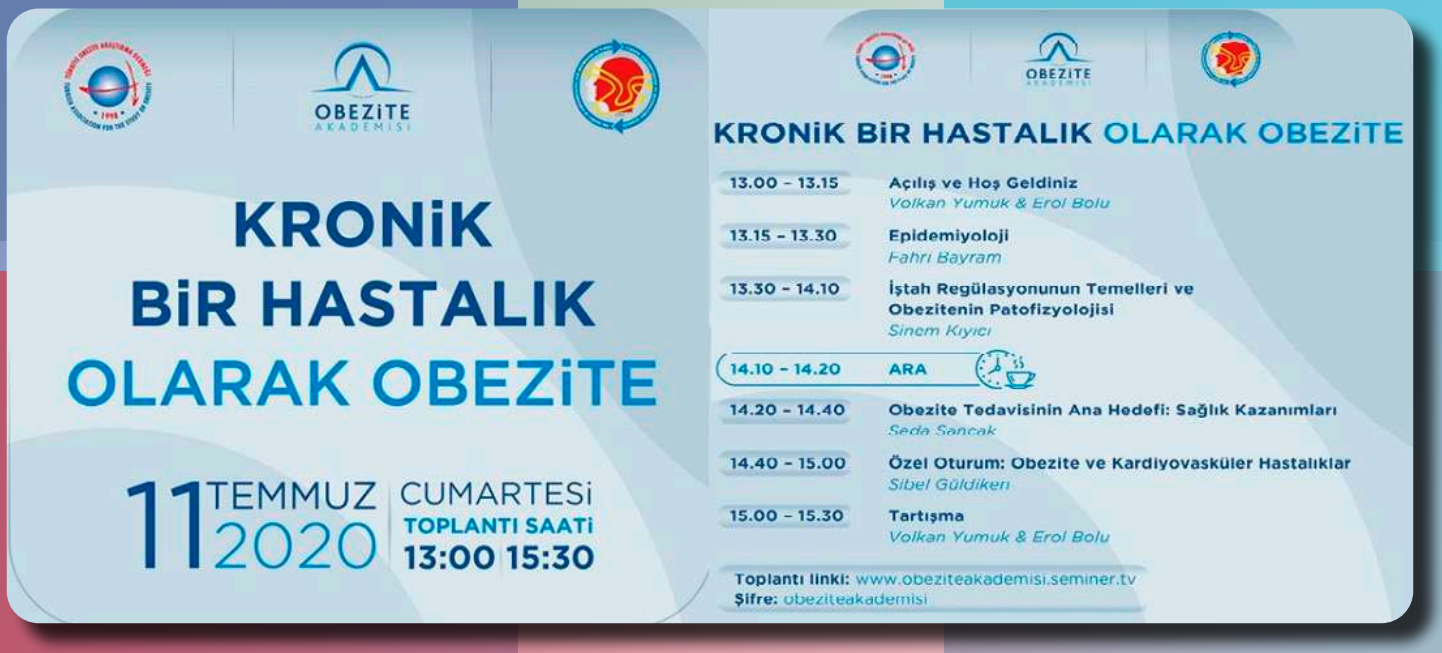
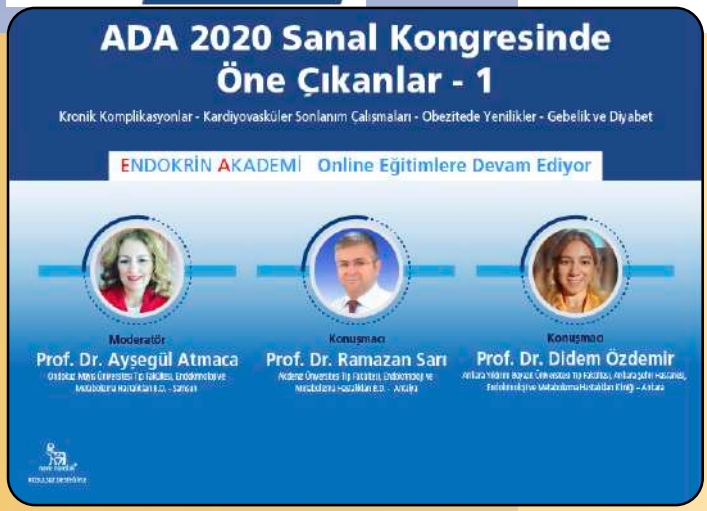
TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ

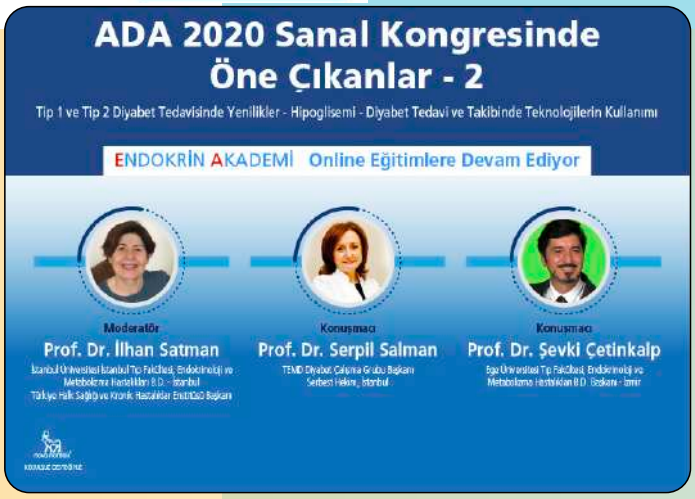
Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

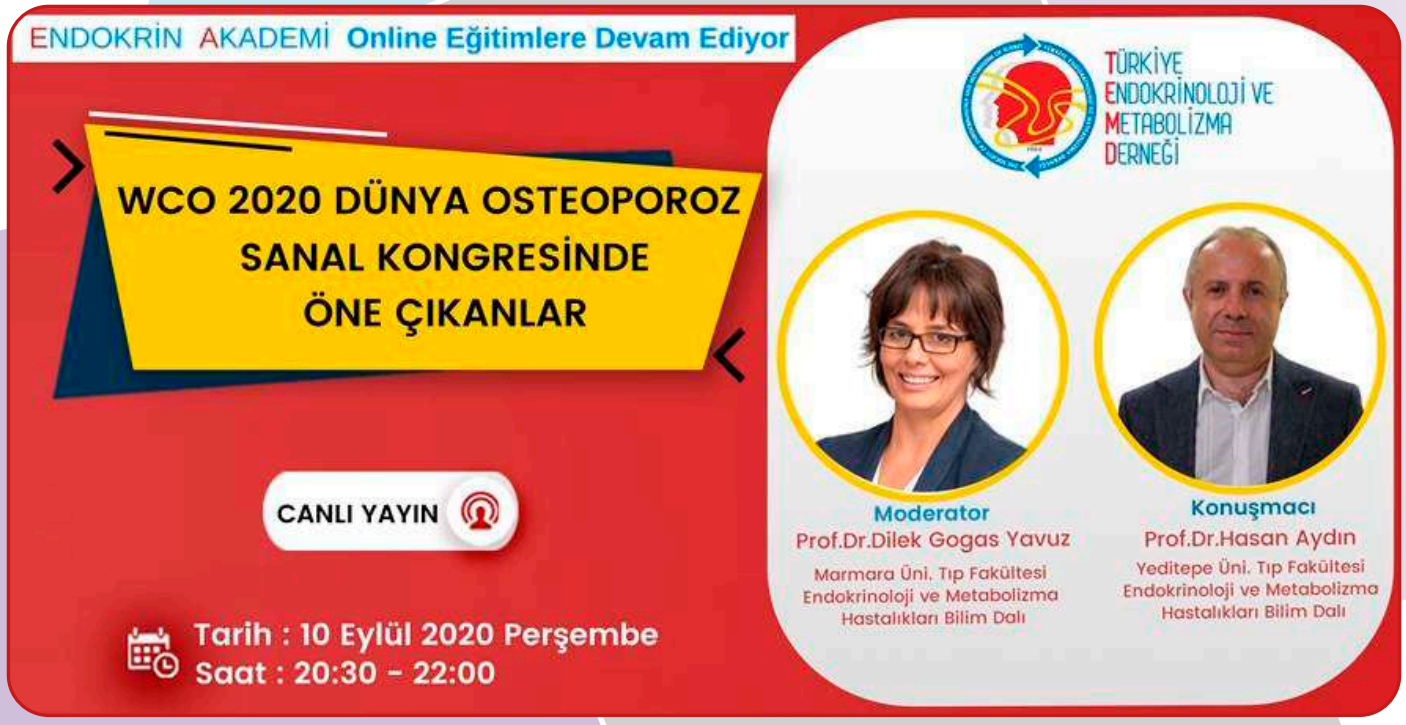
Sayı 71 • Temmuz – Ağustos – Eylül • 2020

