	<b>Lipodystrophy, Berardinelli type</b>		lipodystrophies (below)	
98306	<b>Familial partial lipodystrophy</b>		lipodystrophies (below)	
98306	<i>Hereditary partial lipodystrophy</i>		lipodystrophies (below)	
2348	Familial partial lipodystrophy, Dunnigan type		lipodystrophies (below)	
79083	Familial partial lipodystrophy associated with PPARG mutations		lipodystrophies (below)	
79084	Familial partial lipodystrophy, Köbberling type		lipodystrophies (below)	
79085	Familial partial lipodystrophy due to AKT2 mutations		lipodystrophies (below)	
79086	<b>Lipodystrophy, acquired generalized</b>		lipodystrophies (below)	
	<b>Neonatal diabetes mellitus</b>	P70.2	neonatology	
99886	<b>Transient neonatal diabetes mellitus</b> <i>TNDM</i>		neonatology	
99885	<b>Permanent neonatal diabetes mellitus</b> <i>Isolated permanent neonatal diabetes mellitus</i> <i>Non syndromic permanent neonatal diabetes mellitus</i>		neonatology	
	<b>Syndromic permanent neonatal diabetes mellitus</b>			
79134	DEND syndrome <i>Developmental delay - epilepsy - neonatal diabetes</i>		neurology	
65288	Permanent neonatal diabetes mellitus- pancreatic and cerebellar agenesis		neurology	

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<i>Orpha</i>	<i>ICD-11 Table draft</i>	<i>ICD-10</i>	<i>Main code when elsewhere</i>	<i>Comments</i>
	<b>Malnutrition-related diabetes mellitus</b> [See before E10 for subdivisions ] <b>Includes:</b> Malnutrition-related diabetes mellitus, type 1 <b>Includes:</b> Malnutrition-related diabetes mellitus, type 2 <b>Excludes:</b> Diabetes in pregnancy, childbirth and the puerperium <b>Excludes:</b> Glycosuria, not otherwise specified <b>Excludes:</b> Renal glycosuria <b>Excludes:</b> Impaired glucose tolerance <b>Excludes:</b> Postsurgical hypoinsulinaemia	E12 E12 E12 O24.- R81* E74.8 R73.0 E89.1		Section transposed from ICD10.
	<b>Drug-induced diabetes mellitus</b> <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug, if drug-induced.			Section transposed from ICD10
	<b>Other rare specified diabetes mellitus</b>	E13		
1667	<b>Wolcott-Rallison syndrome</b>		bone diseases	Position of the main code is to be discussed.
3464	<b>Woodhouse-Sakati syndrome</b>		malformations	Position of the main code is to be discussed.
225	<b>Maternally inherited diabetes and deafness</b> <i>Mitochondrial diabetes</i>			
49827	<b>Thiamine-responsive megaloblastic anaemia</b>			The disease simultaneously features thiamine-responsive megaloblastic anemia, diabetes mellitus and sensorineural deafness.
2596	<b>Mitochondrial myopathy with diabetes</b>		haematology neuromuscular disorders	
	<b>Diabetes mellitus, unspecified</b> [See before E10 for subdivisions ] <b>Includes:</b> Diabetes, not otherwise specified <b>Excludes:</b> Diabetes mellitus type 1 <b>Excludes:</b> Diabetes mellitus type 2 <b>Excludes:</b> Malnutrition-related diabetes mellitus <b>Excludes:</b> Neonatal diabetes mellitus <b>Excludes:</b> Diabetes in pregnancy, childbirth and the puerperium <b>Excludes:</b> Glycosuria, not otherwise specified <b>Excludes:</b> Renal glycosuria <b>Excludes:</b> Impaired glucose tolerance <b>Excludes:</b> Postsurgical hypoinsulinaemia	E14 E14 E10 E11 E12 P70.2 O24.- R81* E74.8 R73.0 E89.1		Section transposed from ICD10

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
98304	<b>Lipodystrophies</b>	E88.1		
98305	<b>Genetic lipodystrophy</b>			
528	<b>Lipodystrophy, Berardinelli type</b>			
1979	<b>Lipodystrophy due to peptidic growth factors deficiency</b>			
2457	<b>Mandibuloacral dysplasia</b>			malformations
90153	Mandibuloacral dysplasia with type A lipodystrophy			malformations
90154	Mandibuloacral dysplasia with type B lipodystrophy			malformations
3163	<b>SHORT syndrome</b>			malformations
3455	<b>Wiedemann-Rautenstrauch syndrome</b>			malformations
98306	<b>Familial partial lipodystrophy</b>			
	<i>Hereditary partial lipodystrophy</i>			
2348	Familial partial lipodystrophy, Dunnigan type			
79083	Familial partial lipodystrophy associated with PPARG mutations			
79084	Familial partial lipodystrophy, Köbberling type			
79085	Familial partial lipodystrophy due to AKT2 mutations			
98307	<b>Acquired lipodystrophy</b>			
79086	<b>Acquired generalized lipodystrophy</b>			
79087	<b>Partial acquired lipodystrophy</b>			
79088	<b>Localized lipodystrophy</b>			dermatology
90156	Centrifugal lipodystrophy			dermatology
90157	Drug-induced localized lipodystrophy			dermatology
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug, if drug-induced.			
90158	Idiopathic localized lipodystrophy			dermatology
90159	Panniculitis and localized lipodystrophy			dermatology
90160	Pressure-induced localized lipodystrophy			dermatology
79089	<b>Lipodystrophy in HIV-infected patients</b>			
<b>Other disorders of glucose regulation and pancreatic internal secretion</b>		(E15-E16)		
97253	<b>Excludes:</b> Pancreatic endocrine tumours <i>Pancreatic neuroendocrine tumours</i> <i>Pancreatic APUDomas</i>			
652	<b>Excludes:</b> Multiple endocrine neoplasia type 1			

