

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 63 • Temmuz – Ağustos – Eylül - 2018

12. Endokrin Aciller Kursu tamamlandı.

12. Endokrin Aciller Kursu, 01.09.2018 tarihinde, Double Tree by Hilton Hotel, Van'da yaklaşık 90 meslektaşımızın katılımı ile başarılı bir şekilde gerçekleştirilmiştir.

Emeği geçen tüm üyelerimize teşekkür eder, saygılarımızı sunarız.



Derneğimiz Nadir Hastalıklar çalışma grubu tarafından "**Hiç bir hastalık sahipsiz, hiçbir hasta tanısız kalmasın**" konseptiyle başlatılan Kalıtsal Metabolizma Hastalıklarının üçüncüsü 22 Eylül 2018 tarihinde İstanbul'da başarıyla gerçekleştirildi. Kurs kapsamında çocukluktan erişkin döneme geçiş, glikojen depo hastalıkları, Fabry hastalığı, lipodistrofiler, monogenik diyabet ve monogenik dislipidemiler ele alındı.

Emeği geçen tüm üyelerimize teşekkür eder, saygılarımızı sunarız.

Kalıtsal Metabolizma Hastalıkları Kursu tamamlandı.



Olgularla Hipofiz Toplantısı tamamlandı

Olgularla Hipofiz Toplantısı, 29 Eylül 2018 tarihinde, Ramada Otel Uşak'ta Tıp Fakültesi Dekanı, EAH Başhekimisi, Uşak Tabipler Birliği yöneticileri, aile hekimleri, dahiliye uzmanları, Endokrinoloji ve Metabolizma Hastalıkları yandal öğrencileri ve diğer branşlardan meslektaşlarımız olmak üzere yaklaşık 40 meslektaşımızın katılımı ile başarılı bir şekilde gerçekleştirilmiştir.

Emeği geçen tüm üyelerimize teşekkür eder, saygılarımızı sunarız.



Vakalar ve Metabolik Kemik Hastalıkları Kursu tamamlandı

Vakalar ve Metabolik Kemik Hastalıkları Kursu 7, 29 Eylül 2018 tarihinde Osteoporoz ve Metabolik Kemik Hastalıkları Kursu'muz, Adana HiltonSa Otel'de, iç hastalıkları, fizik tedavi uzmanları ve aile hekimlerinden oluşan 85 meslektaşımızın katılımı ile başarılı bir şekilde tamamlanmıştır.

Emeği geçen tüm üyelerimize teşekkür eder, saygılarımızı sunarız...



Kongre, Kurslar ve Sempozyumlar



Bilimsel Kongreler, Ulusal ve Uluslararası Sempozyumlar

01-05 Ekim 2018
5th EASD Annual Meeting
Berlin, Germany
www.easd.org

25-28 Ekim 2018
EndoBridge 2018
Regnum Carya Hotel, Antalya
www.endobridge.org

2 -3 Kasım 2018
14. Hipofiz Sempozyumu
Swiss Otel, Ankara
<http://www.hipofiz2018.org>

09-11 Kasım 2018
ENDOKURS 3 Mezuniyet Sonrası Eğitim Kursu
Dalaman, Muğla
<http://www.endokurs2018.org>

1-4 Aralık 2018
**18th International Congress of Endocrinology and
53rd SEMDSA Congress**
Cape Town, South Africa
<http://www.ice2018.org>

14-15 Aralık 2018
8. Türkiye Tiroid Hastalıkları Kongresi
Ankara
www.temd.org.tr

27 Nisan - 1 Mayıs 2019
**41. Türkiye Endokrinoloji ve Metabolizma Hastalıkları
Kongresi**
Regnum Carya Hotel, Antalya
<http://www.temhk2019.org/>

Yülerimizden Literatür Seçmeleri

DIAGNOSTIC ACCURACY OF THYROID IMAGING REPORTING AND DATA SYSTEM IN THE PREDICTION OF MALIGNANCY IN NODULES WITH ATYPIA AND FOLLICULAR LESION OF UNDETERMINED SIGNIFICANCE CYTOLOGIES.

