

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 42 • Nisan - Mayıs - Haziran 2013

35. TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA HASTALIKLARI KONGRESİ & HİPOFİZ SEMPOZYUMU TAMAMLANDI

15-19 Mayıs 2013 tarihleri arasında Cornelia Hotel, Antalya'da yapılan 35. Ulusal Kongremiz yaklaşık 950 meslektaşımızın katılımı ile başarıyla tamamlandı.



35. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresini 15-19 Mayıs 2013 tarihleri arasında turizm ve kongre şehrimiz Antalya'da ve yine endokrin kongreleri için sıkça ev sahipliği yapan Cornelia Diamond Otel'de oldukça fazla sayılabilecek bir katılımcı sayısı ile gerçekleştirdik.

Yine kongre bünyesinde Cumartesi günü Hipofiz Çalışma Grubumuz tarafından düzenlenen Hipofiz Sempozyumu ve dernek başkan yardımcımız sayın Prof.Dr. M. Kemal Balcı'nın kordinatörlüğünde Endokrin Eğitim Hemşireliği Kursumuzun üçüncüsünü gerçekleştirdik. Kongremize iç hastalıkları uzmanları da oldukça yoğun ilgi gösterdiler.

Bu yıl kongremiz her yıl olduğu gibi ustalara saygı oturumu ile başladı. 2013 yılı itibari ile yaş haddinden emekli olan meslektaşlarımızın anılarını ve genç meslektaşlara tavsiyelerini dinledik. Ertesi sabah ilk konferansta Endo-Society Başkanı Sayın William Young'tan "Primer Aldosteronizm Update" dinledik.

Kongremize rakamsal olarak baktığımızda 35 sponsor katılımcı firma stand açtı. 9 uydur sempozyumu, 18 konferans, 15 panel ve 5 karşıt görüş gerçekleşti. Bu yıl interaktif olarak bir konuşmacı ve bir moderatörün birlikte yönettiği 10 seçilmiş vakalar oturumu ve sözel bildiri oturumları ile birlikte çalışma grubu toplantıları yapılarak oldukça yoğun bir kongre sürecini hep birlikte tamamladık. Kongremizde 20'si sözel olmak üzere 291 bildiri sunuldu. Ayrıca Endokrin Eğitim Hemşireliği Kursumuza 90 hemşire katıldı,

Artık kongrelerimiz her yıl bir önceki yıla oranla daha fazla katılım ve bilimsel içerikle devam etmektedir. 35. TEMHK'ne emeği geçen bütün konuşmacı ve katılımcılara verdikleri çok değerli katkılar için teşekkür ederim. Kongremizi destekleyen sponsor katılımcı firmaların temsilcilerine, kongre organizasyonumuzu yapan DMR firmasının temsilcilerine, güzel bir konukseverlik örneği gösteren otel personeline bir kez daha şükranlarımı sunarım. Bir sonraki kongrede görüşmek üzere...

Prof.Dr. M. Sait Gönen
35. TEMHK Kongre Bilimsel Sekreteri

KONGRE VE KURSLARIMIZ



Bilimsel Kongreler ve Uluslararası Sempozyumlar

Ayrıntılara ve 2013 yılına ait Bilimsel Toplantı Takvimine derneğimiz internet sayfasından (www.temd.org.tr) ulaşabilirsiniz.

07-09 Eylül 2013

37th Annual Meeting of the European Thyroid Association
Leiden, The Netherlands
<http://www.eta2013.org/>

11-14 Eylül 2013

1st COMBO Endocrinology course ovary 2013
Monastery of Evangelistria, Viotia, Greece
<http://www.erasmus.gr/en/congresses/athens/2013/combo/generalinformation/>

23-29 Eylül 2013

49th EASD Annual Meeting
Barcelona, Spain
<http://www.easd.org/easd/>

02-06 Ekim 2013

15. Ulusal İç Hastalıkları Kongresi
Belek, Antalya
<http://www.ichastaliklari2013.org/>

16-20 Ekim 2013

83rd Annual Meeting of the ATA
San Juan, Puerto Rico
<http://www.thyroid.org/thyroid-events-education-media/83rd-annual-meeting-of-the-ata/>