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Nondiabetic hypoglycaemic coma</b>	E15		Section transposed from ICD10.
	<b>Drug-induced insulin coma in nondiabetic</b>	E15		
	<b>Hyperinsulinism with hypoglycaemic coma</b>	E15		
	<b>Hypoglycaemic coma, not otherwise specified</b>	E15		
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug, if drug-induced.			
657	<b>Persistent hyperinsulinemic hypoglycemia of infancy</b> <i>PHHI</i>			
79298	<b>Hyperinsulinism due to focal adenomatous hyperplasia</b>			
93291	<b>Diffuse hyperinsulinism</b> <i>Nesidioblastosis of pancreas</i>			
165985	Diffuse hyperinsulinism, diazoxide-sensitive			
165988	Diffuse hyperinsulinism, diazoxide-resistant			
165991	<b>Exercise-induced hyperinsulinism</b>			
	<b>Drug-induced hypoglycaemia without coma</b>	E16.0		Section transposed from ICD10.
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug.			
	<b>Other specified hypoglycaemia</b>	E16.1		
	<b>Functional nonhyperinsulinaemic hypoglycaemia</b>	E16.1		
	<b>Hyperinsulinism</b>	E16.1		
	Hyperinsulinism, not otherwise specified	E16.1		
	Functional hyperinsulinism	E16.1		
	<b>Hyperplasia of pancreatic islet beta cells, not otherwise specified</b>	E16.1		
	<b>Posthypoglycaemic coma encephalopathy</b>	E16.1		
	<b>Hypoglycaemia, unspecified</b>	E16.2		
	<b>Abnormal secretion of glucagon</b>	E16.3		Section transposed from ICD10.
	<b>Hyperplasia of pancreatic endocrine cells with glucagon excess</b>	E16.3		
97280	<b>Glucagonoma</b>			
	<b>Excludes:</b> Multiple endocrine neoplasia type 1			
	<b>Abnormal secretion of gastrin</b>	E16.4		Section transposed from ICD10.
	<i>Hypergastrinaemia</i>			
913	<b>Zollinger-Ellison syndrome</b> <i>Gastrinoma</i>	E16.4		

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Drug-induced hypergastrinaemia</b>			
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug.			
	<b>Excludes:</b> Multiple endocrine neoplasia type 1			
	<b>Disorder of pancreatic internal secretion, unspecified</b>	E16.9		
<b>Disorders of the parathyroids and parathyroid hormone system</b>		(E20-E21)		
	<b>Excludes:</b> Vitamin D resistant rickets	E83.3	nutrition	
	<b>Excludes:</b> Vitamin D dependent rickets	E55.0	nutrition	
	<b>Excludes:</b> Hypovitaminosis D	E55.0	nutrition	
	<b>Excludes:</b> Hyperphosphatemic tumoral calcinosis			
	<b>Hypoparathyroidism</b>	E20		Rare hypoparathyroidism
567	<b>Excludes:</b> Monosomy 22q11	D82.1		
	<b>Excludes:</b> Postprocedural hypoparathyroidism	E89.2		
	<b>Excludes:</b> Tetany, not otherwise specified	R29.0		
	<b>Excludes:</b> Transitory neonatal hypoparathyroidism	P71.4		
	<b>Idiopathic hypoparathyroidism</b>	E20.0		
3453	<b>Excludes:</b> Autoimmune polyendocrinopathy type 1	E31.0		
	<b>Primary hypoparathyroidism</b>			
2238	Familial isolated hypoparathyroidism			
	<i>Hereditary isolated hypoparathyroidism</i>			
2239	Familial isolated hypoparathyroidism due to agenesis of parathyroid gland			
	<i>Hereditary isolated hypoparathyroidism due to agenesis of parathyroid gland</i>			
189466	Familial isolated hypoparathyroidism due to impaired parathormone secretion			
	<i>Hereditary isolated hypoparathyroidism due to impaired parathormone secretion</i>			
428	Autosomal dominant hypocalcemia			
	<i>ADH</i>			
140249	Hypoparathyroidism due to destruction of the parathyroid glands			
	Hypoparathyroidism after iodine thyroid ablation			
140265	Hypoparathyroidism due to external radiation			
140268	Hypoparathyroidism associated with granulomatous disease			Use with the code of the cause.
	Autoimmune hypoparathyroidism			