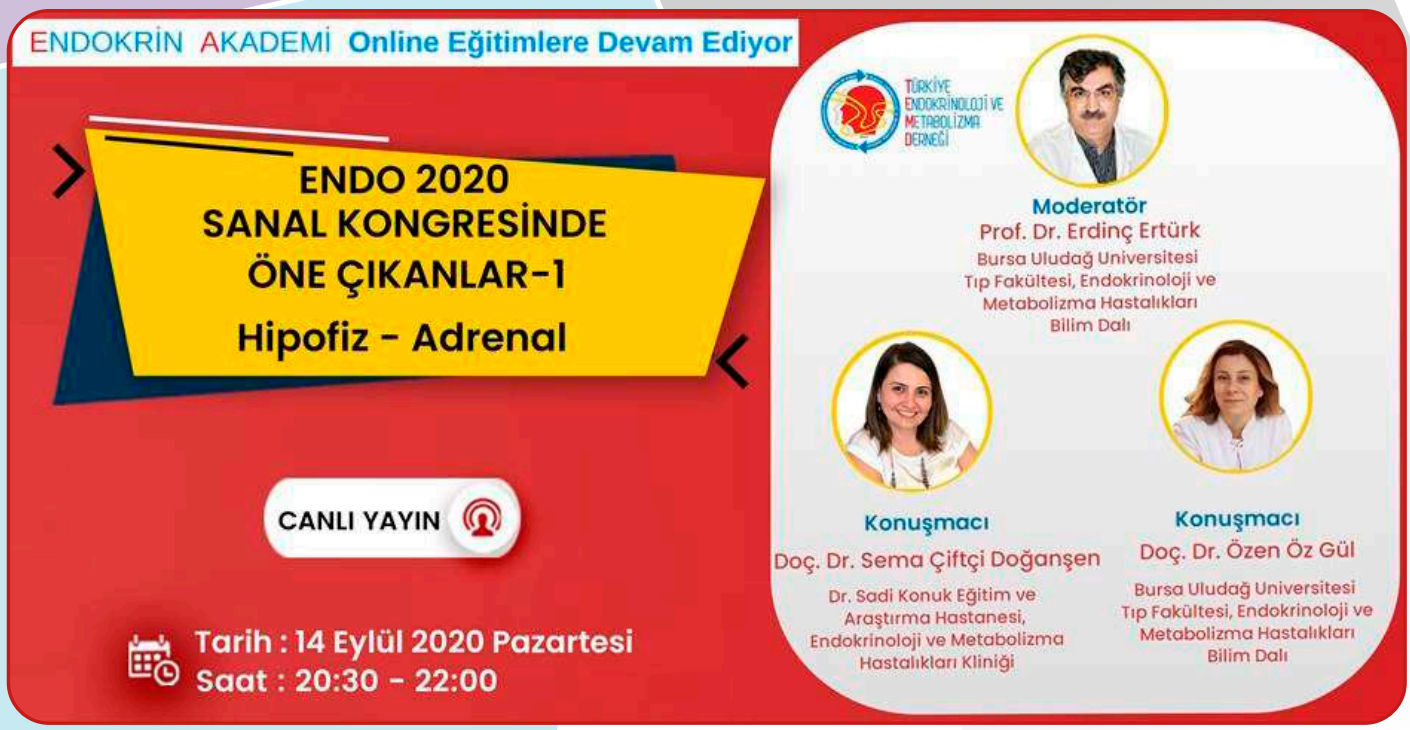
CANLI YAYIN TOPLANTILARIMIZ...

