

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir online yayımlanır

Sayı 74 • Nisan – Mayıs – Haziran • 2021



CANLI YAYIN

TOPLANTILARIMIZ...

TEMED
Endokrin Akademi

CUSHİNG SENDROMU FARKINDALIĞI GÜNÜ

MODERATÖR - KONUŞMACI
Prof. Dr. Sema Yarman
TEMED Hipofiz Çalışma Grubu Başkanı
İÜ İstanbul Tıp Fakültesi
Endokrinoloji ve Metabolizma
Hast. BD Emekli Öğr. Üyesi

KONUŞMACI
Prof. Dr. Züleyha Karaca
Erciyes Üniversitesi Tıp Fakültesi
Endokrinoloji ve Metabolizma
Hastalıkları Bilim Dalı, Kayseri

08 Nisan 2021 Perşembe
SAAT : 20.00-21.30

TEMED
Endokrin Akademi

AKROMEĞALİ FARKINDALIK GÜNÜ

MODERATÖR - KONUŞMACI
Prof. Dr. Sema Yarman
Geçmişten Günümüze Akromegali
TEMED Hipofiz Çalışma Grubu Başkanı
İÜ İstanbul Tıp Fakültesi
Endokrinoloji ve Metabolizma
Hast. BD Emekli Öğr. Üyesi

KONUŞMACI
Prof. Dr. Güzin Fidan Yaylı
Akromegali Tanı ve Tedavi
Pamukkale Üniversitesi Tıp Fakültesi,
Endokrinoloji ve Metabolizma Hastalıkları
Bilim Dalı, Denizli

KONUŞMACI
Doç. Dr. Banu Şarer Yürekli
Ailesel Akromegali
Ege Üniversitesi Tıp Fakültesi
Endokrinoloji ve Metabolizma Hastalıkları
Bilim Dalı, İzmir

KONUŞMACI
Doç. Dr. Metin Güçlü
Akromegali Tedavisinde Yeni Gelişmeler
SBÜ Bursa Yüksek İhtisas
Eğitim ve Araştırma Hastanesi Endokrinoloji ve
Metabolizma Hastalıkları Bölümü, Bursa

15 Nisan 2021 Perşembe
SAAT : 21.00-23.00



TEM D
Endokrin Akademi

**DÜŞÜK, ORTA, YÜKSEK KIRIK RİSKİ OLAN
OSTEOPOROTİK HASTALARA VE
KIRIĞI OLAN HASTALARA YAKLAŞIM**

MODERATÖR
Prof. Dr. Füsün Saygılı
Ege Üniversitesi Tıp Fakültesi
Endokrinoloji ve Metabolizma
Hastalıkları Bilim Dalı, İzmir

KONUŞMACI
Prof. Dr. Meryem Bayraktar
Hacettepe Ünv. Tıp Fakültesi
Endok. ve Metab. Hastalıkları BD
Emekli Öğretim Üyesi

**16 Haziran 2021 Çarşamba
SAAT : 21.00**

**TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ**



TEM D
Endokrin Akademi

TEM D ENDOKRİN AKADEMİ TİROİD ÇALIŞMA GRUBU TOPLANTISI

Panel 1
Tiroid Disfonksiyonu Tanı ve Tedavi Yaklaşımı

MODERATÖR
Prof. Dr. Şebnem Aktaran
Prof. Dr. Tefik Sabuncu

Panel 2
Gebelikte Tiroid Disfonksiyonu Tanı ve Tedavi Yaklaşımı

MODERATÖR
Prof. Dr. Kamile Gül
Prof. Dr. Kerem Sezer

Prof. Dr. Ersin Akarsu
16.00 - 16.20
Hipotiroidi tedavisini kime, nasıl yapalım?

Prof. Dr. Ayşe Kubat Üzümlü
16.20 - 16.40
Tirotoksikozlu hastaya yaklaşım

Doç. Dr. Dilek Tüzün
16.40 - 17.00
Subklinik tiroid hastalıklarına yaklaşım

Doç. Dr. Filiz Ekşi Haydardedeoğlu
17.25 - 17.45
Gebelikte hipotiroidi yönetimi

Dr. Öğretim Üyesi Bahri Evren
17.45 - 18.05
Gebelikte hipertiroidi yönetimi

**26 Haziran 2021 CUMARTESİ
SAAT: 16.00-18.15**

**TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ**

KONGRE, KURSLAR VE SEMPOZYUMLAR



A'DAN Z'YE KLİNİK ARAŞTIRMALAR

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ

A'dan Z'ye
İleri Seviye Klinik Araştırmalar
Sertifika Programı'na
katılımınızdan mutluluk duyacağız.