Baser H¹, Cakir B², Topaloglu O², Alkan A³, Polat SB², Dogan HT⁴, Yazicioğlu MO⁵, Aydin C², Ersoy R².

Clin Endocrinol (Oxf). 2017 Apr;86(4):584-590. doi: 10.1111/cen.13274. Epub 2016 Dec 2.

Objective: Thyroid Imaging Reporting and Data System (TIRADS) is a simple and reliable reporting system for the prediction of malignancy. We aimed to determine the role of TIRADS in the prediction of malignancy in subcategories of Bethesda Category III, atypia of undetermined significance (AUS) and follicular lesion of undetermined significance (FLUS).

Design & Patients: A total of 461 nodules with AUS cytology in 450 patients and 179 nodules with FLUS cytology in 168 patients were included. Ultrasonography (US) features and postoperative histopathology results were documented. Every suspicious US feature was scored as 1 and 0 according to the presence or not, respectively. TIRADS category of each nodule was determined.

Results: In AUS subcategory, histopathologically malignant nodules had significantly different TIRADS categories compared to benign nodules ($P = 0.001$), but this was not the case in FLUS subcategory ($P = 0.121$). In AUS group, malignant nodules had significantly higher prevalence of microcalcification, hypoechogenicity and anteroposterior/transverse ratio than benign ones ($P < 0.001$, $P < 0.001$ and $P = 0.003$, respectively) and TIRADS categories of 4c and 5 were more frequent in malignant nodules ($P < 0.05$). Microcalcification, hypoechogenicity and TIRADS were found to be associated with malignancy in multivariate logistic regression analysis in this subcategory. TIRADS category $\geq 4c$ was associated with malignancy ($AUC \pm SE: 0.584 \pm 0.028$). In FLUS subcategory, there was no significant difference between histopathologically malignant and benign nodules with respect to suspicious US features ($P > 0.05$, all).

Conclusion: TIRADS seems to be useful in predicting malignancy and planning further management in the AUS subcategory, but not quite so in the FLUS subcategory.

EVALUATION OF CARDIOVASCULAR RISK WITH ARTERIAL STIFFNESS IN PATIENTS WITH NON-FUNCTIONING PITUITARY ADENOMA.

Çağır Y¹, Altay M², Çağır BB³, Çakal E⁴, Akkan T¹, Yıldız C¹, Ünsal Y¹, Dağdeviren M², Beyan E¹.

Endocr Pract. 2018 Jul 5. doi: 10.4158/EP-2018-0122. [Epub ahead of print]

Purpose: Non-Functioning Pituitary Adenoma (NFPA) accounts for 30% of all pituitary adenomas and its incidence has been increasing compared to previous years. Increased risk of cardiovascular effects shown in recent studies is noteworthy in patients with NFPA diagnosis and the number of studies on the subject is limited. In this study, we aim to assess possible cardiovascular effects and risk via arterial stiffness measurements in patients diagnosed with NFPA. Methods We performed arterial stiffness measurements for 30 patients diagnosed with NFPA and 30 healthy volunteers and compared the results to explore the relationship between arterial stiffness parameters, hormone levels and adenoma size.

Results: Systolic blood pressure (SBP), diastolic blood pressure (DBP), mean blood pressure (MBP), central SBP, central DBP, augmentation index corrected for a heart rate of 75 bpm (Alx@75), and pulse wave velocity (PWV) values of the patients with NFPA diagnosis were significantly higher than the control group. PWV was found to have a significant and negative correlation with GH and IGF-1. A significant and positive correlation was found between adenoma median short axis length and PWV. IGF-1 was found to have a significant and negative correlation with adenoma median long and short axis length. Conclusions Both arterial stiffness parameters such as Alx@75 and PWV and peripheral SBP, DBP, and MBP values were found to be high in NFPA patients with no cardiovascular risk factor. Our findings suggest increased cardiovascular effect and risk in patients with NFPA diagnosis and therefore we recommend that patients are monitored closely in this respect.