23-26 Ekim 2013

Bridging the World of Endocrinology (ENDO BRIDGE 2013)
Belek, Antalya
www.turkendokrin.org

25-27 Ekim 2013

4th ESE Clinical Update
Madrid, Spain
www.es-hormones.org

01-03 Aralık 2013

3rd ENEA Workshop: Hypopituitarism
Tel-Aviv, Israel
<http://www.eneassoc.org/meetings.htm>

02-06 Aralık 2013

World Diabetes Congress Melbourne (IDF 2013)
Melbourne, Australia
<http://www.idf.org/worlddiabetescongress>

Literatürden Seçmeler

The effect of scrubbing hands with iodine-containing solutions on urinary iodine concentrations of the operating room staff.

Erdoğan MF, Tatar FA, Unlutürk U, Cin N, Uysal AR.
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ABSTRACT

Background: Excessive iodine exposure is associated with thyroid dysfunction and thyroid autoimmunity. Most surgical hand-scrub solutions contain large amounts of iodine, and transcutaneous and mucosal absorption of iodine from these antiseptic solutions has been demonstrated. In this study we determined the effect of hand scrubbing with iodine-containing surgical hand-scrub solutions on urinary iodine concentrations (UICs) in operating room staff.

Methods: The study included 117 surgeons and surgical nurses from two different hospitals who often used surgical hand-scrub solutions as the iodine exposure group and 92 age-matched hospital staff from nonsurgical units of the same hospitals as the controls. In the iodine exposure group, 39 subjects (from hospital 1) used iodine-containing hand scrub solutions intermittently, and the remaining 78 in the surgical staff (from hospital 2) used only iodine-containing hand-scrub solutions. Morning spot urine specimens were collected from all participants for the analysis of UIC.

Results: The operating room staff had significantly higher UICs compared to the control group (142 µg/L [12-822 µg/L] vs. 89 µg/L [10-429 µg/L], $p < 0.001$). UICs from 39% of the subjects from hospital 2 were found to reach levels higher than 300 µg/L.

Conclusion: Scrubbing with iodine-containing solutions might lead to iodine excess among surgical staff. Further studies investigating the effects of hand scrubbing with iodine-containing products on thyroid function and on thyroid antibodies of the operating room staff are needed to determine the consequences of this high iodine exposure.

Obstructive sleep apnoea syndrome is associated with relative hypocortisolemia and decreased hypothalamo-pituitary-adrenal axis response to 1 and 250µg ACTH and glucagon stimulation tests.

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ABSTRACT

Objective: The investigations regarding the effect of obstructive sleep apnoea syndrome (OSAS) on hypothalamo-pituitary-adrenal (HPA) axis revealed conflicting results. We aimed to evaluate the effects of OSAS on HPA-axis with dynamic tests.

Methods: This study was carried out on 26 patients with OSAS and 15 subjects without OSAS which, were defined according to the International Classification of Sleep Disorders. Patients were enrolled from either Endocrinology outpatient clinic or Neurology Sleep Center. Participants for the control group were included from the patients admitting to Endocrinology Department with the complaint of obesity or volunteers from hospital staff. All the participants were evaluated by polysomnography (PSG) and dynamic tests of HPA axis (dexamethasone suppression test, 1 and 250µg ACTH and glucagon stimulation tests).

Results: Serum basal and peak cortisol levels were found to be lower in OSAS patients when compared to the control group during 1µg ACTH and glucagon stimulation tests. When the area under curve (AUC) of cortisol responses to dynamic stimulation tests were calculated according to trapezoid formula, patients with OSAS were found to have lower values compared to control group. AUC responses of all three dynamic stimulation tests were found to be negatively correlated with AHI.

Conclusion: OSAS is associated with relative hypocortisolemia in the morning with reduced responses to 1 and 250µg ACTH and glucagon stimulation tests.

Routine screening for Cushing's syndrome is not required in patients presenting with hirsutism.

