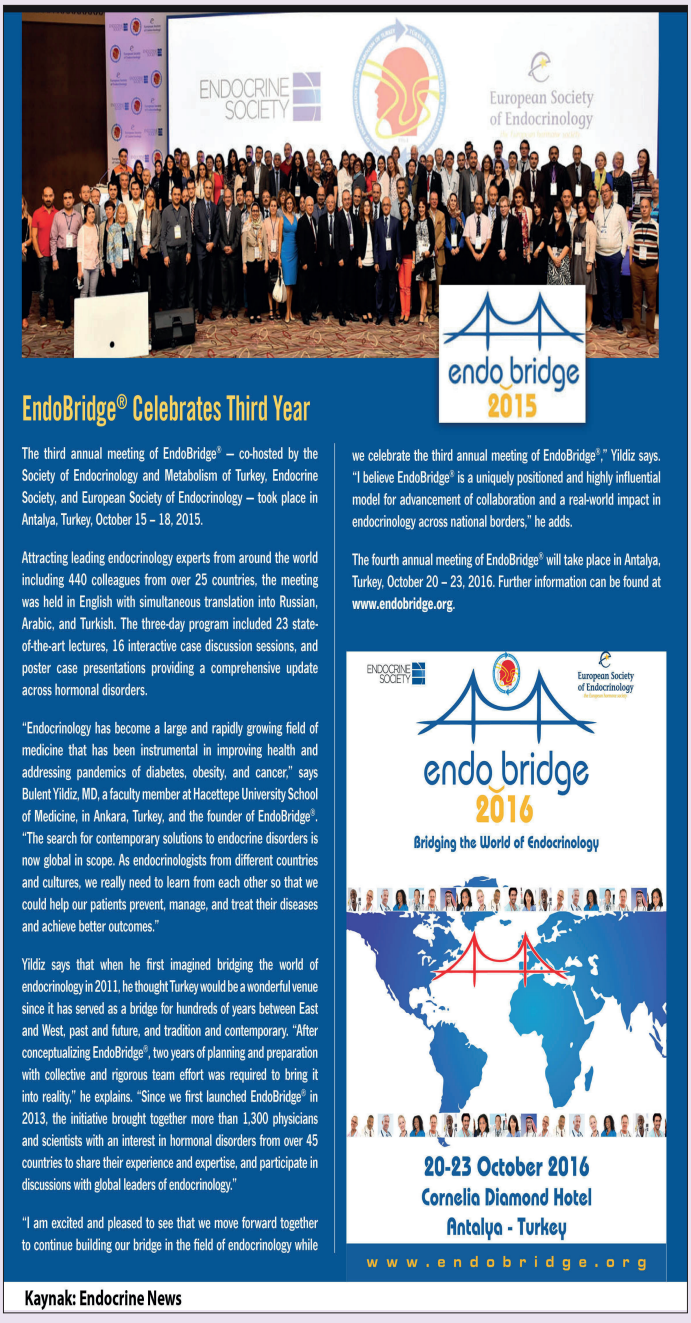
TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ

Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 52 • Ekim – Kasım – Aralık - 2015

ÜÇÜNCÜ ENDOBRIDGE® YILLIK TOPLANTISI GERÇEKLEŞTİRİLDİ



Kaynak: Endocrine News

Türkiye Endokrinoloji ve Metabolizma Derneği, Amerikan Endokrin Derneği ve Avrupa Endokrinoloji Derneklerinin ev sahipliğinde yapılan üçüncü EndoBridge® yıllık toplantısı 15-18 Ekim 2015 tarihlerinde Antalya'da gerçekleştirildi. Derneğimiz Genel Sekreteri ve EndoBridge® kurucusu Prof. Dr. Okan Bülent Yıldız, ilk üç yılında kendi alanında dünyada birçok ilke imza atan projenin ulusal sınırların ötesinde konumuyla etkin bir diyalog ve işbirliği modeli olmaya devam ettiğini ve bu yıl dünyanın endokrinoloji alanında önde gelen uzmanları ile 25'in üzerinde ülkeden 440 delegeyi buluşturduğunu belirtti. Toplantı her yıl olduğu gibi Türkçe, Rusça ve Arapça eşzamanlı çeviri ile İngilizce olarak yapıldı ve Avrupa Akreditasyon Konseyi tarafından kredilendirildi. Hormonal bozukluklar konusunda kapsamlı bir güncelleme sunan 3 günlük programda 23 konferans, 16 interaktif vaka tartışması oturumu ve posterli vaka sunumları yer aldı.

Dördüncü EndoBridge® yıllık toplantısı Derneğimiz, Amerikan Endokrin Derneği ve Avrupa Endokrinoloji Derneği işbirliği ile 20-23 Ekim 2016 tarihleri arasında Antalya'da düzenlenecek.

Kaynak: ESE News

11. HİPOFİZ SEMPOZYUMU VE HİPOFİZ GÖRÜNTÜLEME KURSU TAMAMLANDI

Ankara Üniversitesi Tıp Fakültesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı, 2004 yılında hipofiz hastalıkları hakkında farkındalığı artırmak ve bilimsel paylaşımlarda bulunmak üzere ilk Hipofiz Sempozyumunu düzenlemiştir. Takip eden yıllarda Hipofiz Sempozyumları, geleneksel hale gelmiş, her yıl giderek artan katılım ve bilimsel kalitesi yüksek içerikle yapılmaya devam edilmiştir. 11. Hipofiz Sempozyumu 31.10.2015 tarihinde, yine Ankara Üniversitesi Tıp Fakültesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı tarafından, bu tarihe kadar olan en kalabalık katılım sağlanarak, 364 hekimin iştiraki ile gerçekleştirilmiştir. Bu yıl hekimlerden gelen yoğun istek üzerine sempozyumdan bir gün önce, 30.11.2015 tarihinde, 224 hekimin katılımıyla Hipofiz Görüntüleme Kursu yapılmıştır. Prof. Dr. Demet Çorapçıoğlu, Prof. Dr. Rıfat Emral, Prof. Dr. Mustafa Şahin ve yeni öğretim üyesi olan Doç. Dr. Özgür Demir tarafından hazırlanan kurs ve sempozyum büyük bir ilgi ve dikkatle izlenmiş, konu hakkında deneyim paylaşımları etkin bir biçimde gerçekleşmiştir.