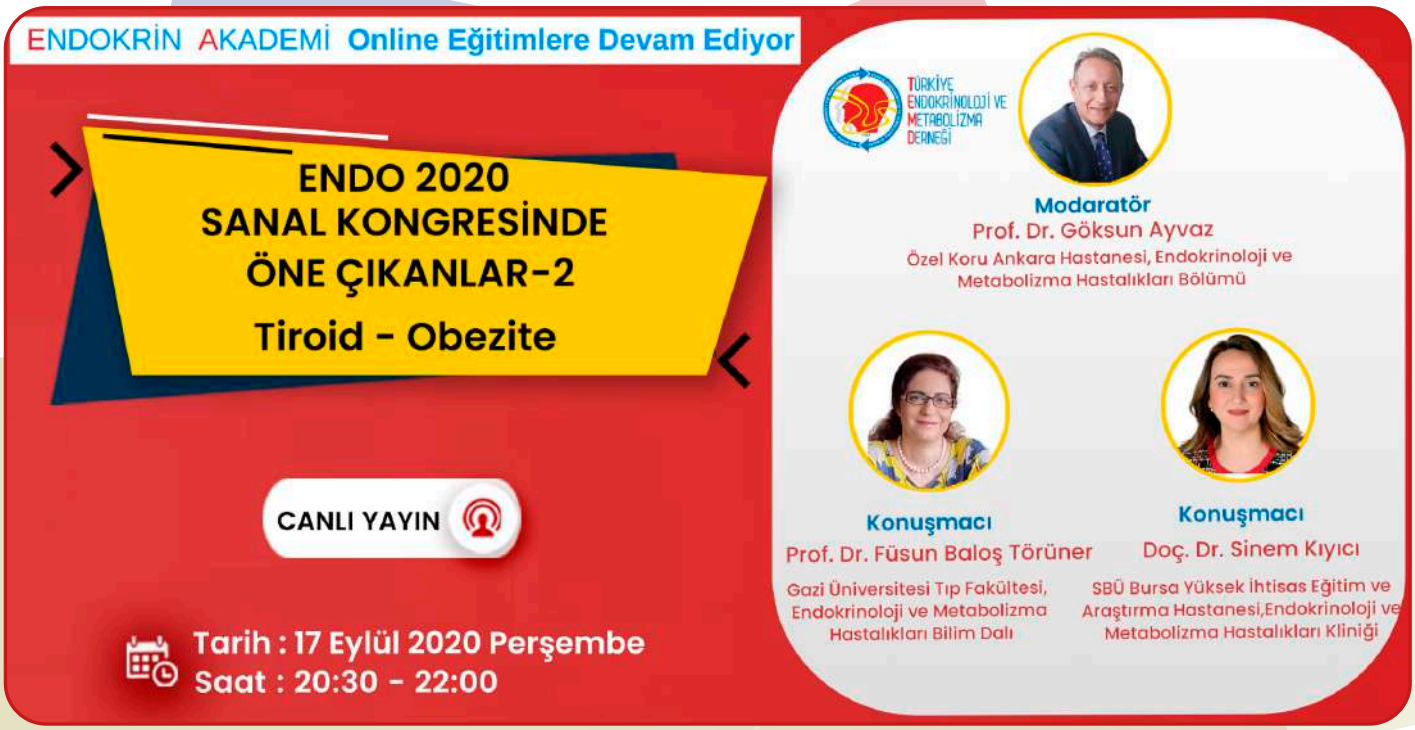


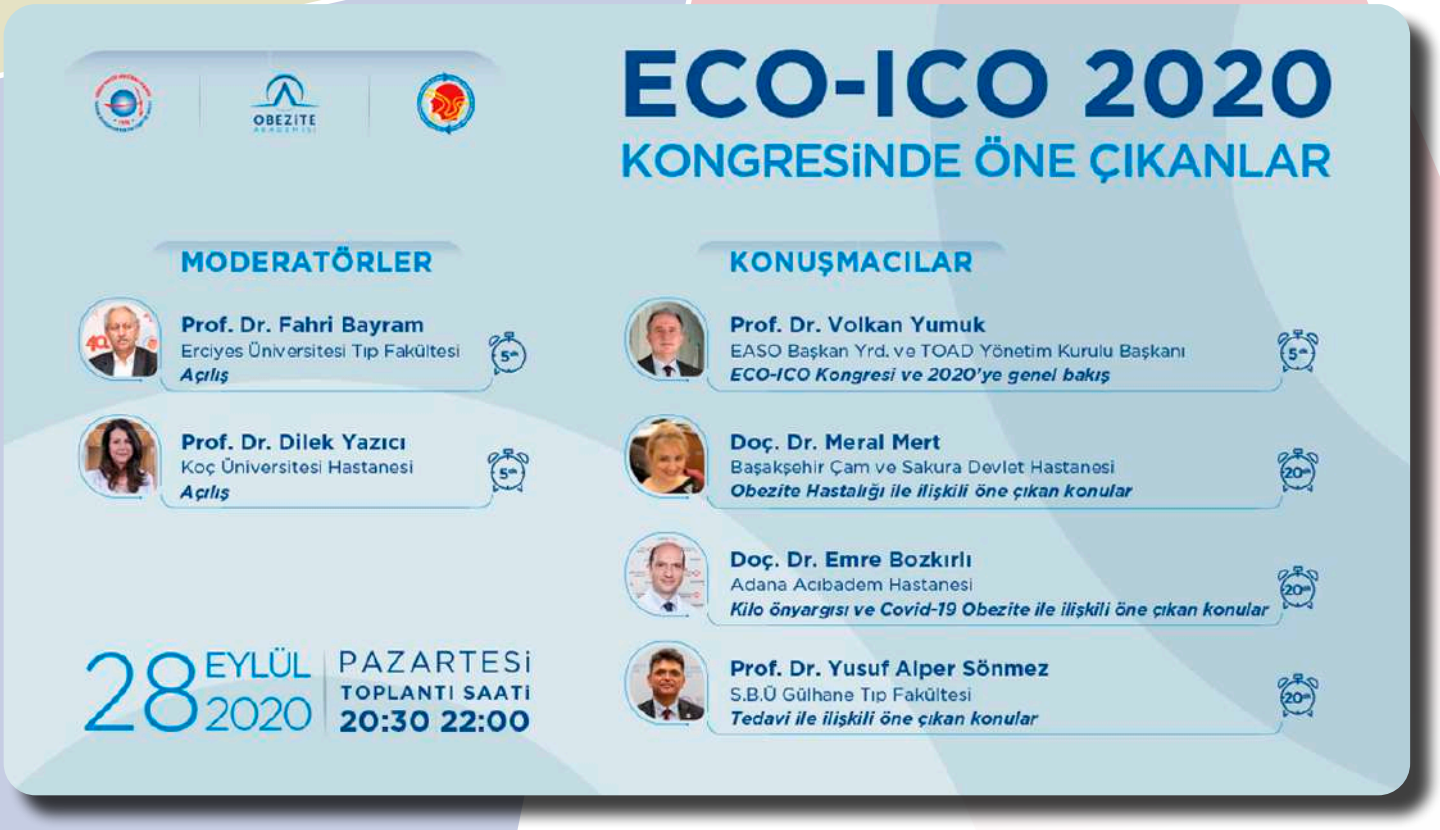




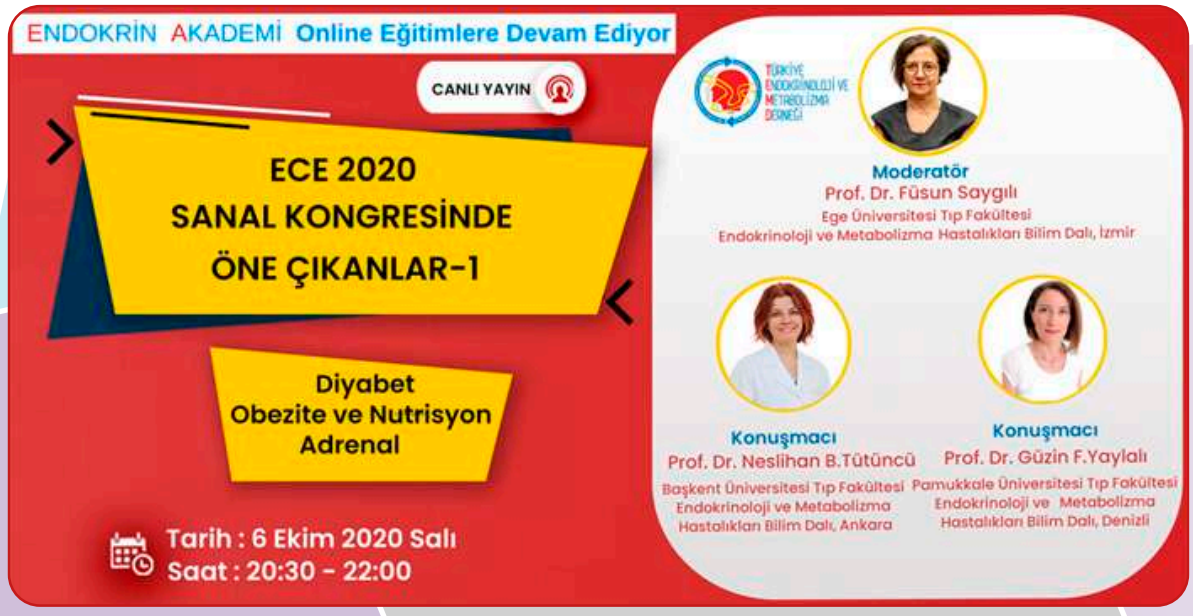

ENDOKRİN AKADEMİ Online Eğitimlere Devam Ediyor
WCO 2020 DÜNYA OSTEOPOROZ SANAL KONGRESİNDE ÖNE ÇIKANLAR
CANLI YAYIN
Tarih : 10 Eylül 2020 Perşembe
Saat : 20:30 - 22:00
TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ
Moderator
Prof.Dr.Dilek Gogas Yavuz
Marmara Üni. Tıp Fakültesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı
Konuşmacı
Prof.Dr.Hasan Aydın
Yeditepe Üni. Tıp Fakültesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı

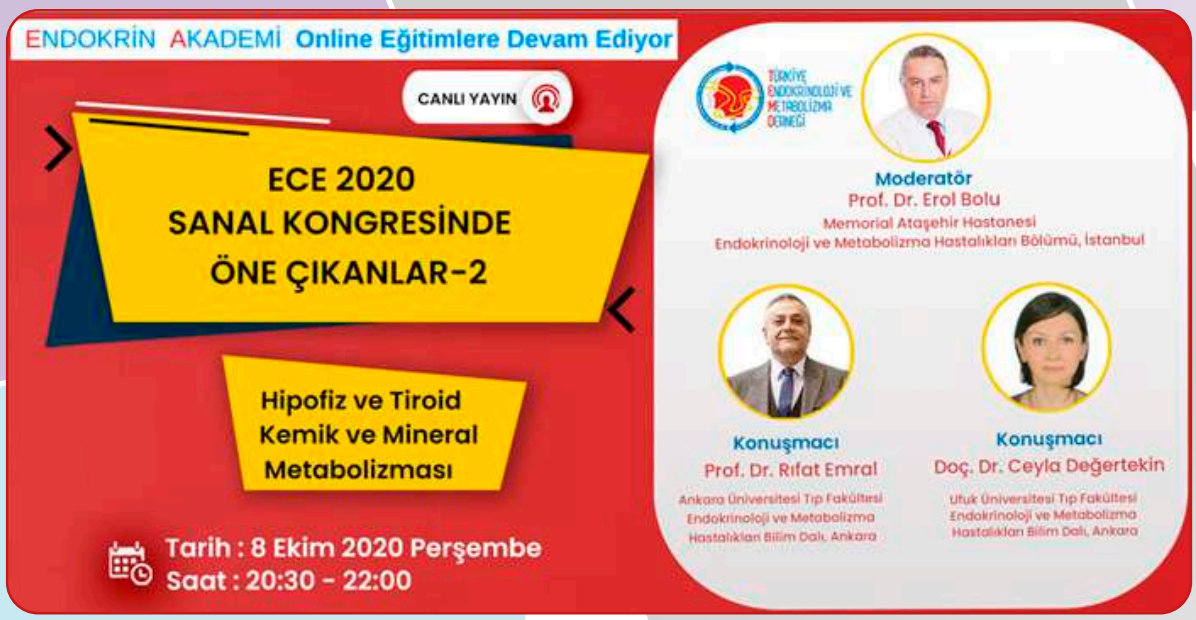

ENDOKRİN AKADEMİ Online Eğitimlere Devam Ediyor
ENDO 2020 SANAL KONGRESİNDE ÖNE ÇIKANLAR-1
Hipofiz - Adrenal
CANLI YAYIN
Tarih : 14 Eylül 2020 Pazartesi
Saat : 20:30 - 22:00
TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ
Moderatör
Prof. Dr. Erdinç Ertürk
Bursa Uludağ Universitesi Tıp Fakültesi, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı
Konuşmacı
Doç. Dr. Sema Çiftçi Doğanşen
Dr. Sadi Konuk Eğitim ve Araştırma Hastanesi, Endokrinoloji ve Metabolizma Hastalıkları Kliniği
Konuşmacı
Doç. Dr. Özen Öz Gül
Bursa Uludağ Universitesi Tıp Fakültesi, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı

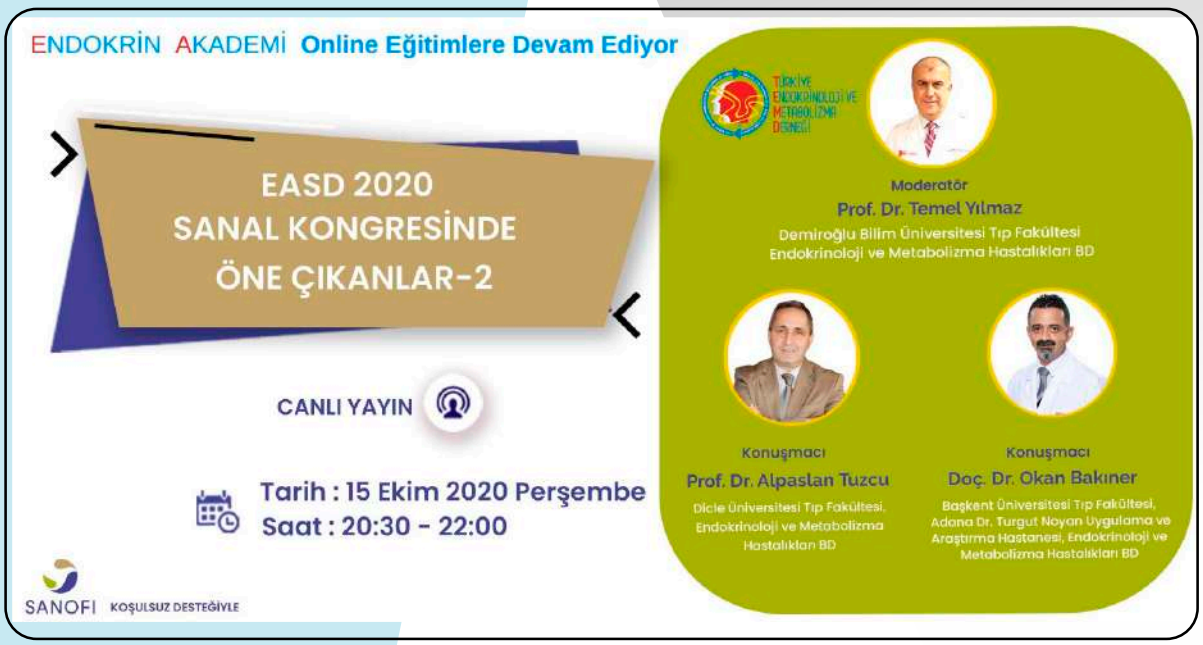

ENDOKRİN AKADEMİ Online Eğitimlere Devam Ediyor
ENDO 2020
SANAL KONGRESİNDE
ÖNE ÇIKANLAR-2
Tiroid - Obezite
CANLI YAYIN
Tarih : 17 Eylül 2020 Perşembe
Saat : 20:30 - 22:00
TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ
Moderatör
Prof. Dr. Göksun Ayvaz
Özel Koru Ankara Hastanesi, Endokrinoloji ve Metabolizma Hastalıkları Bölümü
Konuşmacı
Prof. Dr. Füsun Baloş Törüner
Gazi Üniversitesi Tıp Fakültesi, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı
Konuşmacı
Doç. Dr. Sinem Kıyıcı
SBÜ Bursa Yüksek İhtisas Eğitim ve Araştırma Hastanesi,Endokrinoloji ve Metabolizma Hastalıkları Kliniği