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
140274	<b>Transient neonatal hypoparathyroidism due to maternal hyperparathyroidism</b>			Position of the main code is to be discussed.
140286	<b>Secondary hypoparathyroidism</b>			
97593	<b>Pseudohypoparathyroidism</b>	E20.1		
665	Albright hereditary osteodystrophy			
79443	Pseudohypoparathyroidism, type 1A			
79444	Pseudohypoparathyroidism, type 1C			
79445	Pseudopseudohypoparathyroidism			
94089	Pseudohypoparathyroidism, type 1B			
94090	Pseudohypoparathyroidism, type 2			
181402	<b>Syndrome with hypoparathyroidism</b>			All have main codes elsewhere.
480	Kearns-Sayre syndrome	H49.8	metabolism	
567	Monosomy 22q11	D82.1	malformations	
699	Pearson syndrome		metabolism	
2323	Sanjad-Sakati syndrome		malformations	
2333	Kenny-Caffey syndrome		malformations	
5	Deficiency of long chain 3-hydroxyacyl-CoA dehydrogenase		metabolism	
2237	Hypoparathyroidism - deafness - renal disease <i>Barakat syndrome</i>		nephrology	Position of the main code is to be discussed.
	<b>Other specified hypoparathyroidism</b>	E20.8		
	<b>Hypoparathyroidism, unspecified</b>	E20.9		
	<b>Hyperparathyroidism</b>	E21		
	<b>Non-familial primary hyperparathyroidism</b>	E21.0		ICD10 features <i>Osteitis fibrosa cystica generalisata</i> (or <i>Von Recklinghausen disease of bone</i> ) as an inclusion term of code E21.0. This is primarily a radiological aspect of hyperparathyroidism. How should this be represented in ICD11?
	<i>Non-hereditary primary hyperparathyroidism</i>			
	Hyperplasia of parathyroid	E21.0		
	Parathyroid adenoma	C75.0		
143	Parathyroid carcinoma	C75.0		
652	<b>Excludes:</b> Multiple endocrine neoplasia type 1 <b>Excludes:</b> Multiple endocrine neoplasia type 4			
2207	<b>Familial primary hyperparathyroidism</b>			
	<i>Hereditary primary hyperparathyroidism</i>			
99877	Familial parathyroid adenoma <i>Hereditary parathyroid adenoma</i>			
99878	Primary parathyroid hyperplasia <i>Familial parathyroid hyperplasia</i> <i>Hereditary parathyroid hyperplasia</i>			

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
99879	Familial isolated hyperparathyroidism <i>FIHPT</i>			
	<i>Hereditary isolated hyperparathyroidism</i>			
99880	Hyperparathyroidism - jaw tumour syndrome <i>HPT-JT</i>			
652	<b>Excludes:</b> Multiple endocrine neoplasia type 1			
	<b>Excludes:</b> Multiple endocrine neoplasia type 4			
706	<b>Neonatal severe primary hyperparathyroidism</b>	Q25.0		
	<b>Secondary hyperparathyroidism</b>	E21.1		
	<b>Note :</b> Use additional external cause code (Chapter XX), if drug-induced, to identify drug.			
	Secondary hyperparathyroidism of renal origin	N25.8	nephrology	
405	<b>Familial hypocalciuric hypercalcaemia</b>	E83.5		
	<i>Hereditary hypocalciuric hypercalcaemia</i>			
	<i>Benign familial hypercalcaemia</i>			
	<b>Other specified hyperparathyroidism</b>	E21.2		
	<b>Hyperparathyroidism, unspecified</b>	E21.3		
	<b>Other specified disorders of parathyroids</b>	E21.4		
	<b>Disorder of parathyroids, unspecified</b>	E21.5		
<b>Disorders of the pituitary hormones system</b>		(E22-E23)		
	<b>Hypersecretion of pituitary hormones</b>	E22		
652	<b>Excludes:</b> Multiple endocrine neoplasia type 1			
	<b>Excludes:</b> Multiple endocrine neoplasia type 4			
553	<b>Excludes:</b> Cushing syndrome	E24		
199244	<b>Excludes:</b> Nelson syndrome	E24.1		
	<b>Excludes:</b> Overproduction of pituitary ACTH	E24.0		
	<b>Excludes:</b> Overproduction of thyroid-stimulating hormone	E05.8		
963	<b>Acromegaly and pituitary gigantism</b>	E22.0		
96256	Somatotroph adenoma			
	Arthropathy associated with acromegaly	M14.5*	rheumatology	
	Cardiomyopathy associated with acromegaly		cardiology	

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
	<b>Excludes:</b> Constitutional gigantism	E34.4		Exclusions are from ICD10, are they really useful?
	<b>Excludes:</b> Constitutional tall stature	E34.4		
	<b>Excludes:</b> increased secretion from endocrine pancreas of growth hormone-releasing hormone	E16.8		
2965	<b>Hyperprolactinaemia</b> Prolactinoma Drug-induced hyperprolactinaemia <b>Note :</b> Use additional external cause code (Chapter XX), if desired, to identify drug.	E22.1		
83449	<b>Syndrome of inappropriate secretion of antidiuretic hormone</b> <i>SIADH</i> Pituitary inappropriate secretion of antidiuretic hormone Ectopic inappropriate secretion of antidiuretic hormone <b>Excludes:</b> Nephrogenic SIADH	E22.2		
759	<b>Central precocious puberty</b> <b>Other specified hypersecretion of pituitary hormones</b> <b>Hypersecretion of pituitary hormones, unspecified</b>	E22.8 E22.8 E22.9		
	<b>Hyposecretion of pituitary hormones and other disorders of the hypothalamus and/or pituitary hormones</b>	E23		
	<b>Excludes:</b> Postprocedural hypopituitarism	E89.3		
54595	<b>Excludes:</b> Craniopharyngioma <b>Non-acquired combined hypopituitarism</b> <i>Non-acquired combined pituitary deficiency</i> <i>Adenohypophysis deficiency with or without pituitary stalk interruption syndrome (PSIS)</i>	D44.4 E23.0		
90695	Panhypopituitarism	E23.0		
3157	Septo-optic dysplasia		malformations	Position of the main code is to be discussed.
95502	<b>Excludes:</b> Acquired (or secondary) hypopituitarism	E23.1		
2162	<b>Excludes:</b> Holoprosencephaly	Q04.2	malformations	
174590	<b>Congenital hypogonadotropic hypogonadism</b>	E23.0		ICD11 features an inclusion term "fertile eunuch syndrome". It is used to describe less severe forms of congenital hypogonadotropic hypogonadism preserving some degree of pubertal development. Several etiologies are possible (GnRH and LH deficiency, in particular), How should it be represented in ICD11?
478	Anosmic congenital hypogonadotropic hypogonadism <i>Kallmann syndrome</i>			
432	Normosmic congenital hypogonadotropic hypogonadism	E23.0		
181387	Syndromes with hypogonadotropic hypogonadism			
110	Bardet-Biedl syndrome	Q87.8	malformations	
138	CHARGE syndrome		malformations	
739	Prader-Willi syndrome	Q87.1	malformations	Position of the main code is to be discussed.
2377	Laurence-Moon syndrome	Q87.8	malformations	