IS ELEVATED UROTENSIN II LEVEL A PREDICTOR FOR INCREASED CARDIOVASCULAR RISK IN SUBJECTS WITH ACROMEGALY?

Demirpence M¹, Guler A², Yilmaz H¹, Sayin A³, Pekcevik Y⁴, Turkon H⁵, Colak A⁶, Ari EM⁶, Aslanipour B⁷, Kocabas GU⁸, Calan M⁹.

J Endocrinol Invest. 2018 May 26. doi: 10.1007/s40618-018-0905-1. [Epub ahead of print]

Purpose: Acromegaly is a rare disorder existed in the result of overproduction of growth hormone (GH). The disorder is associated with increased cardiovascular risk factors and metabolic abnormalities. Urotensin II (Ull), a secreted vasoactive peptide hormone, belonging somatostatin superfamily, plays an essential role in atherosclerosis and glucose metabolism. The aim of this study was to ascertain whether circulating Ull levels are altered in subjects with acromegaly, and to describe the relationship between Ull and hormonal or cardiometabolic parameters.

Methods: This cross-sectional study included 41 subjects with active acromegaly, 28 subjects with controlled acromegaly, and 37 age- and BMI-matched controls without acromegaly. Hormonal and metabolic features of the subjects as well as carotid intima media thickness (cIMT) and epicardial fat thickness (EFT) were defined. Circulation of Ull levels was determined via ELISA.

Results: Both active and controlled acromegalic subjects showed a significant elevation of circulating levels of Ull with respect to controls. There was no remarkable difference in circulating levels of Ull between active and controlled acromegalic groups. Both cIMT and EFT were remarkably increased in acromegaly subjects comparing to controls. Ull positively correlated with cIMT, EFT, BMI, and HOMA-IR. There was no correlation between Ull and GH, insulin-like growth factor-1. According to the results obtained from regression models, Ull levels independently predicted cIMT and EFT.

Conclusion: Elevated Ull levels are associated with severity of cardiovascular risk factors including cIMT and EFT in acromegalic subjects.

IMPACT OF GLUCOSE METABOLISM DISORDERS ON IGF-1 LEVELS IN PATIENTS WITH ACROMEGALY.

Dogansen SC¹, Yalin GY¹, Tanrikulu S¹, Yarman S¹.

Horm Metab Res. 2018 May;50(5):408-413. doi: 10.1055/a-0594-2404. Epub 2018 Apr 11.

In this study, we aimed to evaluate the presence of glucose metabolism abnormalities and their impact on IGF-1 levels in patients with acromegaly. Ninety-three patients with acromegaly (n=93; 52 males/41 females) were included in this study. Patients were separated into three groups such as; normal glucose tolerance (n=23, 25%), prediabetes (n=38, 41%), and diabetes mellitus (n=32, 34%). Insulin resistance was calculated with homeostasis model assessment (HOMA). HOMA-IR > 2.5 or ≤ 2.5 were defined as insulin resistant or noninsulin resistant groups, respectively. Groups were compared in terms of factors that may be associated with glucose metabolism abnormalities. IGF-1% ULN (upper limit of normal)/GH ratios were used to evaluate the impact of glucose metabolism abnormalities on IGF-1 levels. Patients with diabetes mellitus were significantly older with an increased frequency of hypertension ($p < 0.001$, $p = 0.01$, respectively). IGF-1% ULN/GH ratio was significantly lower in prediabetes group than in normal glucose tolerance group ($p = 0.04$). Similarly IGF-1% ULN/GH ratio was significantly lower in insulin resistant group than in noninsulin resistant group ($p = 0.04$). Baseline and suppressed GH levels were significantly higher in insulin resistant group than in noninsulin resistant group ($p = 0.024$, $p < 0.001$, respectively). IGF-1% ULN/GH ratio is a useful marker indicating glucose metabolism disorders and IGF-1 levels might be inappropriately lower in acromegalic patients with insulin resistance or prediabetes. We suggest that IGF-1 levels should be re-evaluated after the improvement of insulin resistance or glycemic regulation for the successful management of patients with acromegaly.