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ABSTRACT

Context: Prevalence of Cushing's syndrome (CS) in patients presenting with hirsutism is not well known.

Objective: Screening of CS in patients with hirsutism.

Setting: Referral hospital.

Patients and other participants: This study was carried out on 105 patients who were admitted to the Endocrinology Department with the complaint of hirsutism.

Intervention: All the patients were evaluated with low-dose dexamethasone suppression test (LDDST) for CS.

Main outcome measure: Response to LDDST in patients presenting with hirsutism.

Results: All the patients had suppressed cortisol levels following low-dose dexamethasone administration excluding CS. The etiology of hirsutism was polycystic ovary syndrome in 79%, idiopathic hirsutism in 13%, idiopathic hyperandrogenemia in 6%, and nonclassical congenital hyperplasia in 2% of the patients.

Conclusion: Routine screening for CS in patients with a referral diagnosis of hirsutism is not required. For the time being, diagnostic tests for CS in hirsute patients should be limited to patients who have accompanying clinical stigmata of hypercortisolism.

Traditional and novel cardiovascular risk factors in non-functioning adrenal adenomas.

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ABSTRACT

Background: The majority of the incidentally discovered adrenal masses are non-functioning adrenal adenomas; however data regarding traditional and novel cardiovascular risk predictors in these subjects is lacking. The objective of our study was to investigate the levels of PAI-1, IL-6 and Apelin along with several traditional cardiovascular risk markers in subjects with non-functioning adrenal adenomas.

Methods: 38 subjects with non-functioning adrenal adenomas and 30, age, gender and BMI matched healthy controls were enrolled. Participants underwent hormonal evaluation including morning cortisol, adrenocorticotropic hormone (ACTH), post dexamethasone suppression test (DST) cortisol, dehydroepiandrosterone sulfate (DHEAS) and urinary cortisol. Anthropometric and metabolic parameters, body composition, PAI-1, IL-6 and Apelin were measured.

Results: Subjects with non-functioning adrenal adenomas had significant elevations in systolic blood pressure, mean arterial pressure, waist circumference, uric acid, and post DST cortisol and had significantly reduced levels of DHEAS when compared to BMI matched controls. No significant difference was observed in terms of PAI-1, IL-6 and Apelin between groups. PAI-1 and IL-6 were significantly correlated with mean arterial pressure, BMI, uric acid, total and LDL-cholesterol. Linear regression analysis showed that morning cortisol and Apelin levels independently predicted HOMA levels in subjects with adrenal adenomas.

Conclusion: Subjects with non-functioning adrenal adenomas feature several cardiovascular risk factors even when compared to BMI matched individuals. Subtle cortisol autonomy in adrenal adenomas may be associated with those findings.

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Serum ghrelin and adiponectin levels are increased but serum leptin level is unchanged in low weight COPD patients.

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ABSTRACT

Background: Weight loss and muscle wasting are common features reported in COPD patients and they are all related with systemic inflammation. In this study, the relationship between pulmonary functions and inflammatory and metabolic parameters in low weight COPD patients were investigated.

Methods: Fifty male COPD patients were grouped according to the Global Initiative for Chronic Obstructive Lung Disease criteria. Group 1: Mild-moderate COPD patients (n=18; with a mean age of 66.4 ± 9.2 yrs; body mass index (BMI): 19.7 ± 1.5 kg/m²), group 2: Severe-very severe COPD patients (n=32; with a mean age of 65.9 ± 10.0 yrs; BMI: 19.3 ± 1.6 kg/m²), group 3: Control group composed of healthy nonsmoking males (n=17; with a mean age of 50.2 ± 8.4 yrs; BMI: 21.85 ± 1.5 kg/m²). Anthropometric parameters, serum levels of adiponectin (ApN), ghrelin, leptin, hsCRP, IL-6, IL-1 β , IL-8, TNF- α and pulmonary functions were compared.