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
1387	Cataract - intellectual deficit - hypogonadism <i>Martsof syndrome</i>		malformations	
3464	Woodhouse-Sakati syndrome		malformations	Position of the main code is to be discussed.
181390	Hypogonadotropic hypogonadism associated with other endocrinopathies			
66628	Obesity due to congenital leptin deficiency		nutrition	
71528	Obesity due to prohormone convertase-I deficiency		nutrition	
179494	Obesity due to leptin receptor gene deficiency		nutrition	
631	<b>Nonacquired isolated growth hormone deficiency</b> <i>Pituitary nanism</i> Growth hormone deficiency with or without pituitary stalk interruption syndrome (PSIS) Idiopathic growth hormone deficiency Genetic growth hormone deficiency	E23.0		ICD10 features an entity named "Lorain-Levi short stature" . It appears to be an obsolete denomination for a type of pituitary nanism, but should it be kept for historical reasons?
629	Nanism due to growth hormone qualitative anomaly <b>Short stature due to a defect in growth hormone receptor or post-receptor pathway</b>			
633	Short stature due to growth hormone resistance <i>Laron syndrome</i>	E34.3		
73272	Growth delay due to insulin-like growth factor I deficiency			
73273	Growth delay due to insulin-like growth factor I resistance			
140941	Short stature due to primary acid-labile subunit deficiency			
220465	Laron syndrome with immunodeficiency <i>Laron-like syndrome</i> <i>Short stature due to STAT5b deficiency</i> <b>Acquired (or secondary) hypopituitarism</b> <i>Acquired (or secondary) pituitary deficiency</i> Drug-induced hypopituitarism <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug. Tumoral hypopituitarism Infectious hypopituitarism Abscess of pituitary gland Autoimmune hypopituitarism Vascular hypopituitarism	E23.1		ICD10 features "pituitary cachexia", also called "Simmond's disease". It seems to be of historical interest only.  Use with the code for the responsible tumor. Use with the code for the responsible infection,
91355	Sheehan syndrome  Hypopituitarism secondary to a metabolic disease <b>Note:</b> Use with the code for the responsible metabolic disease. Hypopituitarism secondary to a granulomatous disease <b>Note:</b> Use with the code for the responsible granulomatous disease.	E23.0		A post-partum condition: the position of the main code is to be discussed.

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
	Traumatic hypopituitarism			
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify cause.			
	Hypophysitis			
95508	Lymphocytic hypophysitis			
95512	Lymphocytic adenohypophysitis			
95513	Necrotising hypophysitis			
95509	Granulomatous hypophysitis			
95511	Xanthomatous hypophysitis			
95514	Xanthogranulomatous hypophysitis			
	Autoimmune hypophysitis			
96258	Pineal germinoma			
96259	Suprasellar germinoma			
178	Chordoma			
91350	Pituitary deficiency due to Rathke pouch cysts			
91351	Pituitary dermoid and epidermoid cysts			
91354	Pituitary deficiency due to empty sella turcica syndrome			
	Pituitary apoplexy			
178029	<b>Central diabetes insipidus</b>	E23.2		
30925	Central diabetes insipidus, non-acquired			
95626	Central diabetes insipidus, acquired idiopathic			
3463	Wolfram syndrome			Main code should be decided between here and among diabetes mellitus.
223	<b>Excludes:</b> Nephrogenic diabetes insipidus	N25.1		
	<b>Hypothalamic dysfunction, not elsewhere classified</b>	E23.3		
1672	Diencephalic syndrome			
739	<b>Excludes:</b> Prader-Willi syndrome	Q87.1		
813	<b>Excludes:</b> Russell-Silver syndrome	Q87.1		
	<b>Other specified disorders of pituitary gland</b>	E23.8		
91356	Isolated ACTH deficiency (excluding congenital)			
91349	Pituitary adenoma, non-secreting			
95496	Pituitary stalk interruption syndrome			
	<i>PSIS</i>			
	<i>Ectopic neurohypophysis</i>			
52901	Isolated FSH deficiency			
	<b>Disorder of pituitary gland, unspecified</b>	E23.9		

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
<b>Disorders of the adrenal glands and adrenal hormones system</b>		(E24-E27)		
553	<b>Cushing syndrome</b> <i>Hypercortisolism</i> <i>Hyperadrenocorticism</i>	E24		
99892	<b>Cushing syndrome, ACTH-dependent</b>	E24.0		
96253	ACTH-secreting pituitary adenoma <i>Cushing disease</i> <i>Pituitary-dependent Cushing disease</i> <i>Overproduction of pituitary ACTH</i> <i>Pituitary-dependent hyperadrenocorticism</i>			
99889	Cushing syndrome secondary to ectopic ACTH-secretion <i>Ectopic Cushing syndrome</i>	E24.3		
99893	<b>Cushing syndrome, ACTH-independent</b>			
99891	Drug-induced Cushing syndrome <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug.	E24.2		
189424	ACTH-independent Cushing syndrome due to bilateral adrenocortical hyperplasia			
1359	Carney complex			polyglandular dysfunction (below)
189427	ACTH-independent macronodular adrenal hyperplasia <i>AIMAH</i>			
189439	Primary pigmented nodular adrenocortical disease			
189432	ACTH-independent Cushing syndrome due to unilateral tumour			
1501	Adrenocortical carcinoma	C74.0		
99888	Adrenocortical adenoma	D35.0		
652	<b>Exclude:</b> Multiple endocrine neoplasia type 1			
199244	<b>Nelson syndrome</b> <i>Postadrenalectomy Cushing syndrome</i>	E24.1		
	<b>Pseudo-Cushing syndrome</b>			
	Alcohol-induced pseudo-Cushing syndrome	E24.4		
	Pseudo-Cushing syndrome of other causes <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify cause.			
	<b>Other specified Cushing syndrome</b>	E24.8		
	<b>Cushing syndrome, unspecified</b>	E24.9		