ANDROGEN EXCESS- POLYCYSTIC OVARY SYNDROME SOCIETY: POSITION STATEMENT ON DEPRESSION, ANXIETY, QUALITY OF LIFE, AND EATING DISORDERS IN POLYCYSTIC OVARY SYNDROME.

Dokras A¹, Stener-Victorin E², Yildiz BO³, Li R⁴, Ottey S⁵, Shah D⁶, Epperson N⁷, Teede H⁸. *Fertil Steril.* 2018 May;109(5):888-899. doi: 10.1016/j.fertnstert.2018.01.038.

Objective: To formulate clinical consensus recommendations for screening depression, anxiety, health-related quality of life (HRQoL), and disordered eating symptoms in women with polycystic ovary syndrome (PCOS) and review prevalence based on phenotypes and ethnicity, changes over time, etiology, and impact of treatment.

Design: Systematic reviews and preparation of position statement.

Setting: Not applicable.

Patient(s): Women with PCOS and controls screened using validated tools.

Intervention(s): None.

Main outcome measure(s):

Depressive symptoms, anxiety symptoms, disordered eating, and HRQoL scores.

Result(s): Several studies demonstrate that women with PCOS have an increased prevalence of higher depression and anxiety scores and higher odds of moderate and severe depressive and anxiety symptoms compared with controls. Obesity, hyperandrogenism, and fertility have a weak association with these symptoms. HRQoL scores are consistently reduced in PCOS, with infertility and weight concerns having the most significant impact. Some studies suggest an increased prevalence of disordered eating in women with PCOS compared with controls. The few studies that have evaluated the impact of PCOS-related treatments (lifestyle interventions and pharmacotherapy) show no detrimental effect or some improvement in depressive and anxiety symptoms and HRQoL scores.

Conclusion(s): In women with PCOS, screening for depressive and anxiety symptoms should be offered at the time of diagnosis and screening for disordered eating should be considered. Further research is required across PCOS phenotypes, in longitudinal cohorts and on impact of therapy on depressive and anxiety symptoms, HRQoL, and disordered eating.

ASSOCIATION OF SERUM BETATROPHIN WITH FIBROBLAST GROWTH FACTOR-21 IN WOMEN WITH POLYCYSTIC OVARY SYNDROME.

Kahraman S¹, Altinova AE², Yalcin MM³, Gulbahar O⁴, Arslan B⁴, Akturk M³, Cakir N³, Toruner FB³.

J Endocrinol Invest. 2018 Sep;41(9):1069-1074. doi: 10.1007/s40618-018-0831-2. Epub 2018 Jan 23.

Purpose: Betatrophin and fibroblast growth factor-21 (FGF-21), which are recently discovered members of hepatokine/adipokine family, have been proposed to be associated with some metabolic disorders in which insulin resistance plays a major role.

Methods: We aimed to investigate serum betatrophin and FGF-21 concentrations in women with polycystic ovary syndrome (PCOS). In this cross-sectional study, we recruited 31 women with PCOS and 34 women as healthy controls. Serum betatrophin level and its relationship with serum FGF-21 level as well as metabolic parameters were examined.

Results: Serum betatrophin level was significantly higher in women with PCOS than the control group [1.10 (0.20-4.20) vs 0.70 (0.20-3.50) ng/ml, $p = 0.004$], whereas FGF-21 did not differ between the groups [74.80 (7.80-435.90) vs 119.30 (10.50-443.40) pg/ml, $p = 0.13$]. Serum betatrophin correlated positively with LH levels ($r = 0.26$, $p = 0.03$). After controlling BMI, there was a significant positive correlation between betatrophin and FGF-21 ($r = 0.25$, $p = 0.04$). Multivariate regression analysis revealed that FGF-21 and presence of PCOS were the significant predictors of betatrophin concentrations ($R^2 = 0.22$, $F = 2.56$, $p = 0.03$).