Tarih: **10-11 Nisan 2020**
Saat: **10:00-16:30**

Bu toplantı AstraZeneca'nın koşulsuz desteği ile düzenlenmiştir.



TİROKURS-26
PRATİK TİROİDOLOJİ KURSU

19 Haziran 2021
09:20-12:10

ÇEVİRİM İÇİ YAPILACAKTIR ve
KATILIM ÜCRETSİZDİR

Sevdiklerimize Kavuşabileceğimiz
Nice Bayramlara...
İyi Bayramlar.



BAYRAMLARIMIZ KUTLU OLSUN

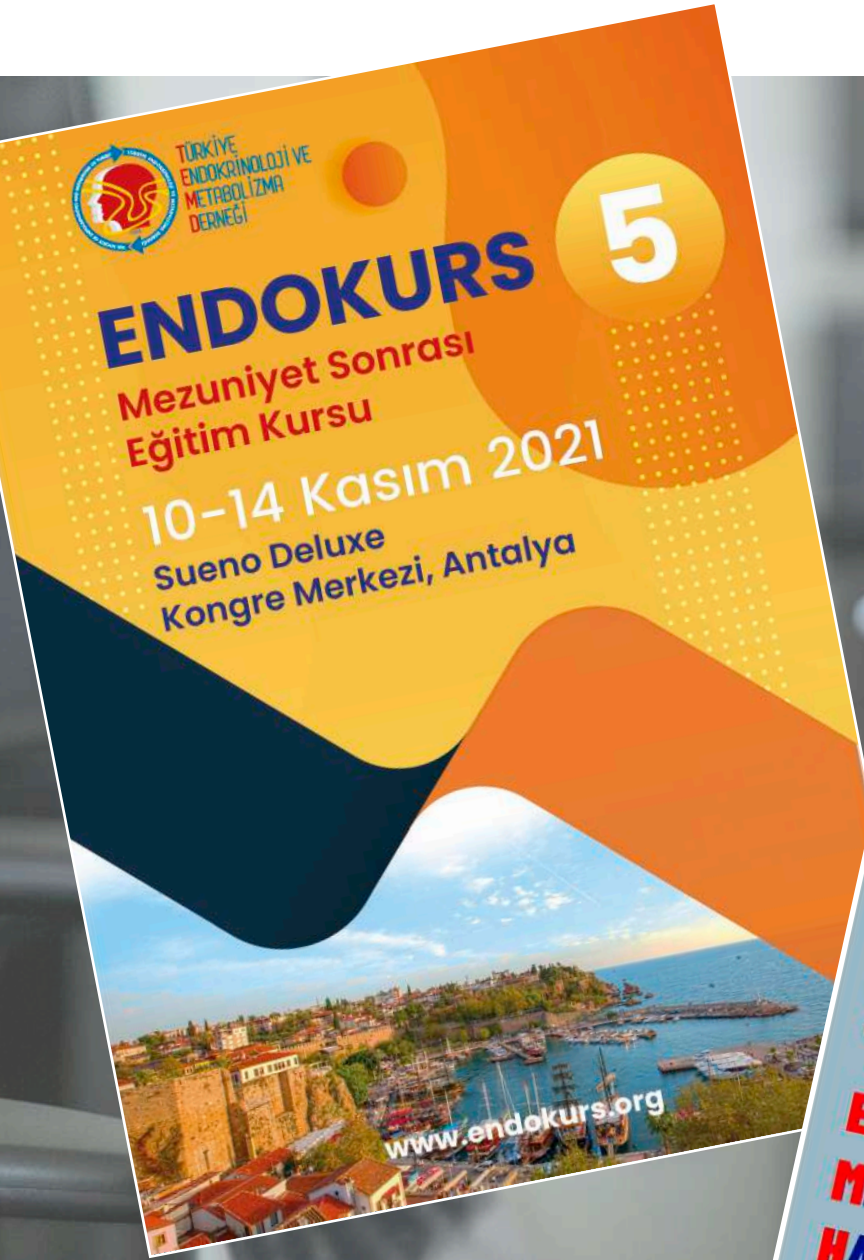
23
NİSAN
ULUSAL EGEMENLİK VE
**ÇOCUK
BAYRAMI**
Kutlu olsun



TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ



TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ

KONGRE, KURSLAR VE SEMPOZYUMLAR

DUYURULAR

TEMD ENDOKRİN AKADEMİ AÇILDI...!