Results: Adiponectin concentration was higher in group 1 (43.3 ± 28.6 ng/mL; $p < 0.05$) and group 2 (59.9 ± 31.8 ng/mL; $p < 0.001$) when compared with the control group (23.5 ± 13.6 ng/mL). Ghrelin concentrations were higher in COPD groups (1281.0 ± 1173.7 and 1840.0 ± 403.6 pg/mL; $p < 0.05$) compared to the control subjects (554.0 ± 281.9 pg/mL). When the groups were compared, no significant difference was found for leptin, IL-1 β , TNF- α , and IL-8. Interleukin-6 and hsCRP levels were higher in group 1 than in the control group. ApN was negatively correlated with BMI and FEV1. In all groups, FEV1 showed positive correlation with BMI, skinfold thicknesses, insulin and triglyceride; negative correlation with age, pack/years, HDL-Chol and ApN. Increased SHBG with decreased insulin level and HOMA-IR may indicate increased insulin sensitivity in COPD groups.

Conclusion: The anti-inflammatory effect of ApN and ghrelin is more evident in severe-very severe COPD patients.

Acromegaly is associated with higher frequency of female sexual dysfunction: experience of a single center.

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ABSTRACT

The aim of the study was to assess female sexual dysfunction (FSD), quality of life and depression status in female patients with acromegaly. Fifty-seven sexually active female patients with acromegaly disease (21 controlled, 36 uncontrolled) monitored by Cerrahpasa Medical School, Endocrinology and Metabolism out-patient clinic and age and body mass index-matched 46 healthy female subjects were included in the study. Sexual functions and status of depression in both patient and control groups were evaluated by using the Female Sexual Function Index Form (FSFI) and the Beck Depression Inventory (BDI), respectively. Quality of life was evaluated by using the Acromegaly Quality of Life (AcroQoL) Scale. Hormone levels were studied in the groups. The FSFI total score and desire, arousal, orgasm, and satisfaction domains in patients with acromegaly were significantly lower than in the healthy controls ($p \leq 0.0001$). There was no difference between biochemically controlled and uncontrolled patients with acromegaly with respect to FSFI scores ($p = 0.7$). AcroQoL total score in female patients with controlled acromegaly and uncontrolled acromegaly were $46.33 \pm 16.5\%$ and $50.13 \pm 18.21\%$, respectively ($p = 0.53$). The difference in BDI scores between controlled and uncontrolled acromegaly patients was not significant but they were significantly higher in the control group ($p \leq 0.0001$). In the correlation analysis, a negative correlation was found between FSFI total and BDI score ($r = -0.69$, $p < 0.001$), age ($r = -0.45$, $p < 0.001$), and IGF-I ($r = -0.28$, $p = 0.006$). This study showed that sexual dysfunction and depression rates in female patients with acromegaly are higher than in healthy females.

The investigation of total PSA, free PSA, and free/total PSA ratio in patients with liver cirrhosis patients according to Child-Pugh score.

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ABSTRACT

Objective: To investigate the total prostate-specific antigen (tPSA), free PSA (fPSA), and free/total PSA (fPSA/tPSA) ratio in patients with liver cirrhosis (LC) according to the severity of hepatic insufficiency.

Methods: Eighty-two male patients with LC were studied. The severity of liver disease was categorized by Child-Pugh score (Child-Pugh A, B, and C). Forty-two age-matched healthy subjects were used as a control group. The tPSA, fPSA, fPSA/tPSA ratio, total prostate volume (TPV), total testosterone (TT), and total protein (TP) were measured. The LC group was compared with the control group in terms of these parameters. In addition, intra-comparison and inter-comparison was made between all the Child-Pugh groups and normal subjects, in terms of these parameters.

Results: The tPSA and fPSA levels in LC cases, Child-Pugh A, Child-Pugh B, and Child-Pugh C groups were significantly decreased compared with the control group. The ratio of fPSA/tPSA in the LC subjects and Child-Pugh A groups significantly increased compared with the control group. TT, TP levels, and TPV in patients with LC were significantly lower compared with the control group and the results were significantly correlated with the Child-Pugh score.