İlk kez düzenlenmiş olan Hipofiz Görüntüleme Kursu'nun konuşmacıları genel olarak radyoloji uzmanlığı olan, farklı fakülte öğretim üyeleri arasından seçilmiş ve yanı sıra endokrinoloji uzmanlarının, iç hastalıkları asistan ve uzmanlarının, nükleer tıp uzmanlarının, hatta nöroşirurji uzmanlarının da yoğun ilgi göstermesiyle başarılı bir kurs olarak tamamlanmıştır. Gerek Hipofiz Sempozyumu gerekse Hipofiz Görüntüleme Kursu'nun farklı branşlardan çok sayıda hekimin katılımıyla gerçekleşmiş olması, fakültemizin Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı'nın hipofiz hastalıkları alanında yıllardır eksikliği duyulan multidisipliner yaklaşımı da başardığının bir göstergesidir.

Bizimle kursumuzda, sempozyumumuzda buluşan, katkıda bulunan ve katılan tüm değerli meslektaşlarımıza içten teşekkürlerimizi sunarız.

4. LİPİD METABOLİZMASI BOZUKLUKLARI EĞİTİM KURSU TAMAMLANDI

Türkiye Endokrinoloji ve Metabolizma Derneği, Obezite, Lipid Metabolizması- Hipertansiyon Çalışma Grubu'nun organize ettiği, Erzurum Atatürk Üniversitesinin katkılarıyla "4 Lipid Metabolizması ve Bozuklukları Eğitim Kursu" 14 Kasım 2015 Cumartesi günü Atatürk Üniversitesi Kültür Sitesi Mavi Salon Erzurum'da gerçekleştirildi. Dislipidemik hastanın değerlendirilmesi ve tedavileri, özel durumlarda görülen lipid bozukluklarının değerlendirilmesi ve tedavileri örnek vakalarla anlatıldı. Katılımcılarının soruları ile de bilgiler pekiştirildi. Kursa yaklaşık 200 kadar değişik branşdan hekim (Endokrinoloji uzmanı, Dahiliye uzmanı, Aile hekimi ve pratisyen hekim) katıldı.Kurs, lipidoloji konusunda tecrubeli yaklaşık 15 hocanın katılımıyla gercekleşti.

ENDOKRİN ACİLLER KURSU

Endokrin Aciller kursu start aldı. İlki Ekim ayında 200 üzerinde hekimin katılımı ile İstanbul'da gerçekleşen kursun ikincisi Aralık 2015'te Adana'da yapıldı. Endokrin aciller kursunun 3.sü 20 Şubat'ta, İzmirde gerçekleşecektir.

ENDOKRİNOLOGLAR İÇİN TİROİD KANSERİ, İLERİ KLİNİK VE SONOGRAFİK TANI VE TAKİP KURSU TAMAMLANDI

03 Ekim tarihinde Ankara Mövenpick Otel'de TEMD Tiroid Çalışma Grubumuzun düzenlediği USG Kursuna 60 hekim katılımı ile gerçekleşmiştir. Ankara Üniversitesi Endokrinoloji ve Metabolizma Bilim Dalı Öğretim üyesi, Prof. Dr. Sevim Güllü ve Ankara Özel Güven Hastanesi Endokrinoloji ve Metabolizma bölümünde görevli Doç. Dr. Alptekin Gürsoy'un da katıldığı kursun programında: Endokrinologlar Arasında Kanser Tanı Takip İmkanlarının Geliştirilmesi İçin Öneriler; Tnm Klasifikasyonu ve Evreleme ile Risk Oryante Differansiye Tiroid Kanser Takibi, Takip Sıklığı, Rhtsh Stimülasyonu, Tsh Süpresyon Derecesi, Süresi; Değişik Vakalar ve Preoperatif Videolarla Tiroid Kanserleri; Tirogloblin ve Kalsitonin Serum ve Doku Düzeylerinin Tanı ve Takipte Kullanımı, Yıkama Tekniği, Sitolojiye Üstünlükleri; sporadik ve Risk Oryante Familyal Meduller Tiroid Kanser Takibi; Boyun Kompartmanları ve Tiroid Yatağı Nükslerini Saptamada Sonografinin Yeri, Videolarla Değişik Nüks Vakalar ve Özelikleri konuları ele alındı.

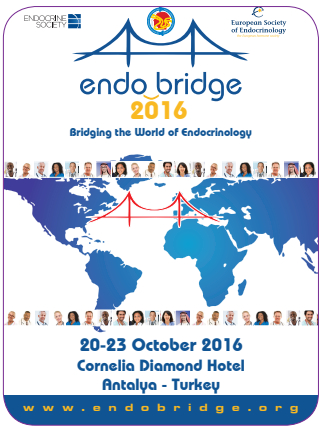
Kursun ardından klinik pratikte USG görüntülemesinin incelikleri ve teknikleri uygulamalı olarak gösterildi.