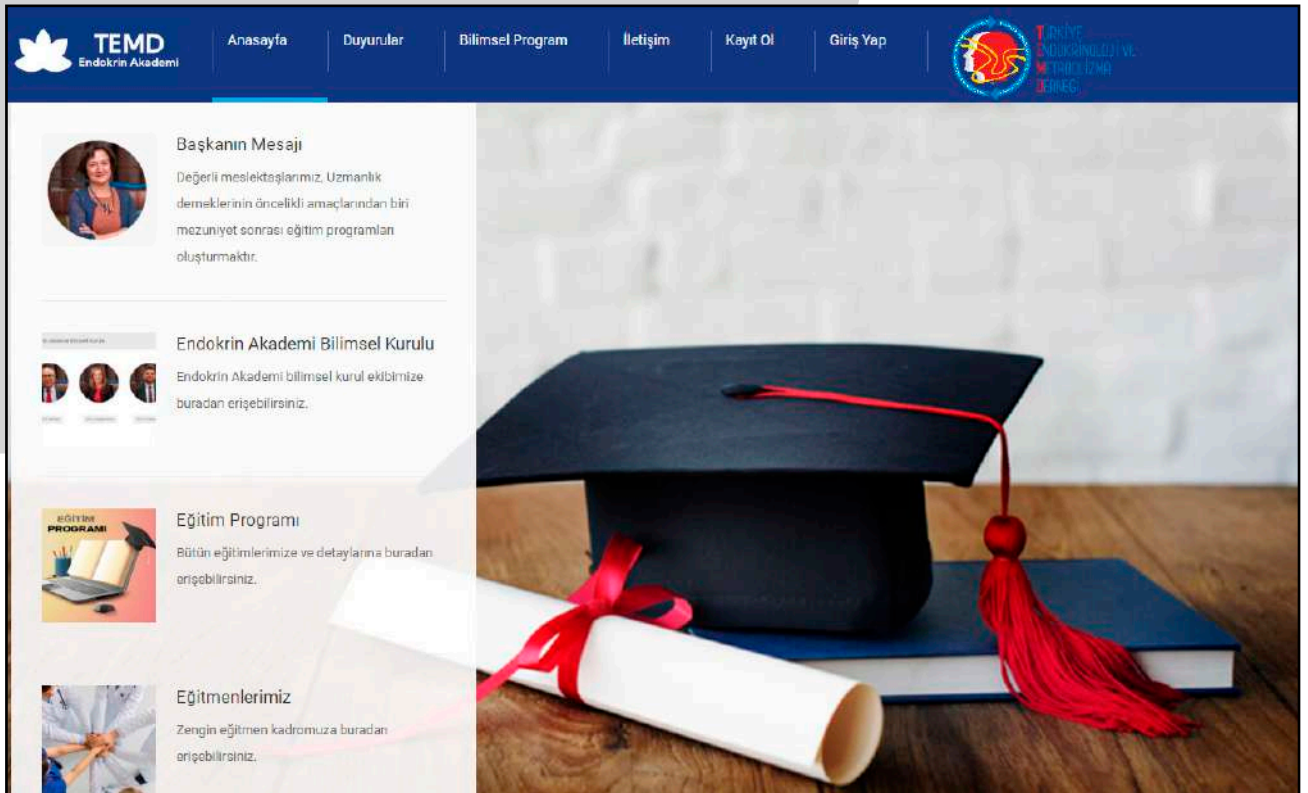
Değerli Meslektaşlarımız,

İçinde bulunduğumuz COVID-19 pandemisi süreci, web tabanlı eğitim ihtiyacını belirgin hale getirmiş ve kullanımını artırmıştır. Derneğimiz, meslektaşlarımızın bu ihtiyaçlarını gidermek amacıyla önemli bir adım atmış ve ENDOKRİN AKADEMİ adındaki web tabanlı eğitim ortamını sizlerin erişimine sunmuştur.