Conclusions: Our results indicate that betatrophin levels are increased and associated with LH and FGF-21 levels, but not with insulin resistance, in women with PCOS.

BEYOND HYPERGLYCEMIA, EVIDENCE FOR RETINAL NEURODEGENERATION IN METABOLIC SYNDROME.

Karaca C¹, Karaca Z².

Invest Ophthalmol Vis Sci. 2018 Mar 1;59(3):1360-1367. doi: 10.1167/iov.17-23376.

Purpose: We evaluated the retinal effects of systemic metabolic changes clustered under the umbrella of metabolic syndrome (MetS) in comparison with age-matched healthy subjects.

Methods: Spectral-domain optical coherence tomography (OCT) retinal segmentation analysis of 29 patients with MetS and 36 control subjects was performed. Patients with diabetes mellitus (DM), uncontrolled hypertension, retinopathy, high myopia or hyperopia, and posterior segment surgery, were excluded from analysis. The control group (CG) was selected from age- and sex-matched healthy lean subjects. Mean thickness values of individual retinal layers in nine macular early treatment of diabetic retinopathy study (ETDRS) subfields were determined.

Results: The MetS group had a significantly thinner ganglion cell layer in two (MetS, $52.4 \pm 5.1 \mu\text{m}$; CG, $54.8 \pm 3.8 \mu\text{m}$; $P = 0.030$), thinner inner plexiform layer in three (MetS, $39.8 \pm 4.4 \mu\text{m}$; CG, $43.0 \pm 3.5 \mu\text{m}$; $P = 0.003$), thinner photoreceptor layer in seven (MetS, $79.4 \pm 2.9 \mu\text{m}$; CG, $81.1 \pm 2.9 \mu\text{m}$; $P = 0.009$) of nine ETDRS subfields. No difference was found in nerve fiber, inner nuclear, outer plexiform, and outer nuclear layers.

Conclusions: The patients with MetS had thinner inner retinal layers and photoreceptor layer in OCT segmentation analysis, which suggests that inherent factors of MetS, such as insulin resistance and adipose tissue-derived inflammation, might have a neurodegenerative effect independent of the hyperglycemic levels associated with DM. Therefore, beyond glycemic control measures, weight reduction also might be advised to overweight patients with type 2 DM and MetS to prevent the occurrence of retinal neurodegeneration.

EFFECT OF INTRAPANCREATIC FAT ON DIABETES OUTCOMES AFTER TOTAL PANCREATECTOMY WITH ISLET AUTOTRANSPLANTATION.

Kizilgul M^{1,2}, Wilhelm JJ¹, Beilman GJ³, Chinnakotla S³, Dunn TB³, Pruett TL³, Abdulla M¹, Heller D¹, Freeman ML⁴, Schwarzenberg SJ⁵, Hering BJ¹, Bellin MD^{1,5}.

J Diabetes. 2018 Apr;10(4):286-295. doi: 10.1111/1753-0407.12589. Epub 2017 Oct 9.

BACKGROUND: Pancreatic fat may adversely affect β -cell mass and function, possibly via local release of non-esterified fatty acids, and proinflammatory and vasoactive factors released by adipose tissue. However, the effects of intrapancreatic fat in patients with chronic pancreatitis undergoing total pancreatectomy with islet autotransplantation (TPIAT) have not been studied. This study investigated whether pancreatic fatty infiltration has a negative effect on metabolic outcomes following TPIAT.

METHODS: The association between pancreatic fatty infiltration and diabetes outcomes was studied in 79 patients with low or high pancreatic fat content (LPF [$n = 53$] and HPF [$n = 26$], respectively) undergoing TPIAT. Pancreatic fatty infiltration was stratified using gross examinations during isolation and validated with histomorphometry of archived histology samples.