Conclusion: The present study reveals that tPSA and fPSA were decreased in patients with LC in comparison to healthy subjects in terms of 3 mechanisms. First, it might be due to shrunken prostatic volume. Second, it also resulted in decreased levels of testosterone because of the abnormality of hypothalamic-pituitary-testicular axis. Third, it might be the diminished serum protein level in the composition of the PSA.

Growth hormone deficiency due to sports-related head trauma is associated with impaired cognitive performance in amateur boxers and kickboxers as revealed by P300 auditory event-related potentials.

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ABSTRACT

Objectives: It has been recently reported that boxing and kickboxing may cause pituitary dysfunction, GH deficiency in particular. The strong link between poor cognitive performance and GH deficiency due to causes other than head trauma and the improvement of cognitive function after GH replacement therapy have been previously shown. P300 auditory event-related potential (ERP) measure is widely used to evaluate cognitive performance. In this study, we investigated the relation between the GH-IGF-I axis and cognitive performance in boxers and kickboxers.

Design and Patients: Forty-one actively competing or retired male boxers (n: 27) and kickboxers (n: 14) with a mean age of 29.04 ± 9.30 year and 14 age- and education-matched healthy male controls were included in the study. For neuropsychological tests, the mini-mental state examination (MMSE) and Quality of Life Assessment of GH Deficiency in Adults (QoL-AGHDA) questionnaires were administered. Moreover, cognitive performance was evaluated according to P300 ERPs.

Results: Nine of 41 (21.9%) athletes had GH deficiency. P300 amplitudes were lower at all electrode sites in the GH-deficient group than in controls, and the differences were statistically significant at Fz and Oz electrode sites ($P < 0.05$). When GH-deficient athletes were compared with GH-sufficient athletes, the P300 amplitudes were lower at all electrode sites in the GH-deficient group; these differences were statistically significant at Fz, Pz and Cz electrode sites ($P < 0.05$). In all athletes, there were significant negative correlations between IGF-I levels vs P300 latencies, and there were significant positive correlations between IGF-I levels vs P300 amplitudes ($P < 0.05$).

Conclusion: This study provides the first electrophysiological evidence for the close relation between the P300 ERPs and the GH-IGF-I axis in boxers and kickboxers.

Plasma fetuin-A is associated with endothelial dysfunction and subclinical atherosclerosis in subjects with nonalcoholic fatty liver disease.

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ABSTRACT

Objective: Nonalcoholic fatty liver disease (NAFLD), a hepatic manifestation of metabolic syndrome (MetS) is closely associated with an increased risk of cardiovascular disease. Fetuin-A is associated with MetS and NAFLD. We investigated the relationship of circulating fetuin-A level with markers of endothelial dysfunction and presence of carotid atherosclerosis in subjects with NAFLD.

Methods: The consecutive 115 patients with NAFLD and age-matched 74 healthy subjects were enrolled. Plasma levels of fetuin-A and markers of endothelial dysfunction [asymmetric dimethyl arginine (ADMA) and adiponectin] were measured by ELISA method. Insulin sensitivity was determined by homeostasis model assessment of insulin resistance (HOMA-IR) index. Carotid artery intima-media thickness (cIMT) was assessed by high-resolution ultrasonography.

Results: Fetuin-A and ADMA were higher and, adiponectin was lower in NAFLD group than the control group ($P = 0.004$, $P < 0.001$ and $P < 0.001$, respectively). In addition, NAFLD group had greater cIMT measurements than the controls ($P < 0.001$). However, no difference was found for fetuin-A, ADMA, adiponectin and cIMT between two groups when the findings were adjusted according to the glucose, lipids and HOMA-IR index. In correlation analysis, fetuin-A was found to be positively correlated with triglyceride ($r = 0.23$, $P = 0.001$), HOMA-IR ($r = 0.29$, $P < 0.001$), ADMA ($r = 0.24$, $P = 0.001$), cIMT ($r = 0.3$, $P = 0.003$) and, negatively correlated with HDL-C ($r = -0.17$, $P = 0.02$) and adiponectin ($r = -0.19$, $P = 0.01$) levels. Multiple linear regression analysis showed that fetuin-A was independently associated with ADMA and cIMT levels.