Endokrin Akademi içeriğinde canlı toplantılar, uzaktan çekimle kaydedilmiş eğitim modülleri, akademik gelişim modülleri, zor ve ilginç olguların tartışılacağı e-konseyler ve alanımızın önemli uluslararası kongrelerinin özetlendiği toplantılar bulunacaktır. Ayrıca belirlenmiş bazı modüller tamamlandığında Türk Tabipleri Birliği tarafından kredilendirilecektir. Endokrin Akademi sayfasına <https://endokrinakademi.org> adresinden ulaşabilir, sayfa içeriklerimizi <https://www.youtube.com/channel/UCjTuumW2Bk5dd1djPd2SqrQ/videos> youtube kanalından inceleyebilirsiniz.

İçeriklerimiz zaman içinde sizlerden gelen geri bildirim ve ihtiyaçlar doğrultusunda geliştirilip güncellenecektir. Endokrin Akademi'nin tüm hekimlerimize yararlı olmasını umuyor, başarılar diliyoruz.

TEMD Yönetim Kurulu



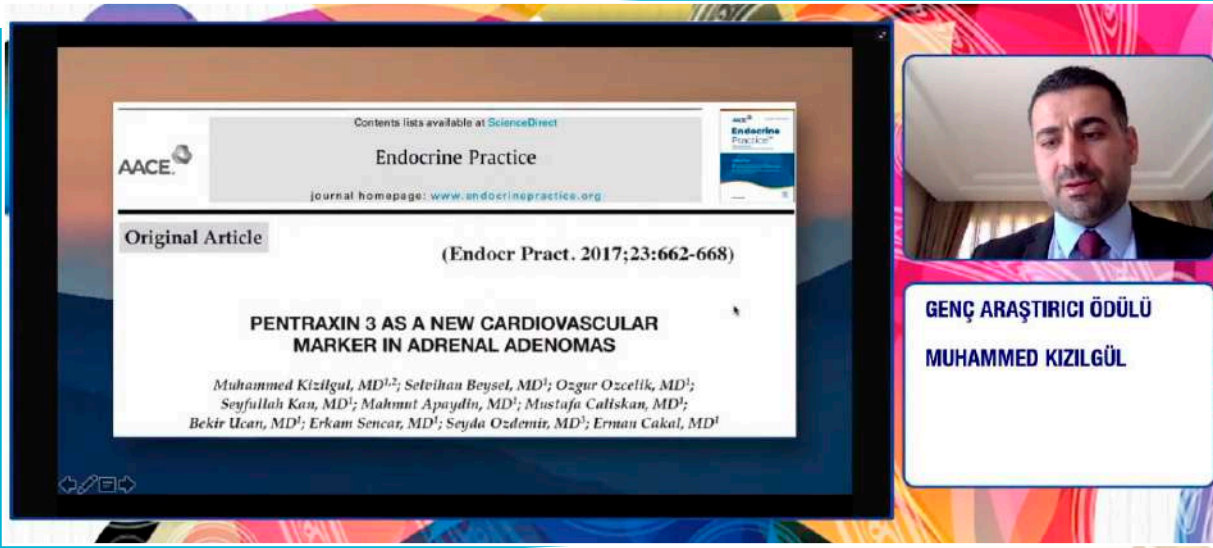
42. TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA HASTALIKLARI KONGRESİ TAMAMLANDI

"42. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi" bu yıl online olarak, 19-23 Mayıs 2021 tarihleri arasında, 1021 meslektaşımızın katılımı ile başarıyla tamamlandı. Bu yıl kongre bünyesinde "Pratik Endokrinoloji Kursu" ve "Endokrinolojik Aciller Kursu" olmak üzere iki kurs gerçekleştirildi. 42. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi bilimsel programında, 17 konferans, 24 panel, 17 uzmanına danış, 12 sözlü bildiri oturumu, 15 uydu sempozyum yer aldı. 5'i yurt dışından davetli olmak üzere toplam 218 konuşmacı ve oturum başkanı bilimsel programda görev aldı. İlkini bir önceki yıl gerçekleştirdiğimiz, genç endokrinologların çalışmalarını sunma fırsatı buldukları "TEMĐ GENÇ Paneli" bu yıl da "Akılcı İlaç - Tedavi Kılavuzları ile Genç Endokrinologlar ne

Diyor?" bilimsel programı içinde yerini aldı. Bu yıl "Genç Araştırmacı Ödülünü" almaya, Doç. Dr. Muhammed Kızılgül hak kazandı. Doç. Dr. Muhammed Kızılgül açılış töreninde çalışmalarını anlattığı bir konferans verdi. 42. Türkiye Endokrinoloji ve Metabolizma Kongresi'nde 60 Sözlü, 332 Poster olmak üzere toplam 392 bildiri sunuldu. Bilimsel Kurul tarafından yapılan değerlendirmeler sonucunda her yıl olduğu gibi bu yıl da en iyi 3 sözlü ve 3 poster bildiriye ödül verildi. TURKJEM Makale Yarışmasının sonuçları da kongremiz sırasında açıklandı ve ödüller sahiplerini buldu.