TİROKURS (KONYA) TAMAMLANDI

19 Aralık tarihinde Konya'da gerçekleştirilen Aile Hekimleri için tiroid kursuna yaklaşık 90 hekim katılımı oldu. Kurs açılışını TEMD Başkanı Sayın Prof. Dr. Sait Gönen gerçekleştirdi. Konya'dan Necmettin Erbakan Üniversitesi Endokrinoloji ve Metabolizma BD Başkanı Prof. Dr. Ahmet Kaya ve öğretim görevlisi Doç. Dr. Mustafa Kulaksızoğlu'nun lokal düzenleme kurulu olduğu toplantı TEMD Tiroid Çalışma Grubu başkanı Sayın Prof. Dr. Murat Faik Erdoğan, Prof. Dr. Sevim Güllü, Prof. Dr. Mehtap Çakır ve Doç. Dr. Alptekin Gürsoy'un katılımlarıyla düzenlenmiştir. Programda özellikle: Tiroid glandı, Tiroid Hormonları (T3,T4), TSH ve Tiroid oto antikorlarının, klinik anlamları ve kullanımları. Yeni Doğan, Okul Çağı Çocuğu ve Gebelikte iyot gereksinimi, iyotlu tuz kullanımı ve risk gurubu popülasyona iyot desteği; Vakalar ile subklinik ve aşikar, geçici ve kalıcı Hipotiroidi; Kime ne zaman, ne kadar tiroid hormonu başlanır. Replasman takibi nasıl yapılır? Gebeliğe hazırlık ve gebelikte özellikler nelerdir?; Vakalar ile aşikar ve subklinik hipertirodi, Türkiye deki en sık nedenleri, Tiroid Nodüllerine yaklaşım konusunda Aile Hekimleri için genel bilgiler. Her nodül kanser midir? Nodüller, kimler tarafından nasıl değerlendirilmelidir? Nodül eşittir cerrahi

midir? Her hastanede tiroid cerrahisi yapılabilir mi? Tiroid ameliyatlarının planlanmasında ve postoperatif benign ve malign vakaların takibinde aile hekiminin rolü ne olabilir? kabaca tedavi seçenekleri nelerdir. Aile Hekimi tirotoksik hastayı yönlendirmede, uzman tarafından planlanan tedavinin takibinde ne gibi roller oynayabilir; Uzman gözü ile Konya ve çevresinde iyot eksikliğine yaklaşım, tiroid hastalıkları, tanı ve tedavisindeki problemler konuları ele alınmıştır.

Kongre, Kurslar ve Sempozyumlar



Bilimsel Kongreler, Ulusal ve Uluslararası Sempozyumlar

- **09 Ocak 2016**
  Osteoporoz ve Metabolik Kemik Hastalıkları Kursu
  Hilton, Kozyatağı, İstanbul
  www.temd.org.tr
- **20 Şubat 2016**
  3. Endokrin Aciller Kursu
  Swissotel Büyük Efes, İzmir
  www.temd.org.tr
- **25-28 Şubat 2016**
  18th ESE Postgraduate Training Course on Endocrinology, Diabetes and Metabolism Croatia
  http://esepostgraduate2016.endokrinologija.com.hr/+
- **04-06 Mart 2016**
  4. Adrenal Gonad Sempozyumu
  Wellborn Hotel, Kocaeli
  www.temd.org.tr
- **14-17 Nisan 2016**
  2016 World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases
  Malaga, Spain
  http://www.wco-iof-esceo.org/
- **11-15 Mayıs 2016**
  38. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi ve 2. Ulusal Lipid Sempozyumu
  Cornelia Diamond Otel, Belek, Antalya
  http://temhk2016.org/2016/
- **28-31 Mayıs 2016**
  ECE 2016
  Munich, Germany
  http://www.ece2016.org/
- **01-04 Haziran 2016**
  European Obesity Summit - EOS 2016
  Gothenburg, Sweden
  http://www.obesity-summit.eu/
- **22-25 Ağustos 2016**
  33rd World Congress of Internal Medicine
  Bali,Indonesia
  http://www.wcimbali2016.org/
- **31 Ağustos - 04 Eylül 2016**
  International Congress of Endocrinology 2016
  Bejing, China
  http://www.endosociety.com/events.html
- **03 - 06 Eylül 2016**
  39th Annual Meeting of the ETA39th Annual Meeting of the ETA
  Hotel Scandic Copenhagen, Denmark
  http://www.eta2016.com/
- **21-25 Eylül 2016**
  86th Annual Meeting of the American Thyroid Association
  Denver, Colorado
  www.thyroid.org/86th-annual-meeting-ata/
- **20-23 Ekim 2016**
  EndoBridge 2016
  Cornelia Diamond Hotel, Belek, Antalya
  www.endobridge.org
- **19-22 Ekim 2016**
  17th Congress of the European Neuroendocrine Association
  Palazzo Mezzanotte, Milan, Italy
  http://www.eneassoc.org/

Üyelerimizden Literatür Seçmeleri

THE RELATIONSHIP BETWEEN OXIDATIVE STRESS AND AUTOIMMUNITY IN HASHIMOTO'S THYROIDITIS.

Ates I[1], Yilmaz FM[2], Altay M[2], Yilmaz N[2], Berker D[2], Güler S[2].
Eur J Endocrinol. 2015 Dec;173(6):791-9. doi: 10.1530/EJE-15-0617. Epub 2015 Sep 4.

Objective: We have aimed to study the relation between Hashimoto's thyroiditis (HT) and thyroid autoantibodies and oxidative stress parameters in euthyroid, subclinical and overt hypothyroid stages.
Design and methods: A total of 124 patients were included in the study; 93 of whom were newly diagnosed with HT (31 patients in each of the euthyroid, subclinical hypothyroid and overt hypothyroid subgroups), aged over 18 and had not received any prior treatment and 31 of whom were healthy volunteers.
Results: Total oxidant status (TOS) and oxidative stress index (OSI) levels were higher, and total antioxidant status (TAS) and total thiol and arylesterase levels were lower in the overt hypothyroid group compared to other groups. TOS and OSI levels increased, and TAS levels decreased significantly in each phase from euthyroid, subclinical hypothyroid, to overt hypothyroid subgroups among HT patients. There was a negative correlation between TAS, log (paraoxonase1) and paraoxonase1/HDL and anti-thyroid peroxidase and a negative correlation between anti-thyroglobulin and total thiol. It was also determined that overt hypothroidism was an individual predictor that effects all of the oxidative stress parameters, but not total thiol, levels.
Conclusion: Our results suggest that oxidative stress increases continuously during the development of subclinical hypothyroidism and overt hypothyroidism in patients with HT. To determine whether this is a cause or result, randomized, controlled trials that study the effect of antioxidant treatment on the development of overt hypothyroidism and its consequences, e.g., increase in total cholesterol levels, may be performed in euthyroid and/or subclinical hypothyroid patients with HT.