Conclusion: This study demonstrated for the first time that circulating fetuin-A in NAFLD is independently associated with endothelial dysfunction and subclinical atherosclerosis.

Longitudinal analysis of vascular function and biomarkers of metabolic bone disorders before and after renal transplantation.

Yilmaz MI, Sonmez A, Saglam M, Yaman H, Kilic S, Turker T, Unal HU, Gok M, Cetinkaya H, Eyileten T, Oguz Y, Caglar K, Vural A, Mallamaci F, Zoccali C.
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ABSTRACT

Background/Aims: The role of chronic kidney disease-mineral bone disorder (CKD-MBD) reversibility in the amelioration of vascular function and in the reduction of the risk for cardiovascular events after renal transplantation is still unknown.

Methods: We investigated the longitudinal relationship between the main biomarkers of CKD-MBD and the evolution of vascular function [flow-mediated dilatation (FMD)] after transplantation in a series of 161 patients with kidney failure maintained on chronic dialysis (5D-CKD).

Results: Before transplantation, FMD in patients was markedly lower (-40% , $p < 0.001$) than in well-matched healthy subjects and increased by 27% after transplantation ($p = 0.001$). Fibroblast growth factor 23 (FGF23), 25-hydroxy-vitamin D (25OHVD) and serum phosphate ($p < 0.01$) were independently associated with simultaneous changes in FMD. Changes in classical risk factors and in risk factors related to CKD like the glomerular filtration rate, serum albumin, C-reactive protein and insulin resistance failed to independently explain the variability in FMD changes after transplantation.

Conclusion: Endothelium-dependent vasodilatation improves after kidney transplantation, which is parallel to the dramatic fall in FGF23, the reduction in serum phosphorus and the increase in 25OHVD levels. If these associations are causal, a part of decline in cardiovascular risk after transplantation is related to partial resolution of CKD-MBD.

The Association Between Severity of Vitamin D Deficiency and Hashimoto's Thyroiditis.

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ABSTRACT

Objective: The relation between vitamin D and autoimmune disorders has long been investigated regarding the important roles of this hormone in immune regulation. We evaluated 25-hydroxyvitamin D (25OHD) status in subjects with Hashimoto's thyroiditis (HT) and healthy controls.

Methods: Group-1 included 180 euthyroid patients (123 females/57 males) with HT who were on a stable dose of L-thyroxine (LT). A total of 180 sex-, age-, and body mass index (BMI)-matched euthyroid subjects with newly diagnosed HT were considered as Group-2, and 180 healthy volunteers were enrolled as controls (Group-3). All 540 subjects underwent thyroid ultrasound and were evaluated for serum 25OHD, anti-thyroid peroxidase (anti-TPO), and anti-thyroglobulin (anti-TG) levels.

Results: Group-1 had the lowest 25OHD levels (11.4 ± 5.2 ng/mL) compared to newly diagnosed HT subjects (Group-2) (13.1 ± 5.9 ng/mL, $P = .002$) and to control subjects (15.4 ± 6.8 ng/mL, $P < .001$). Serum 25OHD levels directly correlated with thyroid volume ($r = 0.145$, $P < .001$) and inversely correlated with anti-TPO ($r = -0.361$, $P < .001$) and anti-TG levels ($r = -0.335$, $P < .001$). We determined that 48.3% of Group-1, 35% of Group-2, and 20.5% of controls had severe 25OHD deficiency (< 10 ng/mL). Female chronic HT patients had the lowest serum 25OHD levels (10.3 ± 4.58 ng/mL), and male control subjects had the highest (19.3 ± 5.9 ng/mL, $P < .001$).

Conclusions: We demonstrated that serum 25OHD levels of HT patients were significantly lower than controls, and 25OHD deficiency severity correlated with duration of HT, thyroid volume, and antibody levels. These findings may suggest a potential role of 25OHD in development of HT and/or its progression to hypothyroidism.