Kongremizde emeği geçen tüm meslektaşlarımıza teşekkür eder, başarılar dileriz.







● SÖZLÜ BİLDİRİ ÖDÜLLERİ

SÖZLÜ BİLDİRİ BİRİNCİLİK ÖDÜLÜ

BETA-HÜCREŞİ GOLGİAYGITININ GLUKOLİPOTOKSİSTEYE MORFOLOJİK YANITI

Neslihan Bascil Tutuncu, H. Pınar Baysan Çebi, Yaprak Yalçın, Hasibe Verdi, Tanju Tütüncü, Süleyman Erol, Figen Kaymaz, F. Belgin Ataç
Başkent Üniversitesi Endokrinoloji ve Metabolizma Dalı, Ankara, Türkiye

SÖZLÜ BİLDİRİ İKİNCİLİK ÖDÜLÜ (S-45)

AKROMEGALİ HASTALARINDA DİYABETİ PREDİKTE ETMEDE YENİ BİR BİOMARKER: FATTY ACID BINDING PROTEİN-4

Sema Hepşen, Pınar Akhanlı, Hakan Düğer, Murat Çalapkulu, Bekir Uçan, Erkam Sencar, İlknur Ünsal, Davut Sakız, Seyit Murat Bayram, Mustafa Özbek, Erman Çakal
Sağlık Bilimleri Üniversitesi, Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi, Endokrinoloji ve Metabolizma Hastalıkları Kliniği, Ankara

SÖZLÜ BİLDİRİ ÜÇÜNCÜLÜK ÖDÜLÜ (S-46)

YÜKSEK TİRAJLI GAZETELERDE YAYINLANAN ZAYIFLAMA DİYETLERİNİN ENERJİ VE BESİN ÖGESİ İÇERİKLERİ

Gökçen Garipoğlu, Şule Aktaş, Fatma Esra Güneş
Başkent Üniversitesi Endokrinoloji ve Metabolizma Dalı, Ankara, Türkiye

● POSTER BİLDİRİ ÖDÜLLERİ

POSTER BİLDİRİ BİRİNCİLİK ÖDÜLÜ (P-061)

DİYABET MODELLERİNDE CD47/ SIRPA'NIN BEYİN DOKUSUNDAKİ EKSPRESYONLARI: ÖN VERİLER

Nil Kırışçıoğlu, Esra Özkan, Gül Eyikudamacı, Alihan Dursun, Tasneem Hasanin, Deniz Şimşek, Oğuzhan Deyneli, Dilek Yazıcı, Yıldız Tütüncü
Koç Üniversitesi Translasyonel Tıp Araştırma Merkezi (KUTTAM)

POSTER BİLDİRİ İKİNCİLİK ÖDÜLÜ (P-221)

TÜRKİYE'DE HİPOPARATİROİDİ HASTALARININ KLİNİK VE LABORATUVAR ÖZELLİKLERİ: HİPOPARATURK-NET ÇALIŞMASI

Ceyla Konca Değertekin, Dilek Gogas Yavuz, Zafer Pekkolay, Kader Uğur, Arzu Or Koca, Ömer Can Topaloğlu, Nilüfer Özdemir Kutbay, Yasemin Aydoğan Ünsal, Nusret Yılmaz, Tülay Omma, (Hipoparaturknet Araştırma Grubu Adına)
Ufuk Üniversitesi Tıp Fakültesi, Endokrinoloji BD, Ankara

POSTER BİLDİRİ ÜÇÜNCÜLÜK ÖDÜLÜ (P-267)

TİROİD NODÜLLERİNDE MALİGNİTENİN PREOPERATİF ÖNGÖRÜSÜNDE FARKLI ULTRASONOGRAFİK RİSK SINIFLAMA SİSTEMLERİNİN ETKİNLİĞİNİN KARŞILAŞTIRILMASI

Fatma Dilek Dellal Kahramanca, Abbas Ali Tam, Şefika Burçak Polat, Mustafa Ömer Yazıcıoğlu, Aylin Kılıç Yazgan, Cevdet Aydın, Didem Özdemir, Afra Alkan, Oya Topaloğlu, Reyhan Ersoy, Bekir Çakır
Ankara Şehir Hastanesi, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı, Ankara