RESULTS: Fat area percentage in histology samples differed significantly between the LPF and HPF groups ($2.1\% \pm 4.3\%$ vs $10.6\% \pm 8.9\%$, respectively; $P = 0.0009$). Insulin dependence was more common in the HPF group, whereas more patients in the LPF group were insulin independent or on partial insulin supplementation at 1 year ($P = 0.022$). Furthermore, 1- and 2-h glucose concentrations during mixed-meal tolerance tests were significantly higher in the HPF group ($P = 0.032$ and 0.027 , respectively) and β -scores (a composite measure of islet function and metabolic control) were significantly greater in the LPF than HPF group (6.1 ± 1.7 vs 4.6 ± 2.0 ; $P = 0.034$).

CONCLUSIONS: Patients with HPF were more likely to be insulin dependent, with higher postprandial glucose excursion, suggesting that intrapancreatic fat may lead to β -cell dysfunction with detrimental effects on diabetes outcomes after TPIAT.

POPULATION-BASED SERUM OMENTIN-1 LEVELS: PARADOXICAL ASSOCIATION WITH CARDIOMETABOLIC DISORDERS PRIMARILY IN MEN.

Onat A¹, Ademoglu E², Karadeniz Y³, Can G⁴, Uzun AO⁵, Simsek B⁶, Kaya A⁷.
Biomark Med. 2018 Feb;12(2):141-149. doi: 10.2217/bmm-2017-0197. Epub 2018 Jan 12.

Aim: The conflicting relationships of serum omentin with inflammation markers and cardiometabolic disorders were investigated. Results & methods: Unselected 864 population-based middle-aged adults were cross-sectionally studied by sex-specific omentin tertiles. Men in the lowest omentin tertile (T1) had lower systolic blood pressure, HbA1c and glucose values and tended in T3 to higher lipoprotein(a) levels. Logistic regression analysis, adjusted for four covariates, revealed significant independent associations with the presence of hypertension and diabetes only in men. Sex- and age-adjusted odds ratio in gender combined for T2 & T3 versus T1 was 1.34 (95% CI: 1.00-1.79) for metabolic syndrome.

Discussion & Conclusion: The elicited adverse relationships of omentin-1 support the notion of oxidative stress-induced proinflammatory conversion of omentin, rendering loss of anti-inflammatory properties.

GRAVES' ORBITOPATHY AS A RARE DISEASE IN EUROPE: A EUROPEAN GROUP ON GRAVES' ORBITOPATHY(EUGOGO) POSITION STATEMENT.

Perros P^{1,2}, Hegedüs L³, Bartalena L⁴, Marcocci C⁵, Kahaly GJ⁶, Baldeschi L⁷, Salvi M⁸, Lazarus JH⁹, Eckstein A¹⁰, Pitz S¹¹, Boboridis K¹², Anagnostis P¹³, Ayvaz G¹⁴, Boschi A⁷, Brix TH³, Currò N¹⁵, Konuk O¹⁶, Marinò M⁵, Mitchell AL¹⁷, Stankovic B¹⁸, Törüner FB¹⁴, von Arx G¹⁹, Zarković M²⁰, Wiersinga WM²¹.

Orphanet J Rare Dis. 2017 Apr 20;12(1):72. doi: 10.1186/s13023-017-0625-1.

Background: Graves' orbitopathy (GO) is an autoimmune condition, which is associated with poor clinical outcomes including impaired quality of life and socio-economic status. Current evidence suggests that the incidence of GO in Europe may be declining, however data on the prevalence of this disease are sparse. Several clinical variants of GO exist, including euthyroid GO, recently listed as a rare disease in Europe (ORPHA466682). The objective was to estimate the prevalence of GO and its clinical variants in Europe, based on available literature, and to consider whether they may potentially qualify as rare. Recent published data on the incidence of GO and Graves' hyperthyroidism in Europe were used to estimate the prevalence of GO. The position statement was developed by a series of reviews of drafts and electronic discussions by members of the European Group on Graves' Orbitopathy. The prevalence of GO in Europe is about 10/10,000 persons. The prevalence of other clinical variants is also low: hypothyroid GO 0.02-1.10/10,000; GO associated with dermatopathy 0.15/10,000; GO associated with acropachy 0.03/10,000; asymmetrical GO 1.00-5.00/10,000; unilateral GO 0.50-1.50/10,000.