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
	<b>Adrenocortical insufficiency</b>	E27.1		
85138	<b>Addison disease</b> <i>Chronic primary adrenocortical insufficiency, non congenital</i> <i>Autoimmune adrenalitis</i> <b>Excludes:</b> Tuberculous Addison disease	E27.1		Use favours the eponyme in this case.
	<b>Congenital adrenocortical insufficiency</b>	A18.7		
361	Familial glucocorticoid deficiency <i>Hereditary glucocorticoid deficiency</i>			
85173	IMAGe syndrome			
199296	Congenital isolated ACTH deficiency			
95700	Familial adrenal hypoplasia <i>Hereditary adrenal hypoplasia</i> <i>Familial hypoadrenocorticism</i>			
95701	Congenital adrenal hypoplasia, of maternal cause			
95702	Congenital adrenal hypoplasia, cytomegalic			
44	Neonatal adrenoleukodystrophy		metabolism	
418	<b>Excludes:</b> Congenital adrenal hyperplasia	E25.0		
	<b>Acute adrenocortical insufficiency</b>	E27.2		
	<i>Addisonian crisis</i> <i>Adrenal crisis</i> <i>Adrenocortical crisis</i> Interruption of corticosteroid therapy Adrenal haemorrhage Adrenal infarction			
100067	Waterhouse-Friderichsen syndrome	A39.1+, E35.1*		
	<b>Drug-induced chronic adrenocortical insufficiency</b>	E27.3		
	<b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug.			
	<b>Other specified adrenocortical insufficiency</b>	E27.4		
977	Adrenomyodystrophy			
869	Triple A syndrome			
43	Adrenoleukodystrophy, X-linked	E71.3	metabolism	
	<b>Adrenocortical insufficiency, unspecified</b>	E27.4		

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Adrenogenital disorders</b>	E25		
418	<b>Congenital adrenal hyperplasia</b>	E25.0		
	<i>Congenital adrenogenital disorders associated with enzyme deficiency</i>			
	Adrenal hyperplasia, congenital, due to 21-hydroxylase deficiency	E25.0		
90794	Adrenal hyperplasia, congenital, due to 21-hydroxylase deficiency, classic form	E25.0		
	<i>Adrenal hyperplasia, congenital, due to 21-hydroxylase deficiency, salt-losing</i>			
95698	Adrenal hyperplasia, congenital, due to 21-hydroxylase deficiency, nonclassic form			
	<i>Adrenal hyperplasia, congenital, due to 21-hydroxylase deficiency, non salt-losing</i>			
90791	Adrenal hyperplasia, congenital, due to 3-beta-hydroxysteroid dehydrogenase deficiency			
90793	Adrenal hyperplasia, congenital, due to 17-alpha-hydroxylase deficiency			
90795	Adrenal hyperplasia, congenital, due to 11-beta-hydroxylase deficiency			
95699	Adrenal hyperplasia, congenital, due to cytochrome P450 oxidoreductase (POR) deficiency			
90790	Lipoid adrenal hyperplasia, congenital			
	<b>Disorders of sex development, 46,XX , of maternal origin</b>			
91	Aromatase deficiency			Should also be included in obstetrics and neonatology.
98774	Disorder of sex development, 46,XX, androgen-induced, due to maternal Krukenberg tumour			
98776	Disorder of sex development, 46,XX, androgen-induced, due to maternal adrenal tumour			
98778	Disorder of sex development, 46,XX, androgen-induced, due to maternal arrhenoblastoma			
98775	Disorder of sex development, 46,XX, androgen-induced, due to maternal adrenal hyperplasia			
98777	Disorder of sex development, 46,XX, androgen-induced, due to maternal androluteoma			
98779	Disorder of sex development, 46,XX, androgen-induced of maternal origin, iatrogenic			
98080	Disorder of sex development, 46,XX, due to testosterone or related steroids			
98081	Disorder of sex development, 46,XX, due to synthetic oral progestagen or diethylstilbestrol			
	<b>Other specified adrenogenital disorders</b>	E25.8		
	Premature adrenarche	E25.8		
	Drug-induced adrenogenital disorders	E25.8		
	<b>Note:</b> Use additional external cause code (Chapter XX), if drug-induced.			
168588	Hyperandrogenism due to cortisone reductase deficiency			
786	Glucocorticoid resistance			
	<b>Adrenogenital disorder, unspecified</b>	E25.9		