SERUM IMMUNOGLOBULIN G4 LEVELS ARE ELEVATED IN PATIENTS WITH GRAVES' OPHTHALMOPATHY.

Bozkirli E[1], Bakiner OS[1], Ersozlu Bozkirli ED[2], Eksi Haydardedeoglu F[1], Sizmaz S[3], Torun AI[1], Ertorer ME[1].
Clin Endocrinol (Oxf). 2015 Dec;83(6):962-7. doi: 10.1111/cen.12671. Epub 2014 Dec 12.

Objective: Recent studies have shown close association between serum Immunoglobulin G4 (IgG4) levels and forms of autoimmune thyroiditis. However, there are limited data about the relationship between IgG4 and Graves' ophthalmopathy (GO). In the present study, we aimed to determine the possible association between IgG4 and GO.
Design: Cross-sectional study.
Patients: Sixty-five patients with Graves' disease (GD) and 25 healthy controls were recruited into the study. Thirty-two of these patients had GO.
Measurements: Serum IgG4 levels, thyroid functions and thyroid volumes were measured in all participants. Ophthalmological examination including Hertel's exophthalmometer readings (HER), Schirmer's test (ST), 'NO SPECS' classification and clinical activity score evaluation (CAS) were performed to all patients with GD.
Results: IgG4 levels were significantly elevated in patients with Graves' disease compared to controls (P = 0·0001). Also, IgG4 levels were significantly higher in patients with and without GO when compared to control subjects (P = 0·0001 and P = 0·002, respectively). Furthermore, IgG4 levels were significantly higher in the GO group compared with GD patients without GO (P = 0·024). IgG4 levels were observed to increase in parallel to CAS. Compared with other GD patients, 15 GD patients with serum IgG4 levels ≥135 mg/dl had higher CAS scores (P = 0·012). None of the factors including, TSH, T3, T4 levels, thyroid volume, HER and ST measurements, affect IgG4 levels as an independent factor.
Conclusion: IgG4 levels are evidently increased in patients with GD, and there is a possible relationship between IgG4 and GO. Our results suggest that IgG4 may be helpful in screening GD patients with high risk for GO and may well become a good indicator for the selection of right medication in the future.

CAN A GLUCAGON STIMULATION TEST CHARACTERIZED BY LOWER GH CUT-OFF VALUE BE USED FOR THE DIAGNOSIS OF GROWTH HORMONE DEFICIENCY IN ADULTS?

Diri H[1], Karaca Z[1], Simsek Y[1], Tanriverdi F[1], Unluhizarci K[1], Selcuklu A[2], Kelestimur F[3].

Pituitary. 2015 Dec;18(6):884-92. doi: 10.1007/s11102-015-0666-1.

Objective: The aim of this study was to assess diagnostic values of insulin tolerance test (ITT), glucagon stimulation test (GST), and insulin like growth factor-I (IGF-I) level, to find optimal GH cut-off values for GST, and to evaluate efficiencies of patient age, gender, body-mass index (BMI), and additional pituitary hormone deficiencies (PHDs) in the diagnosis of growth hormone deficiency (GHD).
Study Design: This retrospective study involved 216 patients with a pituitary disease and 26 healthy controls. Age, gender, BMI, medical histories, and hormonal data including baseline and stimulated hormone values were evaluated. Three cut-off values for peak GH responses to stimulation tests were evaluated: (a) 3.00 μg/L on ITT, (b) 3.00 μg/L on GST, and (c) 1.07 μg/L on GST.
Results: According to the ITT, GST with 3.00 μg/L cut-off, and GST with 1.07 μg/L cut-off, GHD was present in 86.1, 74.5, and 54.2% patients, respectively. Patient age, BMI, and number of PHDs, but not gender, were found to be correlated with IGF-I and peak GH concentrations. All patients with an IGF-I concentration ≤95 ng/ml or ≥3 PHD had GHD. None of the patients with adequate GH response to the GST with 1.07 μg/L cut-off, but blunted responses to ITT and GST with 3.00 μg/L cut-off, had ≥3 PHDs. 12 out of 26 (46.2%) healthy subjects failed the GST with 3.00 μg/L cut-off, but not with 1.07 μg/L cut-off.
Conclusions: Patient age, IGF-I, BMI, and number of PHDs are efficient factors associated with the diagnosis of GHD. A 4 h GST with a diagnostic GH threshold of 1.07 μg/L seems to be a good diagnostic method for GHD.

SHEEHAN'S SYNDROME: NEW INSIGHTS INTO AN OLD DISEASE.

Diri H[1], Karaca Z[1], Tanriverdi F[1], Unluhizarci K[1], Kelestimur F[2].

Endocrine. 2016 Jan;51(1):22-31. doi: 10.1007/s12020-015-0726-3. Epub 2015 Sep 1.

Sheehan's syndrome (SS) is a parturition-related pituitary disease resulting from severe postpartum hemorrhage and can present with varying degrees of pituitary insufficiency. Pathological and clinical findings of SS were first described by Harold L. Sheehan in the previous century. Although his definitions are still valid, various studies and reports including new data have subsequently been published. Additionally, the diagnosis of SS has often been overlooked and thus delayed for long years due to its nonspecific signs and symptoms. Therefore, a large number of patients may be remained undiagnosed and untreated. SS is not as rare as assumed in developed countries, probably due to migrant women and unawareness of physicians regarding the syndrome. In this review, we provide a detailed review of the epidemiology, etiopathogenesis, clinical, laboratory and radiological features, new diagnostic criteria, differential diagnosis, and treatment of SS.