Conclusion: GO has a prevalence that is clearly above the threshold for rarity in Europe. However, each of its clinical variants have a low prevalence and could potentially qualify for being considered as a rare condition, providing that future research establishes that they have a distinct pathophysiology. EUGOGO considers this area of academic activity a priority.

OUT-OF-REFERENCE RANGE THYROID-STIMULATING HORMONE LEVELS IN LEVOTHYROXINE-TREATED PRIMARY HYPOTHYROID PATIENTS: A MULTICENTER OBSERVATIONAL STUDY.

Yavuz DG¹, Yazıcı D¹, Keskin L², Atmaca A³, Sancak S⁴, Saraç F⁵, Şahin İ⁶, Dikbaş O⁷, Hekimsoy Z⁸, Yalın S⁹, Uygur M¹, Yılmaz M¹⁰, Yirmibeşçik S¹¹, Asmaz Ö¹².
Front Endocrinol (Lausanne). 2017 Sep 12;8:215. doi: 10.3389/fendo.2017.00215. eCollection 2017.

Objective: Although levothyroxine (LT4) replacement therapy for hypothyroidism has been established as safe, inexpensive and effective, many studies from different countries reported out-of-reference range thyroid-stimulating hormone (TSH) values for the hypothyroid patients under LT4 treatment. The aim of this study was to determine TSH levels of primary hypothyroid patients under LT4 treatment and to assess self-reported compliance with daily LT4 intake in tertiary care centers in Turkey.

Design: In this cross-sectional, observational study, adult patients with primary hypothyroidism, receiving LT4 treatment for at least 6 months, were included. The patients were from 12 tertiary care centers in 9 cities of Turkey. TSH and free T4 levels were recorded from patient files and self-reported compliance with daily LT4 intake was assessed by interviewing the subjects at the last visit.

Results: A total of 1,755 subjects (46 ± 13 years; F/M: 89.9/10.1%) with primary hypothyroidism were enrolled. Of the hypothyroid subjects, 44.8% had out-of-reference range serum TSH levels. TSH values were over the reference range (TSH > 4 mIU/L) in 26.2% and were under the reference range (TSH < 0.5 mIU/L) in 18.6% of the patients. Total duration of LT4 treatment was 5.9 ± 4.7 years and mean dose was 1.2 ± 0.6 µg/kg/day. Non-compliant patients (31.1%) had higher TSH levels (6.9 ± 16 vs 3.8 ± 0.9 mIU/L, P = 0.01) compared to compliant patients.

Conclusion: The results of this study revealed that nearly half of the hypothyroid patients had out-of-reference range serum TSH values, despite under LT4 treatment. Compliance with LT4 treatment seems to be one of the major determinants to reach the target TSH levels in hypothyroid patients.

CHEMICAL SHIFT MAGNETIC RESONANCE IMAGING COULD PREDICT SUBCLINICAL CORTISOL PRODUCTION FROM AN INCIDENTALLY DISCOVERED ADRENAL MASS.

Yener S¹, Secil M², Demir O³, Ozgen Saydam B¹, Yorukoglu K⁴.
Clin Endocrinol (Oxf). 2018 Jun;88(6):779-786. doi: 10.1111/ce.13587. Epub 2018 Apr 6

Context: To investigate whether any association between chemical shift magnetic resonance (MRI) findings, cortisol secretion and pathological findings exists that could predict subclinical hypercortisolism (SCH) in patients with adrenal incidentalomas (AI).

Design: Retrospective, cross-sectional study in a tertiary centre.