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Hyperaldosteronism</b>	E26		
	<b>Non-familial primary hyperaldosteronism</b>	E26.0		
	<i>Non-hereditary primary hyperaldosteronism</i>			
85142	Aldosterone producing adenoma	E26.0		
	<i>Conn syndrome</i>			
	<i>Conn adenoma</i>			
	<i>Aldosteronoma</i>			
	Aldosterone producing carcinoma			
	Primary unilateral adrenal hyperplasia	E26.0		
	Primary bilateral adrenal hyperplasia	E26.0		
	Idiopathic hyperaldosteronism			
403	<b>Familial hyperaldosteronism type 1</b>	E26.0		
	<i>Hereditary hyperaldosteronism type 1</i>			
	<i>Primary hyperaldosteronism, glucocorticoid-sensitive</i>			
404	<b>Familial hyperaldosteronism type 2</b>	E26.0		
	<i>Hereditary hyperaldosteronism type 2</i>			
	<i>Primary hyperaldosteronism, glucocorticoid-resistant</i>			
	<b>Secondary hyperaldosteronism</b>	E26.1		
	<b>Other specified hyperaldosteronism</b>	E26.8		
	<b>Hyperaldosteronism, unspecified</b>	E26.9		
320	<b>Apparent mineralocorticoid excess</b>			
	<i>Excludes</i> : Pseudohyperaldosteronism		nephrology	
	<b>Hypoaldosteronism</b>	E27.4		
	<i>Excludes</i> : <i>Congenital adrenal hyperplasia</i>			
427	<b>Familial hypoaldosteronism</b>			
	<i>Hereditary hypoaldosteronism</i>			
99761	Aldosterone synthase deficiency			
99763	Familial hyperreninemic hypoaldosteronism, type 1A			
	<i>FHHA1A</i>			
	<i>Hereditary hyperreninemic hypoaldosteronism, type 1A</i>			
	<i>Corticosterone methyl-oxidase deficiency, type I (CMO I)</i>			
	<i>18-hydroxylase deficiency</i>			
	Familial hyperreninemic hypoaldosteronism, type 1B			
	<i>FHHA1B</i>			
	<i>Hereditary hyperreninemic hypoaldosteronism, type 1B</i>			

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
99764	<p><i>Corticosterone methyl-oxidase deficiency, type II (CMO II)</i> <i>18-oxydase deficiency</i> Familial hyperreninemic hypoaldosteronism, type 2 <i>FHHA2</i> <i>Hereditary hyperreninemic hypoaldosteronism, type 2</i></p> <p><b>Other specified hypoaldosteronism</b> <b>Hypoaldosteronism, unspecified</b></p>			
	<b>Hypersecretion of adrenomedullary hormones</b>	E27.5		
	<i>Adrenomedullary hyperfunction</i> <i>Catecholamine hypersecretion</i>			
717	Phaeochromocytoma	D35.0, C74.1		
717	Secreting paraganglioma	D35.0, C74.1		
	Adrenomedullary hyperplasia	E27.5		
892	Von-Hippel-Lindau syndrome	Q85.8	oncology	
463	<b>Adrenal incidentaloma</b>			
	<b>Other specified disorders of adrenal gland</b>	E27.8		
	<b>Disorder of adrenal gland, unspecified</b>	E27.9		
<b>Disorders of the gonadal hormones system</b>		(E28-E30)		
	<b>Ovarian dysfunction and ovarian hormones disorders</b>	E28		All this group must be included in gynaecology as well. The position of the main codes is debatable. Section transposed from ICD10.
	<b>Estrogen excess</b>	E28.0		
562	<b>Note:</b> Use additional external cause code (Chapter XX), if drug-induced.			
3185	<b>Excludes:</b> McCuneAlbright syndrome	Q78.1	bone diseases	
	<b>Polycystic ovarian syndrome</b>	E28.2		
	<i>Sclerocystic ovary syndrome</i> <i>Stein-Leventhal syndrome</i> HAIR-AN syndrome			Position of the main code is to be discussed : among polycystic ovarian syndromes or insulin resistance syndromes?

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Other ovarian androgen excess</b> <i>Hypersecretion of ovarian androgens</i> Drug-induced androgen excess <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug. Tumoral androgen excess	E28.1		
619	<b>Premature ovarian failure</b> <i>Primary ovarian failure</i> Primary amenorrhoea	E28.3		
243	46, XX gonadal dysgenesis <i>FSH-resistant ovaries</i> <i>Hypergonadotropic ovarian dysgenesis</i> <i>Resistant ovary syndrome</i>	Q99.1		
881	<b>Excludes:</b> Turner syndrome Secondary amenorrhoea Premature ovarian failure due to autoimmune oophoritis	Q96		Salpingitis and oophoritis are properly coded at N70 in ICD10.
432	<b>Excludes:</b> Menopausal and female climacteric states <b>Excludes:</b> Isolated gonadotropin deficiency	N95.1 E23.0		
64739	<b>Excludes:</b> Postprocedural ovarian failure <b>Ovarian hyperstimulation syndrome</b> <b>Other specified ovarian dysfunction</b> <b>Ovarian dysfunction, unspecified</b>	E89.4 N98.1 E28.8 E28.9		
	<b>Testicular dysfunction and testosterone-related disorders</b>	E29		All this group must be included in urology as well. The position of the main codes is debatable.
432	<b>Excludes:</b> Azoospermia or oligospermia, not otherwise specified <b>Excludes:</b> Isolated gonadotropin deficiency	N46 E23.0		
484	<b>Excludes:</b> Klinefelter syndrome <b>Excludes:</b> Postprocedural testicular hypofunction	Q98.0, Q98.1, Q98.2, Q98.4 E89.5		
983	<b>Congenital testicular disorders</b> Disorders of sex development, 46,XY, due to a defect in testicular development Testicular agenesis Embryonic testicular regression syndrome			