OBEZİTE
ECO-ICO 2020
KONGRESİNDE ÖNE ÇIKANLAR
MODERATÖRLER
Prof. Dr. Fahri Bayram
Erciyes Üniversitesi Tıp Fakültesi
Açılış
5dk
Prof. Dr. Dilek Yazıcı
Koç Üniversitesi Hastanesi
Açılış
5dk
28 EYLÜL 2020 PAZARTESİ
TOPLANTI SAATİ
20:30 22:00
KONUŞMACILAR
Prof. Dr. Volkan Yumuk
EASO Başkan Yrd. ve TOAD Yönetim Kurulu Başkanı
ECO-ICO Kongresi ve 2020'ye genel bakış
5dk
Doç. Dr. Meral Mert
Başakşehir Çam ve Sakura Devlet Hastanesi
Obezite Hastalığı ile ilişkili öne çıkan konular
20dk
Doç. Dr. Emre Bozkırlı
Adana Acıbadem Hastanesi
Kilo önyargısı ve Covid-19 Obezite ile ilişkili öne çıkan konular
20dk
Prof. Dr. Yusuf Alper Sönmez
S.B.Ü Gülhane Tıp Fakültesi
Tedavi ile ilişkili öne çıkan konular
20dk

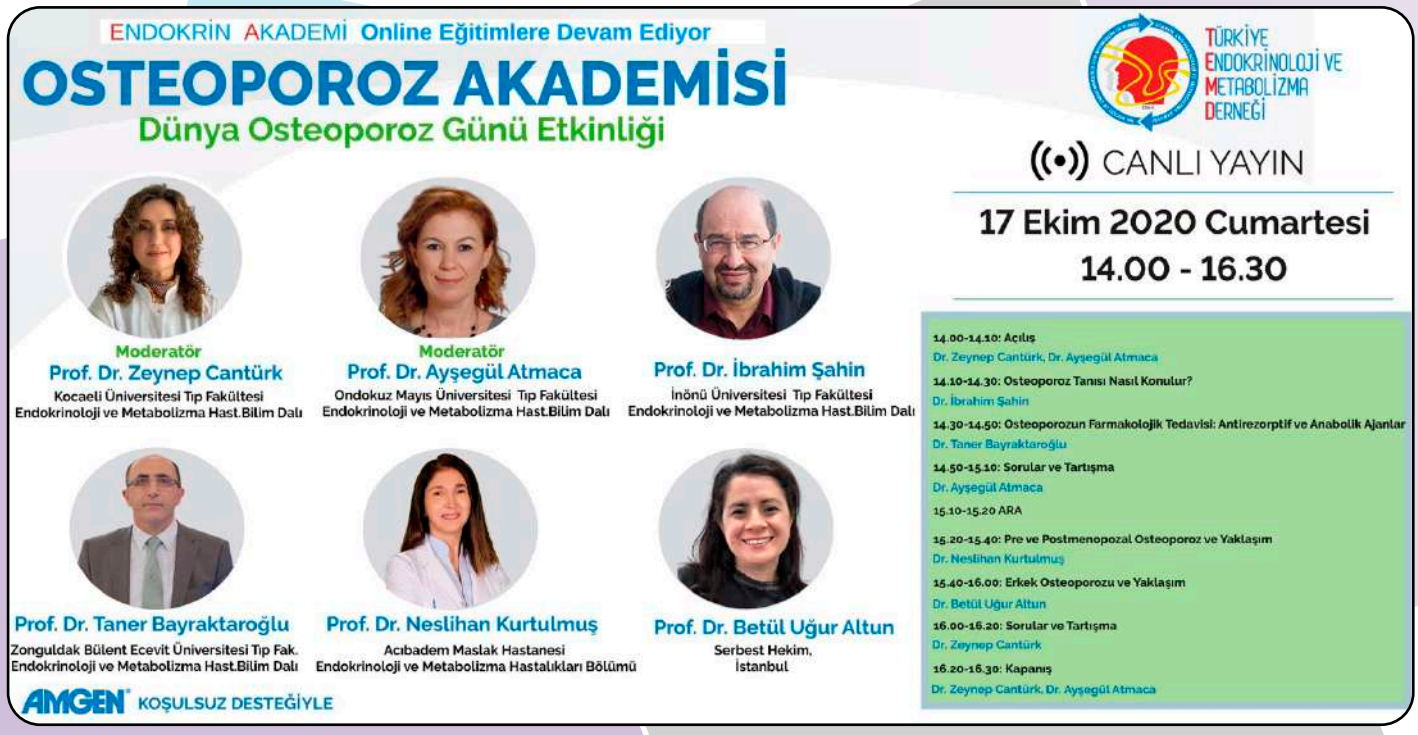
TEMD – ENDOKRİN AKADEMİ EKİM 2020 PROGRAMI

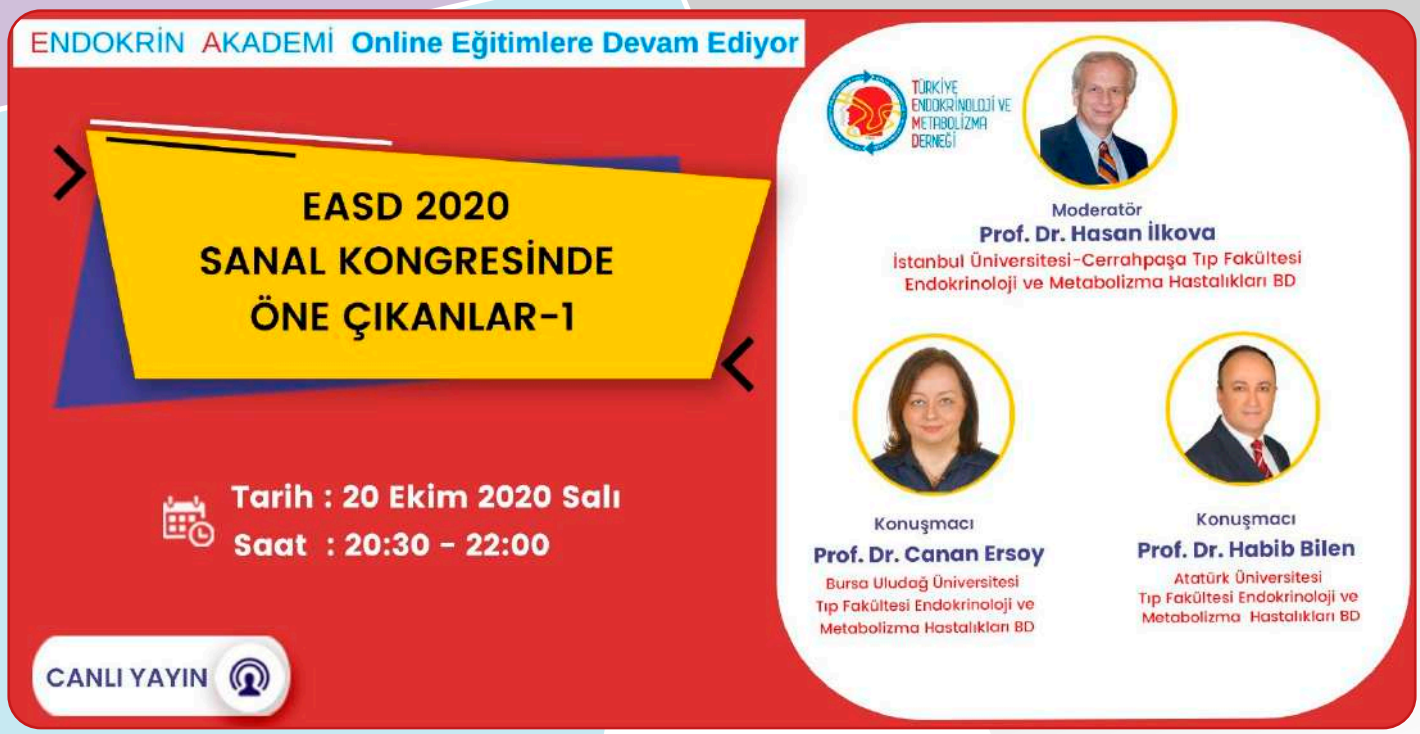






TEMD – ENDOKRİN AKADEMİ EKİM 2020 PROGRAMI





Online Kongre Katılım Hakkı Kazanan Üyelerimiz

Endokrin Akademi canlı yayınlarında yapılan çekilişlerde ESE üyeliği ile 22. ECE Kongresine ve Dünya Osteoporoz Kongresine (WCO-IOF-ESCO) online katılım hakkı kazanan üyelerimizin listesi aşağıdadır.