IRISIN LEVELS IN THE PROGRESSION OF DIABETES IN SEDENTARY WOMEN.

Duran ID[1], Gülçelik NE[2], Ünal M[2], Topçuoğlu C[3], Sezer S[3], Tuna MM[2], Berker D[2], Güler S[2].

Clin Biochem. 2015 Dec;48(18):1268-72. doi: 10.1016/j.clinbiochem.2015.07.098. Epub 2015 Jul 31.

Context: The recently discovered peptide irisin has been hypothesized to be a regulator of body metabolism. However, studies ended up with controversial results. In the present study, we aimed to investigate irisin levels in sedentary women at different stages of prediabetes.
Design, setting, and subjects: We performed a cross-sectional analysis of circulating levels of irisin in 263 females similar for age and body mass index (BMI) and the groups included 52 normal glucose tolerance (NGT), 60 isolated impaired fasting glucose (IFG), 36 isolated impaired glucose tolerance (IGT), 65 both IFG and IGT and 50 type 2 diabetic patients. All patients were exercising less than 150min/week.
Results: Plasma irisin levels were significantly lower in IFG+IGT (2.86±0.6μg/mL, p: 0.019) and T2DM (2.83±0,5μg/mL, p: 0.005) patients compared to NGT (3.16±0.3μg/mL) patients. After age adjustment there was a negative correlation between irisin and BMI (r: -0.141; p: 0.031), postprandial glucose (PPG) (r: -0.142; p: 0.030), low density lipoprotein-cholesterol (LDL-C) (r: -0.138; p: 0.035) and triglyceride (TG) (r: -0.214; p: 0.001) and a positive correlation between irisin and high density lipoprotein-cholesterol (HDL-C) (r:.142; p: 0.030). After adjustment for age and BMI; PPG (r: -0. 137; p: 0.037), LDL-C (r: -0. 143; p: 0.029) and TG (r: -0.203; p: 0.002) were considered to correlate with irisin levels. Subgroup analysis revealed that TG levels were correlated with irisin levels in IFG (r: -0.347; p: 0.014) and IGT (r: -0.397; p: 0.030) patients.
Conclusion: In our cohort of sedentary women, irisin levels were lower in patients with IFG+IGT and with diabetes than in patients with NGT. There is no correlation between irisin levels and BMI. Irisin is a myokine decreasing gradually with the progression of glucose intolerance and T2DM and is not correlated with BMI in sedentary women.

REAL-TIME SONOELASTOGRAPHY AND ULTRASOUND EVALUATION OF THE ACHILLES TENDON IN PATIENTS WITH DIABETES WITH OR WITHOUT FOOT ULCERS: A CROSS SECTIONAL STUDY.

Evranos B[1], Idilman I[2], Ipek A[2], Polat SB[3], Cakir B[3], Ersoy R[3].

J Diabetes Complications. 2015 Nov-Dec;29(8):1124-9. doi: 10.1016/j.jdiacomp.2015.08.012. Epub 2015 Aug 20.

Background: Diabetes mellitus (DM) is an endocrine disease characterized by metabolic abnormalities and long-term complications. The Achilles tendon (AT) plays an important role in foot biomechanics. We aimed to investigate the effect of DM on the Achilles tendon, which may contribute to long-term complications in the foot-ankle complex.
Methods: Seventy-eight patients with diabetes, with (35 patients, group I) or without (43 patients, group II) foot ulcers were recruited from the endocrinology clinic. Thirty-three age-, gender-, and BMI-matched healthy individuals were selected as controls. All participants underwent ultrasonography and sonoelastography of their AT in order to evaluate Achilles tendon thickness (ATT) and stiffness (ATS). Each patient was also tested for fasting plasma glucose (FPG) and glycosylated hemoglobin (HbA1C) as a measure of diabetes control. Other chronic complications were also evaluated in all patients with diabetes.
Results: The AT was significantly thicker in group I compared to group II and the controls. HbA1C, FPG, and duration of diabetes were higher in group I. We observed that ATT was positively correlated with neuropathy,

retinopathy, nephropathy, peripheral arterial disease and coronary arterial disease in group II while this correlation was not detected in group I. ATS was reduced in group I more than group II and control groups.
Conclusion: Changes in the structure of the AT may precede foot ankle disorders in patients with diabetes. This is the first study that reported the results of sonoelastosonography of AT in patients with diabetes and revealed the correlation between ATT and other chronic complications of diabetes.

OSTEOPOROSIS AND SILENT VERTEBRAL FRACTURES IN NURSING HOME RESIDENT ELDERLY MEN IN TURKEY.

Kucukler FK[1], Simsek Y[2], Turk AÇ[3], Arduc A[4], Guler S[2].
J Clin Densitom. 2015 Jun 9. pii: S1094-6950(15)00120-1. doi: 10.1016/j.jocd.2015.05.064.

Osteoporosis is an important cause of vertebral fractures and there is an increased risk for osteoporosis in nursing home residents. Most of the men with osteoporosis and osteoporotic fractures are not diagnosed and do not receive treatment. Our study aim was to determine osteoporosis and silent vertebral fracture prevalence in male nursing home residents in Corum, Turkey. This cross-sectional study included 2 groups of patients: 71 male nursing home residents (nursing home group) with a mean age of 76.0 ± 0.8 years and 44 men living in their own homes (control group) with a mean age of 74.4 ± 0.7 years. Bone mineral densitometry was performed in all subjects, and results were evaluated according to the World Health Organization criteria. Vertebral deformity was evaluated using the spinal deformity index, and fracture risk was calculated using the Fracture Risk Assessment Tool. In all participants, serum calcium, phosphorus, 25 (OH) vitamin D, parathyroid hormone, and alkaline phosphates levels were measured and medical histories were recorded. Osteoporosis was detected in 25.3% of men residing in nursing homes and in 8.8% of men living in their own homes. Silent vertebral fracture was present in 27.8% of patients older than 65 years. Vertebral fracture rate was higher in nursing home residents (42.2%) than men living in their own homes (17.6%); 5.6% of nursing home group and 8.9% of control group patients were aware of their fractures. Our results demonstrated that male nursing home residents are at a higher risk for both osteoporosis and vertebral fractures compared to the men living in their own homes.