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
98087 242	Dysgenetic 46,XY disorder of sex development 46, XY gonadal dysgenesis <i>Swyer syndrome</i> Complete 46,XY gonadal dysgenesis Partial 46,XY gonadal dysgenesis	Q97.3		
893	WAGR syndrome		nephrology	Position of the main code is to be discussed.
847	Alpha thalassemia - mental retardation, X-linked		intellectual deficiency	Position of the main code is to be discussed between haematology and neurology.
140	Campomelic dysplasia		malformations	
220	Denys-Drash syndrome		nephrology	Position of the main code is to be discussed.
347	Frasier syndrome		nephrology	Position of the main code is to be discussed.
95349	<b>Excludes:</b> Congenital adrenal insufficiency due to adrenal hypoplasia		nephrology above, in adrenal gland diseases	
	Disorder of sex development, 46,XY, due to a defect in testosterone metabolism			
753	Disorder of sex development, 46,XY, due to 5-alpha-reductase 2 deficiency			
752	Disorder of sex development, 46,XY, due to 17-beta-hydroxysteroid dehydrogenase 3 deficiency			
90796	Disorder of sex development, 46,XY, due to isolated 17, 20 lyase deficiency			
755	Leydig cell hypoplasia <i>46,XY sex development disorder due to LH defects</i> <i>LH resistance due to LH receptor inactivation</i> <i>Male pseudohermaphroditism due to LH defects</i>			
96265	LH resistance due to complete LH receptor inactivation			
96266	LH resistance due to partial LH receptor inactivation			
818	Smith-Lemli-Opitz syndrome	G87.1		
418	<b>Excludes:</b> Congenital adrenal hyperplasia	E25.0		
754	Disorder of sex development, 46,XY, due to androgen resistance <i>Androgen insensitivity syndrome</i> <i>Androgen resistance syndrome</i> <i>Testicular feminization syndrome</i> <i>Morris syndrome</i>	E34.5		
99429	Complete peripheral androgen resistance syndrome	E34.5		
90797	Partial peripheral androgen resistance syndrome <i>Reifenstein syndrome</i>	E34.5		
2856	Persistent Mullerian duct syndrome		malformations	Must be included in malformations, metabolic diseases and here.

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
	Disorder of sex development, 46,XY, congenital non genetic			
98089	Disorder of sex development, 46,XY, due to maternal ingestion of progestagen and estrogen			
98090	Disorder of sex development, 46,XY, due to environmental chemical exposure <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify cause.			
	<b>Testicular hypofunction</b>	E29.1		
98331	<i>Male infertility with normal virilization due to a testicular defect</i>			
98332	Male infertility with normal virilization due to developmental or structural testicular defect			
1646	Chromosome Y deletion Sertoli cell only syndrome			
98333	Male infertility associated with cryptorchidism			
98334	Male infertility associated with varicocele			
98335	Male infertility with normal virilization due to acquired testicular defect			
98336	Male infertility associated with mycoplasma infection			
98337	Male infertility associated with radiation			
98338	Male infertility associated with drug <i>Drug induced testicular hypofunction</i> <i>Male infertility with normal virilisation due to androgen administration</i> <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify drug.	E29.1		
98339	Male infertility associated with environmental toxin <b>Note:</b> Use additional external cause code (Chapter XX), if desired, to identify cause.			
98340	Male infertility associated with autoimmunity Defective biosynthesis of testosterone in aged men <i>Testicular hypogonadism in aged men</i>			
98341	Male infertility due to a systemic disease			
98342	Male infertility associated with spinal cord injury			
	<b>Testicular hyperfunction</b>	E29.0		
	<i>Hypersecretion of testicular hormones</i> <i>Idiopathic male luteinising hormone-independent sexual precocity</i>			
3000	Testotoxicosis <i>Familial gonadotropin-independent male-limited sexual precocity</i> <i>Male limited precocious puberty</i>			
562	<b>Excludes:</b> McCune-Albright syndrome	Q78.1	bone diseases	
	<b>Other specified testicular dysfunction</b>	E29.8		
	<b>Testicular dysfunction, unspecified</b>	E29.9		

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	<b>Disorders of puberty, not elsewhere classified</b>	E30		
759	<b>Excludes:</b> Central precocious puberty	E22.8	pituitary diseases (above)	
3000	<b>Excludes:</b> Testotoxicosis		testicular diseases (above)	
562	<b>Excludes:</b> McCune-Albright syndrome	Q78.1	bone diseases	
	<b>Delayed puberty</b>	E30.0		Sections transposed from ICD10.
	<i>Constitutional delay of puberty</i>			
	<i>Delayed sexual development</i>			
	<b>Other specified disorders of puberty</b>	E30.8		
	Premature thelarche	E30.8		
	<b>Excludes:</b> Premature adrenarche	E25.8		
	<b>Disorder of puberty, unspecified</b>	E30.9		
101956	<b>Polyglandular dysfunction</b>	E31		
	<i>Polyendocrinopathy</i>			
	<b>Autoimmune polyendocrinopathy</b>	E31.0		
	<i>Autoimmune polyglandular syndrome</i>			
	<i>Autoimmune polyglandular failure</i>			
3453	Autoimmune polyendocrinopathy, type 1			
	<i>Autoimmune polyglandular syndrome type 1 (APS1)</i>			
	<i>Autoimmune polyendocrinopathy - candidiasis - ectodermal dystrophy syndrome (APECED)</i>			
	<i>Hypoparathyroidism - Addison disease - mucocutaneous candidiasis (HAM)</i>			
	<i>Multiple endocrine deficiency - Addison disease - candidiasis (MEDAC)</i>			
3143	Autoimmune polyendocrinopathy, type 2			
	<i>Autoimmune polyglandular syndrome type 2</i>			
	<i>Autoimmune thyroid disease and/or type 1 diabetes - Addison's disease</i>			
	<i>Schmidt syndrome</i>			
	Autoimmune polyendocrinopathy, type 3			
	<i>Autoimmune polyglandular syndrome type 3</i>			