01.07.2020 YayınındaESE Üyeliği ve 22. ECE Kongresine Hak Kazanan Üyelerimiz

- **Dr. Birsen Ünsal Koyuncu**
  Özel Muayenehane, Antalya
- **Dr. Mahmut Yazıcı -** *Özkaya Tıp Merkezi Kızılay, Ankara*
- **Dr. Özlem Soyluk Selçukbiricik** – *İstanbul Üniversitesi İstanbul Tıp Fakültesi*
- **Dr. Rıfat Emral** - *Ankara Üniversitesi Tıp Fakültesi, Ankara*
- **Dr. Sezin Doğan Çakır -** *Adıyaman Eğitim Araştırma Hastanesi, Adıyaman*

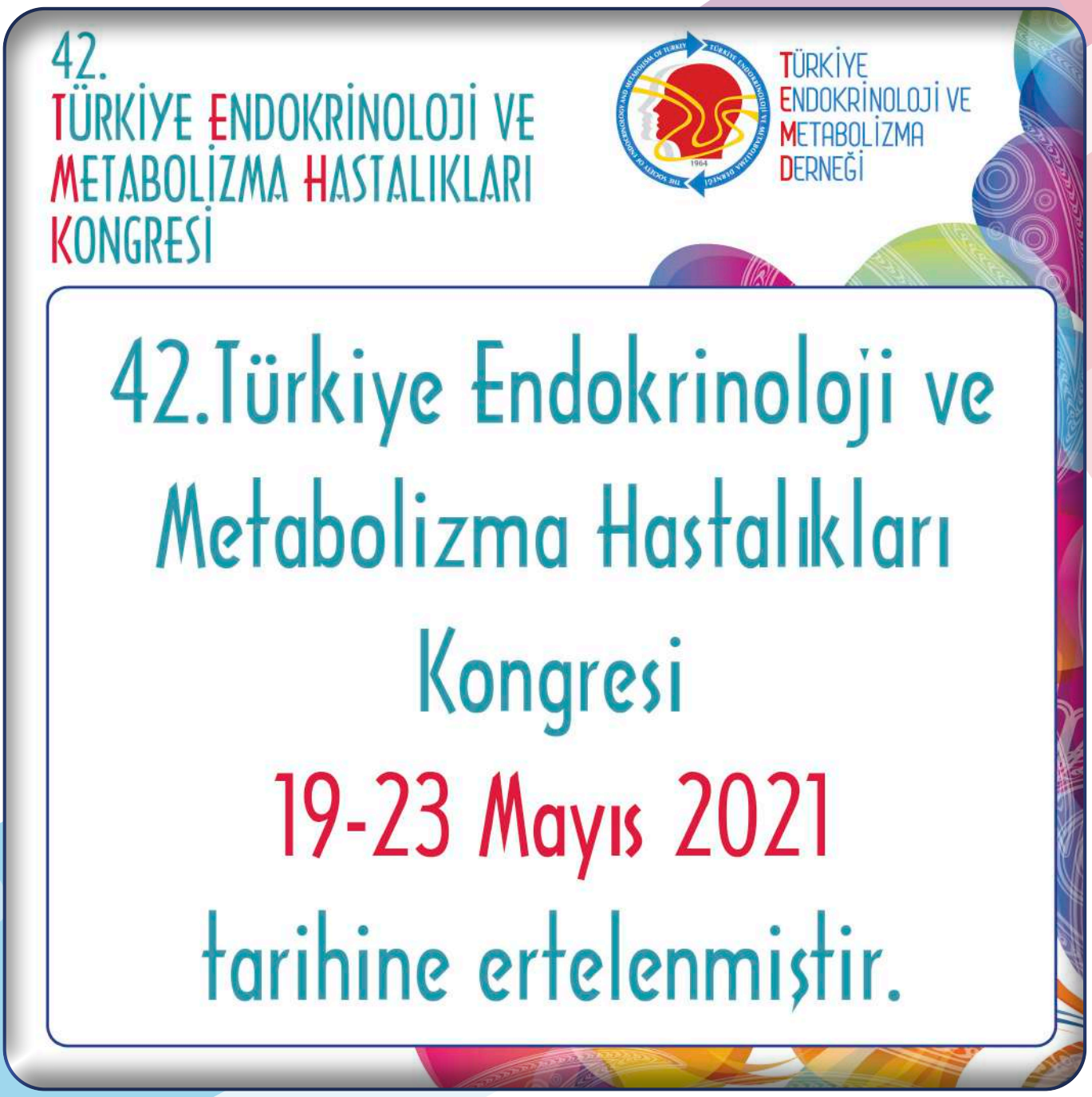
08.07.2020 Yayınında ESE Üyeliği ve 22. ECE Kongresine Hak Kazanan Üyelerimiz

- **Dr. Barış Cansu** - *Kütahya Sağlık Bilimleri Üniversitesi Evliya Çelebi Eğitim ve Araştırma Hastanesi, Kütahya*
- **Dr. Derya Sema Yaman Kalender** - *İzmir Katip Çelebi Üniversitesi Tıp Fakültesi, İzmir*
- **Dr. Emine Kartal Baykan** - *Erzurum Şehir Hastanesi, Erzurum*
- **Dr. Göktuğ Sarıbeyliler** - *İstanbul Üniversitesi İstanbul Tıp Fakültesi,İstanbul*
- **Dr. Neslihan Başçıl Tütüncü -** *Ankara Başkent Üniversitesi Tıp Fakültesi, Ankara*

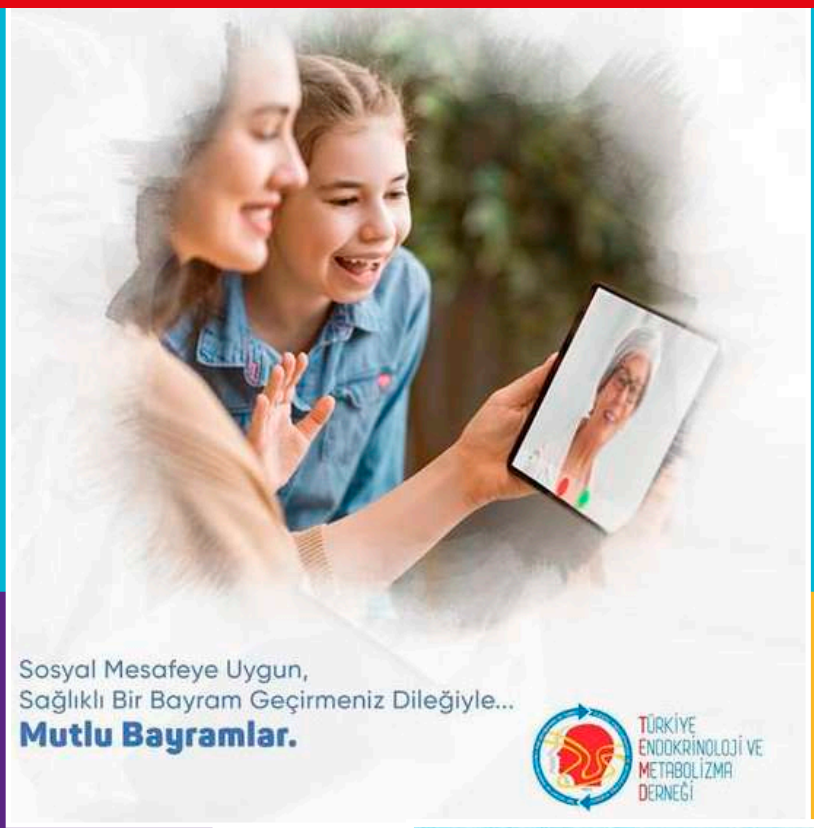
23.07.2020 Yayınında Dünya Osteoporoz Kongresine (WCO-IOF-ESCO) Hak Kazanan Üyelerimiz:

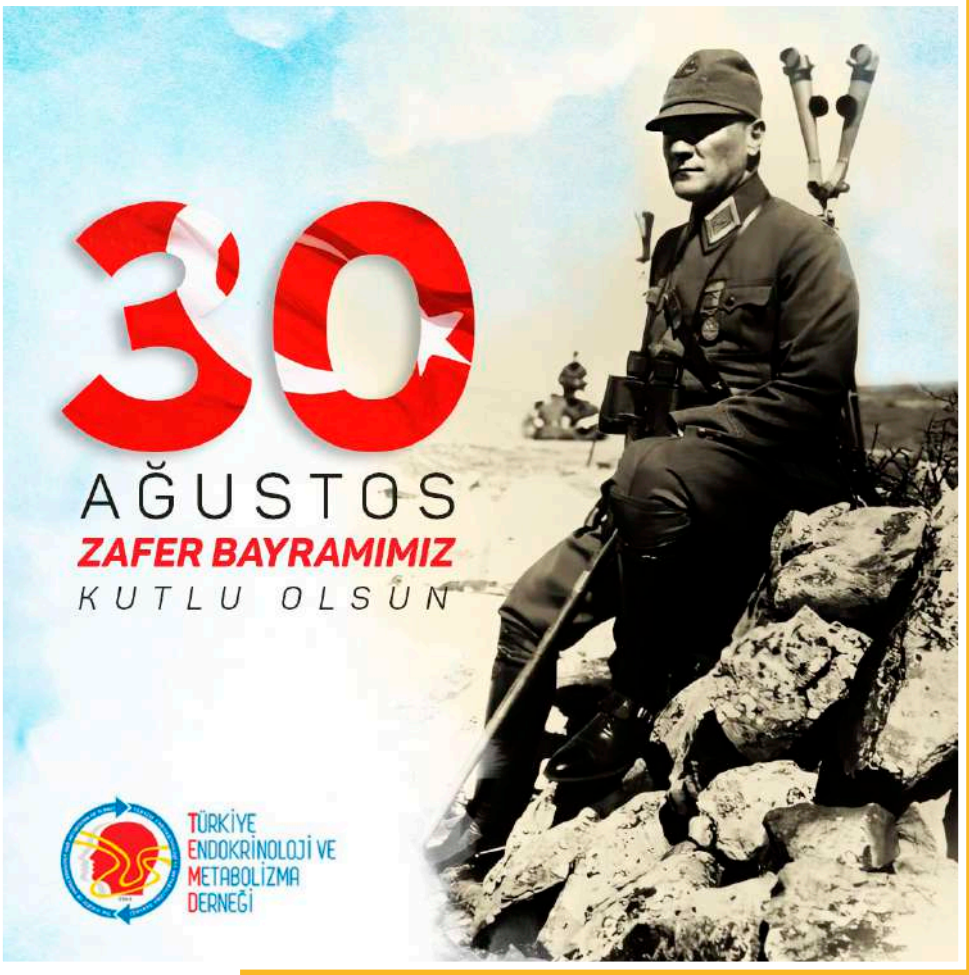
- **Dr. Murat Dağdeviren** - *Keçiören Eğitim ve Araştırma Hastanesi, Ankara*
- **Dr. Narimana Imanova Yağcı** - *Ondokuz Mayıs Üniversitesi Tıp Fakültesi, Samsun*
- **Dr. Burçak Çavnar Helvacı** - *Ankara Şehir Hastanesi, Ankara*
- **Dr. Dilek Geneş -** *Dicle Üniversitesi Tıp Fakültesi, Diyarbakır*
- **Dr. Hüseyin Soylu** - *Ondokuz Mayıs Üniversitesi Tıp Fakültesi, Samsun*
- **Dr. Merve Yılmaz -***Samsun Gazi Devlet Hastanesi, Samsun*
- **Dr. Safiye Arık** - *Çamlıca Medicana Hastanesi, İstanbul*
- **Dr. Tolga Akkan** - *Keçiören Eğitim ve Araştırma Hastanesi, Ankara*
- **Dr. Serra Alpözen -** *Erciyes üniversitesi Tıp Fakültesi, Kayseri*
- **Dr. Sevde Nur Fırat** - *Ankara Eğitim ve Araştırma Hastanesi, Ankara*
- **Dr. Özlem Turhan İyidir** - *Başkent Üniversitesi Tıp Fakültesi, Ankara*
- **Dr. Sevinç Kerimova** - *Özel Hastane*
- **Dr. Mustafa Eroğlu -** *Balıkesir Üniversitesi Tıp Fakültesi, Balıkesir*
- **Dr. Elif Tutku Durmuş -** *Keçiören Eğitim ve Araştırma Hastanesi, Ankara*
- **Dr. Buket Yılmaz Bülbül** - *Trakya Üniversitesi Tıp Fakültesi, Edirne*

Kongre, Kurslar ve Sempozyumlar



BAYRAMLARIMIZ KUTLU OLSUN





Ulusal ve Uluslararası Bilimsel Kongre ve Sempozyumlar

- 20-23 Ağustos 2020
  IOF-WCO-IOF -ESCEO, World Congress On Osteoporosis, Osteoarthrisis and Musculoskeletal Diseases - Virtual Congress
  https://www.wco-iof-esceo.org/

- 05-09 Eylül 2020
  e-ECE 2020- 22nd European Congress of Endocrinology
  https://www.ese-hormones.org/events-deadlines/european-congress-of-endocrinology/ece-2020/

- 21-25 Eylül 2020
  56. EASD Annual Meeting - Virtual Meeting
  https://www.easd.org/annual-meeting/easd-2020.html

- 06-11 Ekim 2020
  Online 22. İç Hastalıkları Kongresi, Belek, Antalya
  http://www.tihud.org.tr/

- 22-24 Ekim 2020
  Online EndoBridge 2020
  https://endobridge.org/

- 03-10 Kasım 2020
  Online 56. Ulusal Diyabet Metabolizma ve Beslenme Hastalıkları Kongresi
  https://www.diyabetkongresi.org/

- 27-29 Kasım 2020
  ENEA 2020 - 19th Congress of the European Neuroendocrine Association - Virtual Congress
  http://enea2020.com/

- 24-28 Şubat 2021
  19th International Congress of Endocrinology
  4th Latin American Congress of Endocrinology (COMLAEN)
  13th Congress of Argentine Federation of Endocrinology Societies
  https://icevirtualcongress.com/

- 19-23 Mayıs 2021
  42. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi
  Sueno Kongre Merkezi, Antalya
  http://www.temhk2020.org

- 01-03 Ekim 2021
  Mezuniyet Sonrası Eğitim Kursu - ENDOKURS-5, Malatya
  http://temd.org.tr

- 5-6 Kasım 2021
  16. Hipofiz Sempozyumu
  Swiss Otel, Ankara
  https://www.hipofiz2020.org/

Üyelerimizden Literatür Seçmeleri

RECOMMENDATIONS FOR EPIDEMIOLOGIC AND PHENOTYPIC RESEARCH IN POLYCYSTIC OVARY SYNDROME: AN ANDROGEN EXCESS AND PCOS SOCIETY RESOURCE

Ricardo Azziz[1,2,3], Kristina Kintziger[4], Rong Li[5], Joop Laven[6], Laure Morin-Papunen[7], Sharon Stein Merkin[8], Helena Teede[9], Bulent O Yildiz[10]

Hum Reprod. 2019 Nov 1;34(11):2254-2265. doi: 10.1093/humrep/dez185. PMID: 31751476 DOI: 10.1093/humrep/dez185

Study question: What are the best practices for undertaking epidemiologic and phenotypic studies in polycystic ovary syndrome (PCOS)?

Summary answer: Best practices for the undertaking of epidemiologic and phenotypic studies in PCOS are outlined.

What is known already: Currently methodologies used for studies of PCOS epidemiology and phenotypes vary widely, and the comparability of studies is low, reducing the ability to harmonize studies.

Study design, size, duration: The Androgen Excess and PCOS (AE-PCOS) Society established a Task Force to draft a research resource for epidemiologic and phenotypic studies in PCOS, with the aim of providing guidelines on study design and execution, insights into the limitations and alternatives and protocols to be used, taking into consideration a global perspective.

Participants/materials, setting, methods: A targeted review of the literature was carried out as necessary.

Main results and the role of chance: High level recommendations include the following: (i) Before initiating the study, a number of critical factors should be addressed including selecting the population and diagnostic criteria (which should ideally align with the recommendations of the International Guidelines), the type of observational study to be undertaken and the primary and secondary endpoint(s) of the study.(ii) To assess the 'natural' or true phenotype and epidemiology of PCOS, the least medically biased, broadest and most generalizable population, and the broadest definition of PCOS, should be used.(iii) Four PCOS phenotypes (Phenotypes A through D), based on the presence or absence of three general features (oligo-anovulation, hyperandrogenism and polycystic ovarian morphology), should be ascertained.(iv) In epidemiologic and phenotypic studies, the detection of PCOS rests on the accuracy and sensitivity of the methods used for assessing the individual features of the disorder, and how 'normal' is defined.(v) Although an assessment algorithm that minimizes the use of certain measures (e.g. androgen levels and/or ovarian ultrasonography) can be devised, when possible it is preferable to uniformly assess all subjects for all parameters of interest.

(vi) The inclusion of subjects in epidemiologic studies who do not appear to have PCOS (i.e. 'non-PCOS') will provide the necessary cohort to establish population-specific normative ranges for the various features of PCOS. (vii) Epidemiologic studies of PCOS in unselected populations will yield relatively limited numbers of PCOS subjects available for genetic study; alternatively, large population-based epidemiologic studies of PCOS will potentially generate large numbers of unaffected individuals that may serve as genetic controls. (viii) Epidemiologic studies of PCOS will benefit from a clear governance structure and should begin by informing, educating and engaging both the formal and informal leaders of the populations targeted for study. (ix) In designing their study investigators should, in advance, establish statistical power and recognize, manage and account for inherent biases. (x) Subjects suspected of having PCOS but who do not/cannot complete their evaluation (i.e. have 'possible PCOS') can be included by imputation, assigning them a 'diagnostic weight' based on those subjects of similar clinical phenotype that have completed the study. (xi) In obtaining, storing and retrieving subject data, subjects should be assessed consecutively using a uniform data collection form; providing as complete and in depth data as possible. (xii) Maintenance of both paper and electronic medical records should focus on ensuring data quality, accuracy and institutional ethical compliance, and familiarity with country-dependent laws, including biobanking-specific laws, tissue laws and research laws. (xiii) In obtaining and biobanking study samples, these should be ideally collected at the time of the first assessment. (xiv) Access to stored data sets should ideally be granted to other bona fide researchers conducting research in the public interest. (xv) SOPs detailing the exact method of each of the activities for handling the data and the samples are necessary to ensure that all methods are performed uniformly. (xvi) Epidemiologic studies of PCOS must be resourced adequately.

Limitations, reasons for caution: As with all reports involving expert interpretation of experiential and published data, inherent individual biases are possible. This risk is minimized in the present study by including experts from varying fields of study, aligning with recent international evidence-based guidelines and obtaining consensus approval of the recommendations from the Task Force and the board of the AE-PCOS.

Wider implications of the findings: These guidelines should encourage investigators worldwide to undertake much needed epidemiologic studies of PCOS, increasing the validity, integrity and comparability of the data.