Patients: Sixty-eight subjects with AIs and 13 patients with Cushing's syndrome (CS). Patients with AIs were categorized according to cortisol levels post 1 mg dexamethasone (post-DST).

Measurements: Visual inspection of the lipid content of the adrenal tumour and calculation of adrenal-to-spleen ratio (ASR), the signal intensity index (SII), volume and the assessment of the association between pathological, radiological and hormonal findings in surgically treated patients.

Results: Percentage of clear cells was correlated with ASR (r = -.525, P = .01), SII (r = .465, P = .025), post-DST cortisol (r = -.711, P < .001) and ACTH (r = .475, P = .046). By ANOVA and post hoc analysis, patients with CS and five subjects with a post-DST cortisol greater than 137 nmol/L differed significantly in ASR and SII from those with a post-DST cortisol less than 50 nmol/L. An ASR level higher than 0.245 (OR 19.7, 95% CI 1.5-257.5; P = .023) and a SII level lower than 78.37 (OR 15.6, 95% CI 1.2-20; P = .034) remained as the independent predictors for SCH while age, presence of arterial hypertension or tumour volume did not make significant contribution to the models.

Conclusions: Cortisol hypersecretion by adrenal adenomas is associated with distinctive MRI characteristics. The quantitative assessment of intracellular lipid in an AI could help distinguish patients with a clear phenotype of SCH.

KİTAP BÖLÜMÜ

Combined Thyroid-Eye Clinics

Fusun Baloş Törüner, Onur Konuk, Göksun Ayvaz

Greves'Orbitopathy: A Multidisciplinary Approach – Questions and Answers

Wiersinga WM, Kahaly GJ (eds)

Basel, Karger, 2017, pp 113-118 (DOI:10.1159/000475953)

YENİ ÜYELERİMİZ

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İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi İç Hastalıkları ABD, Endokrinoloji Ve Metabolizma Bilim Dalı- İstanbul



DUYURULAR

- **Prof. Dr. Reyhan Ersoy** Ankara Yıldırım Beyazıt Üniversitesi Tıp Fakültesi Dekanlığı görevine Yükseköğretim Kurulu Başkanlığı (YÖK) kararıyla atanmışlardır.
- **Prof. Dr. M. Sait Gönen**, İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Dekanlığı görevine Yükseköğretim Kurulu Başkanlığı (YÖK) kararıyla atanmışlardır.
- Sağlık Bilimleri Üniversitesi İstanbul Şişli Hamidiye Etfal Eğitim ve Araştırma Hastanesi, Endokrinoloji ve Metabolizma hastalıkları Kliniği Başkanı **Prof. Dr. Yüksel Altuntaş**, Sağlık Bakanlığı Tıpta Uzmanlık Kurulu üyesi olarak seçilmiştir.

Üyelerimizi tebrik eder, başarılarının devamını dileriz.

GENEL KURUL DAVETİ

Derneğimizin "**13. Olağan Genel Kurul**"u, **21 Ekim 2018** tarihinde saat **10.00**'da, Dernek Merkezimizde, aşağıdaki gündemle yapılacaktır. 21 Ekim tarihinde çoğunluk sağlanamazsa çoğunluk aranmaksızın **16 Aralık 2018** tarihinde aynı saatte **Green Park Otel, Ankara**'da yapılacaktır.

Saygı ile duyurulur,

GÜNDEM

1. Açılış
2. Başkanlık Divanının oluşturulması
3. Faaliyet Raporu, Bilanço ve Denetim Kurulu raporlarının okunması
4. Raporların ayrı ayrı oylanarak kurulların aklanması
5. Tüzük değişiklikleri
6. Yönetim Kurulu, Denetim Kurulu ve Haysiyet Divanı üyelerinin seçimi
7. TEMD Yeterlik Kurulu raporu
8. TEMD Yeterlik Kurulu üyelerinin seçimi
9. Çalışma grubu raporları
10. Dilekler ve kapanış

21 Ekim 2018

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16 Aralık 2018

Green Park Otel

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