NEUTROPHIL-TO-LYMPHOCYTE RATIO IS NOT A PREDICTOR OF LIVER HISTOLOGY IN PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE.

Kara M[1], Dogru T, Genc H, Sertoglu E, Celebi G, Gurel H, Kayadibi H, Cicek AF, Ercin CN, Sonmez A.
Eur J Gastroenterol Hepatol. 2015 Oct;27(10):1144-8. doi: 10.1097/MEG.0000000000000405.

Objectives: It has been reported that the neutrophil-to-lymphocyte ratio (NLR) can be measured relatively easily and can serve as a valuable index for much clinical pathology. The aim of this study was to investigate the association between NLR and hepatic histological findings in patients with nonalcoholic fatty liver disease (NAFLD).
Design and methods: A total of 226 consecutive patients with biopsy-proven NAFLD [nonalcoholic steatohepatitis (NASH, n=105), borderline-NASH (n=74), and simple steatosis (n=47)] were enrolled. NASH and fibrosis were diagnosed histologically using the NAFLD Clinical Research Network criteria.
Results: Significant differences were found in aspartate aminotransferase (P<0.001), alanine aminotransferase (P<0.001) levels, and white blood cell (P=0.007) and neutrophil counts (P=0.042) between the three groups of patients. In addition, significantly higher BMI (P=0.024), waist circumference (P=0.011), aspartate aminotransferase (P=0.003), alanine aminotransferase (P=0.005), insulin (P=0.008), and homeostasis model assessment-insulin resistance (P=0.009) levels were found in patients with fibrosis (n=133) in comparison with those without fibrosis (n=93). There was no correlation between NLR and glucose, homeostasis model assessment-insulin resistance, lipid parameters, and the NAFLD activity score. Analysis of the NLR in relation to histological findings also showed no association between these parameters.
Conclusion: To the best of our knowledge, this is the largest study that has investigated these relationships in this clinically relevant condition. The findings of the present study show that NLR is not associated with the severity of hepatic inflammation or fibrosis and thus cannot be recommended as a surrogate marker of liver injury in patients with NAFLD.

CENTRAL INJECTION OF CDP-CHOLINE SUPPRESSES SERUM GHRELIN LEVELS WHILE INCREASING SERUM LEPTIN LEVELS IN RATS.

Kiyici S[1], Basaran NF[2], Cavun S[3], Savci V[4].
Eur J Pharmacol. 2015 Oct 5;764:264-70. doi: 10.1016/j.ejphar.2015.07.014. Epub 2015 Jul 7.

In this study we aimed to test central administration of CDP-choline on serum ghrelin, leptin, glucose and corticosterone levels in rats. Intracerebroventricular (i.c.v.) 0.5, 1.0 and 2.0 μmol CDP-choline and saline were administered to male Wistar-Albino rats. For the measurement of serum leptin and ghrelin levels, blood samples were obtained baseline and at 5, 15, 30, 60 and 120 min following i.c.v. CDP-choline injection. Equimolar doses of i.c.v. choline (1.0 μmol) and cytidine (1.0 μmol) were administered and measurements were repeated throughout the second round of the experiment. Atropine (10 μg) and mecamylamine (50 μg) were injected intracerebroventricularly prior to CDP-choline and measurements repeated in the third round of the experiment. After 1 μmol CDP-choline injection, serum ghrelin levels were suppressed significantly at 60 min (P=0.025), whereas serum leptin levels were increased at 60 and 120 min (P=0.012 and P=0.017 respectively). CDP-choline injections also induced a dose- and time-dependent increase in serum glucose and corticosterone levels. The effect of choline on serum leptin and ghrelin levels was similar with CDP-choline while no effect was seen with cytidine. Suppression of serum ghrelin levels was eliminated through mecamylamine pretreatment while a rise in leptin was prevented by both atropine and mecamylamine pretreatments. In conclusion; centrally injected CDP-choline suppressed serum ghrelin levels while increasing serum leptin levels. The observed effects following receptor antagonist treatment suggest that nicotinic receptors play a role in suppression of serum ghrelin levels,whereas nicotinic and muscarinic receptors both play a part in the increase of serum leptin levels.

CHARACTERIZATION OF THE MOLECULAR GENETIC PATHOLOGY IN PATIENTS WITH 11B-HYDROXYLASE DEFICIENCY.

Mooij CF[1,2], Parajes S[1], Rose IT[1], Taylor AE[1], Bayraktaroglu T[3], Wass JA[4], Connell JM[5], Ray DW[6], Arlt W[1], Krone N[1].
Clin Endocrinol (Oxf). 2015 Nov;83(5):629-35. doi: 10.1111/cen.12834. Epub 2015 Jul 14.