Study funding/competing interest(s): The study received no funding. R.A. serves as consultant for Medtronic, Spruce Biosciences and Ansh Labs; has received research funding from Ferring Pharmaceuticals; and is on the advisory board of Martin Imaging; R.L. has received research funding from MSD Pharmaceuticals; J.L. has received fees and/or grant support from the Dutch Heart Association, The Netherlands Organisation for Health Research and Development (ZonMw), Ferring Pharmaceuticals, Danone, Euroscreen/Ogeda and Titus Health Care; H.T. receives grant funding from the National Health and Medical Research Council; K.K., L.M.-P., S.S.M. and B.O.Y. have no potential conflicts of interest.

AN OVERVIEW OF LIPODYSTROPHY AND THE ROLE OF THE COMPLEMENT SYSTEM

F. Corvillo[1], B. Akinci[2]

Mol Immunol. 2019 Aug;112:223-232. doi: 10.1016/j.molimm.2019.05.011. Epub 2019 Jun 6. PMID: 31177059 DOI: 10.1016/j.molimm.2019.05.011

The complement system is a major component of innate immunity playing essential roles in the destruction of pathogens, the clearance of apoptotic cells and immune complexes, the enhancement of phagocytosis, inflammation, and the modulation of adaptive immune responses. During the last decades, numerous studies have shown that the complement system has key functions in the biology of certain tissues. For example, complement contributes to normal brain and embryonic development and to the homeostasis of lipid metabolism. However, the complement system is subjected to the effective balance between activation-inactivation to maintain complement homeostasis and to prevent self-injury to cells or tissues. When this control is disrupted, serious pathologies eventually develop, such as C3 glomerulopathy, autoimmune conditions and infections. Another heterogeneous group of ultra-rare diseases in which complement abnormalities have been described are the lipodystrophy syndromes. These diseases are characterized by the loss of adipose tissue throughout the entire body or partially. Complement over-activation has been reported in most of the patients with acquired partial lipodystrophy (also called Barraquer-Simons Syndrome) and in some cases of the generalized variety of the disease (Lawrence Syndrome). Even so, the mechanism through which the complement system induces adipose tissue abnormalities remains unclear. This review focuses on describing the link between the complement system and certain forms of lipodystrophy. In addition, we present an overview regarding the clinical presentation, differential diagnosis, classification, and management of patients with lipodystrophy associated with complement abnormalities.

THE MOLECULAR BASIS AND GENOTYPE-PHENOTYPE CORRELATIONS OF CONGENITAL ADRENAL HYPERPLASIA (CAH) IN ANATOLIAN POPULATION

Ayca Dundar[1,2], Ruslan Bayramov[3], Muge G Onal[1,4], Mustafa Akkus[1,4], Muhammet E Dogan[1], Sercan Kenanoglu[1], Meltem Cerrah Gunes[1], Ulviye Kazimli [1], Mehmet N Ozbek[5], Oya Ercan[6], Ruken Yildirim[7], Gamze Celmeli[8], Mesut Parlak[9], Ismail Dundar[10], Nihal Hatipoglu[11], Kursad Unluhizarci[12], Hilal Akalin[1], Yusuf Ozkul[1,4], Cetin Saatci[1], Munis Dundar[13]

Mol Biol Rep. 2019 Aug;46(4):3677-3690. doi: 10.1007/s11033-019-04809-4. Epub 2019 Apr 20. PMID: 31006099 DOI: 10.1007/s11033-019-04809-4

Congenital adrenal hyperplasia (CAH) is an autosomal recessive genetic disorder due to presence of mutations in the genes involved in the metabolism of steroid hormones in adrenal gland. There are two main forms of CAH, classic form and non-classic form. While classic form stands for the severe form, the non-classic form stands for the moderate and more frequent form of CAH. The enzyme deficiencies such as 21-hydroxylase, 11-beta-hydroxylase, 3-beta-hydroxysteroid dehydrogenase, 17-alpha-hydroxylase deficiencies are associated with CAH. In this study, we aimed to investigate CYP21A2, CYP11B1, HSD3B2 genes which are associated with 21-hydroxylase, 11-beta-hydroxylase and 3-beta-hydroxysteroid dehydrogenase enzyme deficiencies, respectively, in 365 individuals by using Sanger sequencing method. We emphasized the classification of variants according their disease causing potential, and evaluated variants' frequencies including newly discovered novel variants. As a result, 32 variants of CYP21A2 including 10 novel variants, 9 variants of CYP11B1 including 3 novel variants and 6 variants of HSD3B2 including 4 novel variants were identified. The conclusions of our study showed that in Anatolia, discovery of novel variants is quite common on account of tremendous ratios of consanguineous marriages which increases the frequency of CAH. These results will contribute to the understanding of molecular pathology of the disease.

MOLECULAR SKIN CHANGES IN CUSHING SYNDROME AND THE EFFECTS OF TREATMENT

Z Karaca[1], S Taheri[2], S T Firat[1], M Borlu[3], G Zararsiz[4], E Mehmetbeyoglu[2], A Sezgin Caglar[1], A Hacioglu[1], F Tanriverdi[1], K Unluhizarci[1], F Kelestimur[5]

J Endocrinol Invest. 2020 May 14. doi: 10.1007/s40618-020-01285-7. Online ahead of print. PMID: 32410187 DOI: 10.1007/s40618-020-01285-7

Objective: We investigated newly diagnosed patients with endogenous CS for molecular changes in skin by biopsy before and a year after treatment of CS.

Patients and methods: 26 Patients with CS and 23 healthy controls were included. All the patients were evaluated before and a year after treatment. Skin biopsies were obtained from abdominal region before and a year after treatment in patients with CS and once from healthy volunteers. Total RNA was isolated from the skin biopsy samples and the real-time PCR system was used to determine the expression levels of 23 genes in the skin biopsy.

Results: Skin expression levels of HAS 1, 2 and 3 mRNAs were lower and COL1A2, COL2A1, COL3A1 mRNAs were higher in patients with CS than in normal controls. MMP-9, TIMP-1 and elastin mRNA expression levels were similar in two groups. Skin IL-1β mRNA expression level was significantly higher in patients with CS. None of these parameters changed significantly 12 months after treatment. Patients with CS showed higher skin GH and HSD11B1 mRNA expressions and lower GHR and IGF-1R mRNA expression compared to control. Expression levels of IGF-1, GR and HSD11B2 mRNA were similar in two groups. None of these parameters changed significantly 12 months after treatment.

Conclusion: CS is associated with increased expression levels of skin COL1A2, COL2A1, COL3A1 mRNAs (which are correlated with increased expression level of skin GH mRNA). Decreased skin HAS may cause decreased synthesis of HA that contributes to thinning of skin in CS. Increased local inflammatory cytokine and HSD11B1 mRNAs may be related to the acne formation in CS. Treatment of CS was not able to reverse these changes and ongoing changes were detected after treatment.

STANDARDS OF CARE FOR HYPOPARATHYROIDISM IN ADULTS: A CANADIAN AND INTERNATIONAL CONSENSUS

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Eur J Endocrinol. 2019 Mar;180(3):P1-P22.doi: 10.1530/EJE-18-0609. PMID: 30540559 PMCID: PMC6365672 DOI: 10.1530/EJE-18-0609

Purpose: To provide practice recommendations for the diagnosis and management of hypoparathyroidism in adults.

Methods: Key questions pertaining to the diagnosis and management of hypoparathyroidism were addressed following a literature review. We searched PubMed, MEDLINE, EMBASE and Cochrane databases from January 2000 to March 2018 using keywords 'hypoparathyroidism, diagnosis, treatment, calcium, PTH, calcidiol, calcitriol, hydrochlorothiazide and pregnancy'. Only English language papers involving humans were included. We excluded letters, reviews and editorials. The quality of evidence was evaluated based on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. These standards of care for hypoparathyroidism have been endorsed by the Canadian Society of Endocrinology and Metabolism.

Results: Hypoparathyroidism is a rare disease characterized by hypocalcemia, hyperphosphatemia and a low or inappropriately normal serum parathyroid hormone level (PTH). The majority of cases are post-surgical (75%) with nonsurgical causes accounting for the remaining 25% of cases. A careful review is required to determine the etiology of the hypoparathyroidism in individuals with nonsurgical disease. Hypoparathyroidism is associated with significant morbidity and poor quality of life. Treatment requires close monitoring as well as patient education. Conventional therapy with calcium supplements and active vitamin D analogs is effective in improving serum calcium as well as in controlling the symptoms of hypocalcemia. PTH replacement is of value in lowering the doses of calcium and active vitamin D analogs required and may be of value in lowering long-term complications of hypoparathyroidism. This manuscript addresses acute and chronic management of hypoparathyroidism in adults.

Main conclusions: Hypoparathyroidism requires careful evaluation and pharmacologic intervention in order to improve serum calcium and control the symptoms of hypocalcemia. Frequent laboratory monitoring of the biochemical profile and patient education is essential to achieving optimal control of serum calcium.

EVOLUTION OF HEMATOLOGICAL PARAMETERS DURING THE FIRST 2 YEARS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY: RESULTS OF A RETROSPECTIVE STUDY

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Purpose: Laparoscopic sleeve gastrectomy (LSG) is one of the most effective bariatric surgery methods of treatment for obesity. It can cause nutritional deficiencies and lead to anemia at the same time. The aim of the present study is to retrospectively investigate whether the supplement treatment administration to cases that underwent LSG is sufficient in terms of the hematological parameters.

Material and methods: A total of 494 obese patients between 18 and 65 years who underwent LSG were recruited to the study. Vitamin B12, iron, and folic acid replacement therapy are prescribed to all patients who can be followed-up at regular intervals. We compared hemogram, iron studies, vitamin B12, and folic acid values of these patients at preoperative and at first visit (1 month), 3, 6, 12, and 24 months post-surgery.