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
37042	Autoimmune polyendocrinopathy, type 4 <i>Autoimmune polyglandular syndrome type 4</i> Immune dysregulation - polyendocrinopathy - enteropathy, X-linked <i>IPEX</i>			gastroenterology
100094	<b>Multiple polyglandular tumours</b> <i>Multiple endocrine neoplasia</i>	C73.8, D44.8		
652	<b>Multiple endocrine neoplasia type 1</b> <i>MEN1</i> <i>Wermer syndrome</i>			
653	<b>Multiple endocrine neoplasia type 2</b> <i>MEN2</i>			
	<b>Multiple endocrine neoplasia type 2A</b> <i>MEN2A</i> <i>Sipple syndrome</i>			
	<b>Multiple endocrine neoplasia type 2B</b> <i>MEN2B</i>			
	<b>Multiple endocrine neoplasia type 4</b> <i>MEN4</i>			
1359	Carney complex			
97286	Carney-Stratakis syndrome			
139411	Carney triad			
892	Von Hippel-Lindau disease	Q85.8		oncology
201	Cowden syndrome			oncology
	<b>Other specified polyglandular dysfunction</b>		E31.8	
	<b>Polyglandular dysfunction, unspecified</b>		E31.9	
<b>Other endocrine disorders</b>			E34	
	<b>Carcinoid syndrome</b> <i>Carcinoid tumour</i>		E34.0	
	<b>Note:</b> May be used as an additional code, if desired, to identify functional activity associated with a carcinoid tumour.			

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<b>Orpha</b>	<b>ICD-11 Table draft</b>	<b>ICD-10</b>	<b>Main code when elsewhere</b>	<b>Comments</b>
877	<b>Endocrine tumours</b>			
	<i>Neuroendocrine tumours</i>			
	Gastrointestinal endocrine tumour	E34.1		
100075	Gastric endocrine tumour			
100076	Duodenal endocrine tumour			
100077	Jejunal endocrine tumour			
100078	Ileal endocrine tumour			
100079	Appendix endocrine tumour			
100080	Colon endocrine tumour			
100081	Rectal endocrine tumour			
100082	Anal endocrine tumour			
97253	Pancreatic endocrine tumours	E16.8		
	<i>Pancreatic neuroendocrine tumours</i>			
	<i>Pancreatic APUDomas</i>			
97261	GRFoma	E16.8		
	<i>Pancreatic hypersecretion of growth hormone releasing factor</i>			
97278	PPoma	E16.8		
	<i>Hypersecretion of pancreatic polypeptide</i>			
97283	Somatostatinoma	E16.8		
	<i>Pancreatic hypersecretion of somatostatin</i>			
97282	VIPoma	E16.8		
	<i>Pancreatic hypersecretion of vasoactive intestinal peptide</i>			
100083	Laryngeal endocrine tumour			
100084	Middle ear endocrine tumour			
100085	Hepatic endocrine tumour			
100086	Gall-bladder endocrine tumour			
79140	Cutaneous neuroendocrine carcinoma			
97287	Bronchial endocrine tumour			
97289	Thymic endocrine tumour			
	<b>Ectopic hormone secretion, not elsewhere classified</b>	E34.2		
	<b>Short stature, not elsewhere classified</b>	E34.3		
	Short stature, not otherwise specified	E34.3		
137693	Constitutional short stature	E34.3		
	<i>Idiopathic short stature</i>			

The structure of those parts has not been revised, but some sections have been moved elsewhere.

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Orpha	ICD-11 Table draft	ICD-10	Main code when elsewhere	Comments
	Psychosocial short stature	E34.3		
	<b>Excludes:</b> Nutritional causes of short stature	E45	nutrition	
	<b>Excludes:</b> Pituitary causes of short stature	E23.0	above	
	<b>Excludes:</b> Renal causes of short stature	N25.0	nephrology	
	<b>Excludes:</b> Syndromes with short stature	Q chapter	malformations	
	<b>Constitutional tall stature</b>	E34.4		
	<i>Constitutional gigantism</i>			
	<b>Other specified endocrine disorders</b>	E34.8		
	Pineal gland dysfunction	E34.8		
	<b>Endocrine disorder, unspecified</b>	E34.9		
	<i>Endocrine disturbance, not otherwise specified</i>			
	<i>Hormone disturbance, not otherwise specified</i>			
	<b>Disorders of endocrine glands in diseases classified elsewhere</b>	E35*		
	<b>Disorders of thyroid gland in diseases classified elsewhere</b>	E35.0*		
	Tuberculosis of thyroid gland	A18.8+	infectiology	
	<b>Disorders of other endocrine glands in diseases classified elsewhere</b>	E35.8*		

**Groups included in the endocrine diseases  
section of ICD-10,  
to be classified elsewhere in ICD-11**

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Groups included in the endocrine diseases section of ICD10, to be moved elsewhere in ICD11

To move into immunology:

<b>Diseases of thymus</b>	E32
<b>Excludes:</b> aplasia or hypoplasia with immunodeficiency ( D82.1 )	D82.1
<b>Excludes:</b> myasthenia gravis ( G70.0 )	G70.0
<b>Persistent hyperplasia of thymus</b>	E32.0
<i>Hypertrophy of thymus</i>	
<b>Abscess of thymus</b>	E32.1
<b>Other diseases of thymus</b>	E32.8
<b>Disease of thymus, unspecified</b>	E32.9

To move into development disorders:

<b>Progeria</b>	E34.8
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