Objective: Steroid 11β-hydroxylase (CYP11B1) deficiency (11OHD) is the second most common form of congenital adrenal hyperplasia. Nonclassic or mild 11OHD appears to be a rare condition. Our study

assessed the residual CYP11B1 function of detected mutations, adding to the spectrum of mild 11OHD, and illustrates the variability of the clinical presentation of 11OHD.
Patients and methods: Five patients presented with mild to moderate 11OHD. Two women presented with mild hirsutism and in one case with secondary amenorrhoea. Two men presented with precocious pseudopuberty, gynaecomastia and elevated blood pressure. One 46,XX female patient was diagnosed with virilization of the external genitalia 2 years after birth. Direct DNA sequencing was carried out to perform CYP11B1 mutation analysis. The CYP11B1 mutations were functionally characterized using an in vitro expression system.
Results: CYP11B1-inactivating mutations were detected in all patients. Two novel missense mutations (p.P42L and p.A297V) and the previously characterized p.R143W mutation had residual CYP11B1 activities between 10% and 27%. A novel p.L382R and the previously uncharacterized p.G444D mutation both caused complete loss of CYP11B1 enzymatic activity.
Conclusion: Mutations causing partial impairment of 11β-hydroxylase activity (residual activity of 10% or above) are associated with a less severe clinical presentation of 11OHD, which can be classified as a nonclassic form. Our data demonstrate that patients with nonclassic 11OHD can present with androgen excess, precocious pseudopuberty and increased blood pressure. Timely diagnosis of nonclassic 11OHD and consequently initiation of personalized treatment is essential to prevent co-morbidities caused by androgen excess and hypertension.

IS IDIOPATHIC HIRSUTISM (IH) REALLY IDIOPATHIC? MRNA EXPRESSIONS OF SKIN STEROIDOGENIC ENZYMES IN WOMEN WITH IH.

Taheri S[1], Zararsiz G[1], Karaburgu S[2], Borlu M[2], Ozgun MT[2], Karaca Z[2], Tanriverdi F[2], Dundar M[2], Kelestimur F[2], Unluhizarci K[3].
Eur J Endocrinol. 2015 Oct;173(4):447-54. doi: 10.1530/EJE-15-0460. Epub 2015 Jul 20.

Objective: Hirsutism results from hyperandrogenemia and/or exaggerated androgen responsiveness. Among various causes of hirsutism, some patients do not exhibit androgen excess which is called idiopathic hirsutism (IH). The pathogenesis of IH could not so far be clearly established.
Design: To investigate the mRNA expression of aromatase enzyme and the other enzymes having functional roles in the steroidogenic pathway, in freshly obtained skin tissue from subumbilical skin and the arm of the patients with IH and healthy women.
Methods: Twenty-one women with IH and 15 healthy women were included in the study. We aimed to determine mRNA expressions of genes associated with local androgen synthesis and metabolism (CYP11A1, STS, CYP19A1, SRD5A1, SRD5A2, HSD3B1, AR, COMT, ESR1, ESR2, HSD3B2, CYP17A1, SULT2A1, SULT1E1, HSD17B2, IL6, TGFB1, TNFA) from skin biopsy and blood samples of patients with IH and the data compared with healthy subjects.
Results: Patients with IH exhibit significantly lower interleukin 6 (IL6) mRNA expression and higher steroid sulphatase (STS) and hydroxysteroid (17beta) dehydrogenase 2 (HSD17B2), gene mRNA expression, respectively, in the subumbilical region skin biopsies. Similarly, patients with IH exhibit significantly lower IL6 mRNA expression and higher STS and HSD17B2 gene mRNA expression, respectively, in the arm skin compared to healthy women's subumbilical region.
Conclusions: In both arm and subumbilical skin biopsy of patients with IH, we observed an up-regulation of HSD17B2 and STS, decreased IL6 mRNA expression, probably determining an increase in the local amount of active androgens, which could then be used as substrate for other androgen metabolic routes.

CIRCULATING LEVELS OF OREXIN-A, NESFATIN-1, AGOUTI-RELATED PEPTIDE, AND NEUROPEPTIDE Y IN PATIENTS WITH HYPERTHYROIDISM.

Tohma Y[1], Akturk M[1], Altinova A[1], Yassibas E[2], Cerit ET[1], Gulbahar O[3], Arslan M[1], Sanlier N[2], Toruner F[1].
Thyroid. 2015 Jul;25(7):776-83. doi: 10.1089/thy.2014.0515. Epub 2015 May 19.

Background: There is insufficient information about the appetite-related hormones orexin-A, nesfatin-1, agouti-related peptide (AgRP), and neuropeptide Y (NPY) in hyperthyroidism. The aim of the present study was to investigate the effects of hyperthyroidism on the basal metabolic rate (BMR) and energy intake, orexin-A, nesfatin-1, AgRP, NPY, and leptin levels in the circulation, and their relationship with each other and on appetite.
Methods: In this prospective study, patients were evaluated in hyperthyroid and euthyroid states in comparison with healthy subjects. Twenty-one patients with overt hyperthyroidism and 33 healthy controls were included in the study.
Results: Daily energy intake in the hyperthyroid state was found to be higher than that in the euthyroid state patient group (p=0.039). BMR was higher in hyperthyroid patients than the control group (p=0.018). Orexin-A was lower and nesfatin-1 was higher in hyperthyroid patients compared to the controls (p<0.001), whereas orexin-A increased and nesfatin-1 decreased after euthyroidism (p=0.003, p<0.001). No differences were found in the AgRP, NPY, and leptin levels between the hyperthyroid and euthyroid states and controls (p>0.05). Orexin-A correlated negatively with nesfatin-1 (p=0.042), BMR (p=0.013), free triiodothyronine (fT3; p<0.001), and free thyroxine (fT4; p<0.001) and positively with thyrotropin (TSH; p<0.001). Nesfatin-1 correlated negatively with orexin-A (p=0.042) and TSH (p<0.001) and positively with fT3 (p=0.005) and fT4 (p=0.001). In the regression analysis, "diagnosis of hyperthyroidism" was the main factor affecting orexin-A (p<0.001).
Conclusions: Although it seems that no relationship exists among orexin-A, nesfatin-1, and increased appetite in hyperthyroidism, the orexin-A and nesfatin-1 levels are markedly affected by hyperthyroidism.