The association between severity of obstructive sleep apnea and prevalence of Hashimoto's thyroiditis.

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ABSTRACT

Obstructive sleep apnea (OSA) has long been suggested to increase the risk of development of autoimmune diseases. We investigated the prevalence of Hashimoto's thyroiditis (HT) in 245 euthyroid individuals, who were suspected of having OSA. After polysomnography, subjects were grouped according to apnea-hypopnea index (AHI) consecutively as controls ($n = 27F/32M$, $AHI < 5$), mild-OSA ($n = 22F/37M$, $5 \leq AHI < 15$), moderate-OSA ($n = 23F/38M$, $15 \leq AHI < 30$) and severe-OSA ($n = 30F/36M$, $AHI \geq 30$). Diagnosis of HT based on thyroid ultrasound and positivity of serum anti-thyroglobulin (anti-TG) and anti-thyroid peroxidase (anti-TPO) antibodies. Hashimoto's thyroiditis was diagnosed in 32.2% of controls and in 46.8% of all OSA patients ($p = 0.03$). Severe-OSA patients had the highest HT frequency (51.5%) compared to controls ($p = 0.02$), mild-OSA (42.3%, $p = 0.03$) and moderate-OSA (45.9%, $p = 0.05$) groups. Forty-two of control subjects (71.2%) were negative for both of the anti-TPO and anti-TG, whereas 99 (53.2%) of OSA subjects were positive at least for one of them ($p = 0.01$). HT was detected in 62% of females, 29% of males ($p < 0.001$). Severe female OSA patients had the highest HT prevalence (73.3%), while male control subjects had the lowest (18.7%) among all groups ($p < 0.001$). There was no significant correlation between thyroid volume and severity of OSA but isthmus thickness was significantly correlated to AHI ($p < 0.01$, $r = 0.22$). In conclusion, OSA patients presented higher HT prevalence parallel to severity of OSA, especially among women. These results may lead to further investigations about relation between OSA and autoimmune thyroiditis and to development of screening schemas for severe-OSA patients for early diagnosis of HT before development of hypothyroidism.

Twelve-year trends in the prevalence and risk factors of diabetes and prediabetes in Turkish adults.

Satman I, Omer B, Tutuncu Y, Kalaca S, Gedik S, Dinccag N, Karsidag K, Genc S, Telci A, Canbaz B, Turker F, Yilmaz T, Cakir B, Tuomilehto J; TURDEP-II Study Group. Collaborators
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ABSTRACT

There is concern about an emerging diabetes epidemic in Turkey. We aimed to determine the prevalence of diagnosed and undiagnosed diabetes, prediabetes and their 12-year trends and to identify risk factors for diabetes in the adult Turkish population. A cross-sectional, population-based survey, 'TURDEP-II' included 26,499 randomly sampled adults aged ≥ 20 years (response rate: 87 %). Fasting glucose and biochemical parameters were measured in all; then a OGTT was performed to identify diabetes and prediabetes in eligible participants. The prevalence of diabetes was 16.5 % (new 7.5 %), translating to 6.5 million adults with diabetes in Turkey. It was higher in women than men ($p = 0.008$). The age-standardized prevalence to the TURDEP-I population (performed in 1997-98) was 13.7 % (if same diagnostic definition was applied diabetes prevalence is calculated 11.4 %). The prevalence of isolated-IFG and impaired glucose tolerance (IGT), and combined prediabetes was 14.7, 7.9, and 8.2 %, respectively; and that of obesity 36 % and hypertension 31.4 %. Compared to TURDEP-I; the rate of increase for diabetes: 90 %, IGT: 106 %, obesity: 40 % and central obesity: 35 %, but hypertension decreased by 11 % during the last 12 years. In women age, waist, body mass index (BMI), hypertension, low education, and living environment; in men age, BMI, and hypertension were independently associated with an increased prevalence of diabetes. In women current smoking, and in men being single were associated with a reduced risk. These results from one of the largest nationally representative surveys carried out so far show that diabetes has rapidly become a major public health challenge in Turkey. The figures are alarming and underscore the urgent need for national programs to prevent diabetes, to manage the illness and thus prevent complications.