Results: The number of patients with anemia and vitamin B12 and folic acid deficiencies decreased significantly during the follow-up with supplementation. Postoperative leucocyte and thrombocyte levels were significantly lower than the preoperative levels.

Conclusion: Our study indicates that the proper supplementation therapy in patients attending regular follow-up helps to keep hematological parameters within the normal range and to improve anemia and deficiencies of vitamin B12 and folic acid. Compliance with follow-up programs is essential after costly and invasive treatments such as sleeve gastrectomy to improve the well-being of patients in the long-term and to maximize compliance.

PRIMARY HYPERPARATHYROIDISM AS FIRST MANIFESTATION IN MULTIPLE ENDOCRINE NEOPLASIA TYPE 2A: AN INTERNATIONAL MULTICENTER STUDY

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Objective: Multiple endocrine neoplasia type 2A (MEN 2A) is a rare syndrome caused by RET germline mutations and has been associated with primary hyperparathyroidism (PHPT) in up to 30% of cases. Recommendations on RET screening in patients with apparently sporadic PHPT are unclear. We aimed to estimate the prevalence of cases presenting with PHPT as first manifestation among MEN 2A index cases and to characterize the former cases.

Design and methods: An international retrospective multicenter study of 1085 MEN 2A index cases. Experts from MEN 2 centers all over the world were invited to participate. A total of 19 centers in 17 different countries provided registry data of index cases followed from 1974 to 2017.

Results: Ten cases presented with PHPT as their first manifestation of MEN 2A, yielding a prevalence of 0.9% (95% CI: 0.4-1.6). 9/10 cases were diagnosed with medullary thyroid carcinoma (MTC) in relation to parathyroid surgery and 1/10 was diagnosed 15 years after parathyroid surgery. 7/9 cases with full TNM data were node-positive at MTC diagnosis.

Conclusions: Our data suggest that the prevalence of MEN 2A index cases that present with PHPT as their first manifestation is very low. The majority of index cases presenting with PHPT as first manifestation have synchronous MTC and are often node-positive. Thus, our observations suggest that not performing RET mutation analysis in patients with apparently sporadic PHPT would result in an extremely low false-negative rate, if no other MEN 2A component, specifically MTC, are found during work-up or resection of PHPT.

CLINICAL CHARACTERISTICS, MANAGEMENT, AND TREATMENT OUTCOMES OF PRIMARY HYPOPHYSITIS: A MONOCENTRIC COHORT

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Horm Metab Res. 2020 Apr;52(4):220-227.doi: 10.1055/a-1113-7777. Epub 2020 Apr 8. PMID: 32268423 DOI: 10.1055/a-1113-7777

Primary hypophysitis (PH) is a rare autoimmune inflammatory disease of the pituitary gland. The aim of the study was to evaluate clinical characteristics, disease management, and outcomes of cases with PH. Medical records of PH patients admitted to Hacettepe University Hospital between 1999 and 2017 were analyzed retrospectively. Paraffin-embedded pathology blocks were obtained for both re-examination and IgG4 immunostaining. Twenty PH patients (15 females, 5 males) were evaluated. Mean age at diagnosis was 41.5±13.4 years. Some form of hormonal disorder was present in 63.2% of cases, hypogonadism (66.6%) being the most common. Panhypopituitarism was present in 36.8%. All patients had pituitary gland enlargement on magnetic resonance imaging; stalk thickening and loss of neurohypophyseal bright spot were present in 17.6 and 23.5%, respectively. Lymphocytic hypophysitis was the most common histopathological subtype (50%). Among pathology specimens available for IgG and IgG4 immunostaining (n=10), none fulfilled the criteria for IgG4-related hypophysitis. Four patients were given glucocorticoid treatment in diverse protocols; as initial therapy in 3. Sixteen cases underwent surgery, 7 of whom due to neuro-ophthalmologic involvement. Only 1 patient was observed without any intervention. Reduction of pituitary enlargement was seen in all surgical and glucocorticoid treated cases. None of the surgical patients showed hormonal improvement while one case in glucocorticoid group improved. PH should be considered in the differential diagnosis of sellar masses causing hormonal deficiencies. MRI findings are usually helpful, but not yet sufficient for definitive diagnosis of PH. Treatment usually improves symptoms and reduces sellar masses while hormonal recovery is less common

OUTCOMES OF TRANSITION FROM PREMIXED AND INTENSIVE INSULIN THERAPIES TO INSULIN ASPART/ DEGLUDEC CO-FORMULATION IN TYPE 2 DIABETES MELLITUS: A REAL-WORLD EXPERIENCE

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Introduction: To evaluate the efficacy and safety of transition from premixed and intensive insulin to twice-daily insulin degludec/aspart (IDegAsp) co-formulation in patients with type 2 diabetes mellitus.

Material and methods: In this 12-week study, patients receiving twice-daily premixed insulin therapy in Group 1 (n = 55) were switched to twice-daily IDegAsp. In Group 2 (n = 60), patients on intensive insulin therapy were switched to IDegAsp injected twice a day. Inter- and intragroup comparisons were made.

Results: A total of 115 patients were included in the study. There was a significant improvement in glycaemic control, median daily total insulin dose, body mass, body mass index, and hypoglycaemic events in Group 1 and Group 2 with the switch to IDegAsp ($p < 0.05$). The decrease in median daily total insulin dose requirement in Group 2 was higher than that of Group 1 ($p = 0.001$). There was no difference between groups in terms of other parameters ($p > 0.05$).

Conclusions: The current analysis indicates that IDegAsp treatment improves outcomes, with the most notable differences observed in daily total insulin requirement, body mass, and hypoglycaemia.

PERIOPERATIVE EXERCISE THERAPY IN BARIATRIC SURGERY: IMPROVING PATIENT OUTCOMES

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Diabetes Metab Syndr Obes. 2020 May 25;13:1813-1823. doi: 10.2147/DMSO.S215157. eCollection 2020. PMID: 32547143 PMCID: PMC7261659 DOI: 10.2147/DMSO.S215157

Nowadays, obesity and related comorbidities like type 2 diabetes, hypertension, dyslipidaemia and obstructive sleep apnoea syndrome are considered one of the medical challenges of the 21st century. Even with the rise of bariatric and metabolic surgery, obesity and metabolic syndrome are reaching endemic proportions. Even in 2020, obesity is still a growing problem. There is increasing evidence that next to bariatric surgery, exercise interventions in the perioperative period could give extra beneficial effects. In this regard, effects on anthropometrics, cardiovascular risk factors and physical fitness. The aim of this review is to summarise effects of preoperative and postoperative exercise, tools for screening and directions for future research and implementations.

SENSITIVE SEQUENCING ANALYSIS SUGGESTS THYROTROPIN RECEPTOR AND GUANINE NUCLEOTIDE-BINDING PROTEIN G SUBUNIT ALPHA AS SOLE DRIVER MUTATIONS IN HOT THYROID NODULES

Alexandra Stephenson[1,2], Markus Eszlinger[1,2,3], Paul Stewardson[2,4], John B McIntyre[5], Eileen Boesenberg[6], Rifat Bircan[7], Seda Sancak[8], Hulya I Gozu[9], Sana Ghaznavi[10], Knut Krohn[11], Ralf Paschke[1,2,3,10]

Thyroid. 2020 May 12. doi: 10.1089/thy.2019.0648. Online ahead of print.

Background: Constitutively activating mutations in the thyrotropin receptor (TSHR) and the guanine nucleotide-binding protein G subunit alpha (GNAS) are the primary cause of hot thyroid nodules (HTNs). The reported prevalence of TSHR and GNAS mutations in HTNs varies. Previous studies show TSHR mutations in 8-82% of HTNs and GNAS mutations in 8-75% of HTNs. With sensitive and comprehensive targeted next-generation sequencing (tNGS), we re-evaluated the prevalence of TSHR and GNAS mutations in HTNs.

Methods: Samples from three previous studies found to be TSHR and GNAS mutation negative were selected and re-evaluated using high-resolution melting (HRM) PCR. Remaining mutation negative samples were further reanalyzed by tNGS with a sequencing depth between 3000 × and 10,000 ×. Our tNGS panel covered the entire TSHR coding sequence along with mutation hot spots in GNAS. Sequencing reads were aligned to reference and variants were called using Torrent Suite software v5.8.

Results: In total, 154 of 182 previously mutation negative HTNs were positive for TSHR or GNAS mutations, resulting in an 85% prevalence of TSHR and GNAS mutations in HTNs, 79% and 6%, respectively. In a subset of 25 HTNs with multiple samples per nodule, and analyzed by tNGS at high sequencing depth, TSHR mutations were detected in 23 (92%) HTNs and 1 GNAS mutation was detected in 1 (4%) HTN, 96% mutation positive HTNs in this subset.

Conclusions: Owing to the higher sensitivity of tNGS as compared with denaturing gradient gel electrophoresis and HRM-PCR, TSHR or GNAS mutations could be detected in 85% of HTNs. The detection of TSHR and GNAS mutations occurred in 96% of HTNs in a sample set with multiple samples per nodule analyzed by tNGS. Taken together with the fact that no other driver mutations could be identified by whole exome sequencing, our study strongly supports the hypothesis that TSHR and GNAS mutations are the main somatic mutations leading to HTNs.

KİTAP BÖLÜMÜ

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- **Sodium Bicarbonate**
  Niluk Leon Senewiratne[1], Allison Woodall[2], Ahmet S. Can[3]
  PMID: 32644565 Bookshelf ID: NBK559139

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