THYROID NODULES WITH 2 PRIOR INADEQUATE FINE-NEEDLE ASPIRATION RESULTS: EFFECT OF INCREASING THE DIAMETER OF THE NEEDLE.

Ucler R, Kaya C, Çuhacı N, Tam AA, Usluogulları CA, Balkan F, Ersoy R, Cakır B.
Endocr Pract. 2015 Jun;21(6):595-603. doi: 10.4158/EP14482.OR.

Abstract
Objective: The major limitation of ultrasound-guided fine-needle aspiration biopsy (US-FNAB) procedures of thyroid nodules are the cytologically nondiagnostic results. The role of increasing the diameter of the needle in the third FNAB (FNAB#3) due to inadequate cytology has as yet not been investigated. The aim of the present study was to evaluate whether increasing the needle diameter could improve the cytologic sampling of thyroid nodules following 2 previous nondiagnostic US-FNAB results.
Methods: Between July 2012 and December 2012, 140 consecutive patients with 2 prior nondiagnostic US-FNAB results were enrolled in this prospective investigation. Group 22G consisted of 70 patients (78.5% women; mean age, 52 years) having nodules examined with a 22-gauge (G) needle. Group 27G consisted of 70 patients (75.7% women; mean age, 53 years) having nodules examined with a 27-G needle.

Results: The rate of nondiagnostic FNAB results was 42.8% (30 of 70) in group 22G and 64.3% (45 of 70) in group 27G, which was a significant difference (P = .011). The large-bore (22 G) needle was found to be statistically significantly superior compared with the small-bore (27 G) needle in diagnostic ability for predominantly solid (P = .014), irregular (P = .013), and halo-free (P = .021) nodules. The accuracy rate was 64.6 and 38% for large-bore (22 G) and small-bore (27 G) needles, respectively.

Conclusion: The results of our study showed that increasing the needle lumen diameter significantly improves diagnostic performance in terms of adequate aspirated material and diagnostic accuracy rate following 2 prior nondiagnostic US-FNABs.

Abbreviations: AUS = atypia of undetermined significance FNAB = fine-needle aspiration biopsy G = gauge NPV = negative predictive value PPV = positive predictive value US = ultrasound.

Yeni Üyelerimiz

Uzm. Dr. Betül Aydın Buyruk	*Eskişehir Osmangazi Üniversitesi Tıp Fakültesi, Eskişehir*
Uzm. Dr. Emre Sedar Saygılı	*Şişli Hamidiye Eftal Eğitim ve Araştırma Hastanesi, İstanbul*
Yrd. Doç. Dr. Saliha Yıldız	*Yüzüncü Yıl Üniversitesi Tıp Fakültesi, Van*

Üyelerimizi tebrik eder, başarılar dileriz.

Duyurular

Uluslararası Diyabet Federasyonu 2015 yılı Avrupa Diyabet Ödülü

- Diyabet alanında yaptığı gönüllü çalışmalar ve gerçekleştirdiği projeler nedeniyle *Prof.Dr. M. Temel Yılmaz*'a Uluslararası Diyabet Federasyonu tarafından **2015 yılı Avrupa Diyabet Ödülü** verildi. Uluslararası Diyabet Federasyonu Başkanı *Sir Michael Hirst* tarafından duyurulan bu ödül 29 Kasım 2015'te IDF kongresi esnasında Kanada Vancouver'da *Prof. Yılmaz*'a takdim edilmiştir. İstanbul Üniversitesi, İstanbul Tıp Fakültesi Öğretim Üyesi ve Derneğimiz üyesi *Prof. Dr. Temel Yılmaz*'ı tebrik eder, başarılarının devamını dileriz."

Endorinolojide Temel ve Klinik Bilgiler, TÜBA Bilimsel Telif Kitabı Dalı Ödülü

- Üyelerimizden Prof. Dr. Betül Uğur Altun'un "*Endorinolojide Temel ve Klinik Bilgiler*" isimli kitabının 2. baskısı 2015 Türkiye Bilimler Akademisi (TÜBA) Bilimsel Telif Kitap dalında ödül almış ve ödül 14 Aralık 2015'de tarafına törende takdim edilmiştir. Üyelerimizi tebrik eder, başarılar dileriz.

Türkiye Endokrinoloji ve Metabolizma Derneği Bülteni

Türkiye Endokrinoloji ve Metabolizma Derneği'nce üç ayda bir yayımlanır.

Yayın Türü: Yaygın süreli

TEMD Adına Sahibi Prof. Dr. M. Sait Gönen

Sorumlu Yazı İşleri Müdürü Prof. Dr. Oguzhan Deyneli

Yayın Danışma Kurulu

Prof. Dr. Nilgün Güvener, Prof. Dr. Bülent Okan Yıldız, Prof. Dr. Abdurrahman Çömlekçi, Prof. Dr. İlhan Yetkin, Prof. Dr. Fahri Bayram

Baskı tarihi: Şubat 2016

TEMD bülteninde yayımlanacak derneğimiz ile ilgili haberlerin bekletilmeksizin ve en geç her ayın 1'ine kadar TEMD merkezine ulaşmış olması gerekmektedir.

TEMD bülteni, **www.temd.org.tr** adresinden de PDF formatında görüntülenebilir.

Yönetim Yeri: Meşrutiyet Cad. Ali Bey. Apt. 29/12, Kızılay 06420 Ankara
Tel: (0312) 425 20 72 Faks: (0312) 425 20 98
E-posta: president@temd.org.tr

Grafik Tasarım: BAYT Bilimsel Araştırmalar Basın Yayın ve Tanıtım Ltd. Şti.
Tel: (0312) 431 30 62 • Faks (0312) 431 36 02 • *E-posta:* info@bayt.com.tr

Baskı: Miki Matbaacılık San. Tic. Ltd. Şti. Matbaacılar sitesi
560. Sk. No: 27 İvedik, Ankara • Tel: (312) 395 21 28