Ultrasound elastography is not superior to grayscale ultrasound in predicting malignancy in thyroid nodules.

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ABSTRACT

Background: Several studies have evaluated the ability of ultrasound elastography (USE) to diagnose malignant nodules. However, these studies had important limiting factors, selection bias and small sample size. The aims of the present study were to prospectively assess, in a large group of patients, the diagnostic power of USE for detecting malignancy in thyroid nodules, and to compare this technique with B-mode grayscale ultrasonography (BUS) and power Doppler ultrasonography (PD). **Method:** There were 194 patients with 237 thyroid nodules who were examined using BUS, PD, and USE. USE scores were classified according to the elasticity: score 1 as high, score 2 as intermediate, and score 3 as low (i.e., a high degree of stiffness).

Fine-needle aspiration cytology (FNAC) was performed in all nodules at least two different times. Nodules having two benign FNAC readings that did not change the diameter during a 6-month follow-up period were classified as benign. Patients having thyroid nodules with indeterminate, suspicious, or malignant cytology had total or hemithyroidectomy to remove the nodule and treat the malignancy.

Results: Fifty eight (25%) nodules in 45 (23%) patients were found to be malignant. USE had a limited sensitivity and a positive predictive value in detecting malignant thyroid nodules and was not superior to BUS. USE had almost the same specificity and a negative predictive value as BUS. A power Doppler type-3 pattern was not of sufficient sensitivity to detect malignancies in thyroid nodules.

Conclusions: In contrast to earlier reports, this current study noted a lower sensitivity and specificity of USE for the diagnosis of malignancy in thyroid nodules than previously reported.

The role of ultrasound elastography in preoperative localization of parathyroid lesions: a new assisting method to preoperative parathyroid ultrasonography.

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ABSTRACT

Background: After the definition of minimally invasive procedures, preoperative localization of parathyroid lesions is now crucial. False-positive results up to 30% were reported by B-mode grayscale ultrasonography (US) in localization of parathyroid lesions. Parathyroid adenomas are relatively stiff lesions. Ultrasound elastography (USE) can accurately evaluate tissue stiffness and might detect the stiff parathyroid lesions.

Objective: The aim of this study is to demonstrate whether USE can detect the level of the stiffness and help the preoperative localization of parathyroid lesions during parathyroid ultrasonography examination.

Patients: The patients who were candidates for parathyroidectomy were prospectively enrolled to this study and were evaluated by USE.

Results: Seventy-two patients with 93 parathyroid lesions underwent parathyroidectomy. Sixty-three patients including three multiple endocrine neoplasia type-1 patients had primary hyperparathyroidism, three patients with chronic renal disease (CRD) had tertiary hyperparathyroidism, three patients with CRD and two renal transplanted patients had persistent secondary hyperparathyroidism. One patient was excluded. While all parathyroid adenomas exhibited high levels of stiffness (score 3 and 4), 17 (63%) out of 27 parathyroid hyperplasia lesions were shown to have significantly higher elasticity. The evaluation of median strain ratios of parathyroid lesions revealed that parathyroid adenomas demonstrated significantly higher levels of stiffness than hyperplasias ($P \leq 0.001$).

Conclusions: This is the first study that evaluates the ultrasound elastographic features of parathyroid lesions. Parathyroid adenomas were shown to appear as stiff lesions, and half of the hyperplasias showed high elasticity. Parathyroid elastography is a novel technique to evaluate parathyroid lesions and might be a guide for surgeons to determine the type of operation to apply.

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Duyurular

- Erciyes Üniversitesi rektörü Prof. Dr. H. Fahrettin Keleştemur, 27 Nisan-1 Mayıs 2013 tarihleri arasında Copenhag'da düzenlenen, “15th European Congress of Endocrinology” adlı toplantıya davetli konuşmacı olarak katılmış ve “Hypophysitis” başlıklı bir konuşma yapmıştır.
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