● TURKJEM 4. ÖDÜLLÜ MAKALE YARIŞMASI ÖDÜLLERİ

BİRİNCİLİK ÖDÜLÜ

FACTORS AFFECTING SURVIVAL IN ADRENOCORTICAL CANCERS: SINGLE-CENTER EXPERIENCE

ADRENOKORTİKAL KANSERLERDE SAĞ KALIMA ETKİ EDEN FAKTÖRLER: TEK MERKEZ DENEYİMİ

Mehmet Güven, Mehmet Şimşek, Alpaslan Kemal Tuzcu
Dicle University Faculty of Medicine, Department of Endocrinology, Diyarbakır, TURKEY
<http://www.turkjem.org/uploads/pdf/395018260155502.pdf>

İKİNCİLİK ÖDÜLÜ

ACUTE COMPLICATIONS AND PREGNANCY OUTCOMES WITH CONTINUOUS SUBCUTANEOUS INSULIN INFUSION THERAPY IN PREGNANT WOMEN WITH TYPE 1 DIABETES

TİP 1 DİABETES MELLİTUSU OLAN GEBELERDE SÜREKLİ SUBKÜTAN İNSÜLİN İNFÜZYON TEDAVİSİNİN AKUT KOMPLİKASYONLAR VE GEBELİK SONLANIMI ÜZERİNE ETKİSİ

Işıl Kalan Sarı, Alev Eroğlu Altınova, Çiğdem Özkan, Müjde Aktürk, Ceyla Konca Değertekin, Ethem Turgay Cerit, Mehmet Muhittin Yalçın, Füsün Baloş Törüner, Ayhan Karakoç, İlhan Yetkin, Göksun Ayvaz, Nuri Çakır
Gazi University Faculty of Medicine, Division of Department of Endocrinology and Metabolism, Ankara, TURKEY
<http://www.turkjem.org/uploads/pdf/38524377247349.pdf>

ÜÇÜNCÜLÜK ÖDÜLÜ

DIAGNOSTIC AND THERAPEUTIC APPROACHES TO THYROID NODULES IN TURKEY

TÜRKİYE'DE TİROİD NODÜLLERİNE TANI VE TEDAVİ YAKLAŞIMLARI

Berna İmge Aydoğan, Seher Demirer*, Yeşim Erbil**, Murat Faik Erdoğan
Ankara University Faculty of Medicine, Department of Endocrinology and Metabolism, Ankara, Turkey *Ankara University Faculty of Medicine, Department of General Surgery, Ankara, Turkey **İstanbul University Faculty of Medicine, Department of General Surgery, İstanbul, Turkey
<http://www.turkjem.org/uploads/pdf/673415307913720.pdf>

TEMĐ 25 MAYIS DÜNYA TİROİD GÜNÜ BASIN AÇIKLAMASI

TİROİDİNİ FARKET

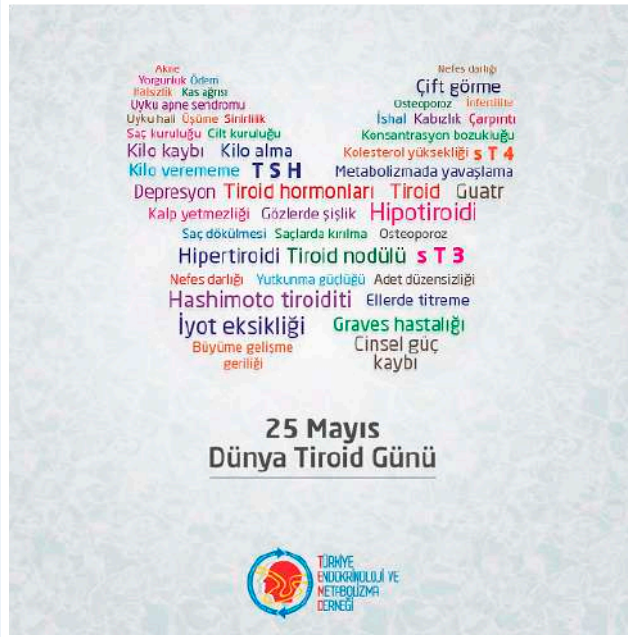
Türkiye Endokrinoloji ve Metabolizma Derneği (TEMĐ) Tiroid Çalışma Grubu Başkanı Prof. Dr. Ersin Akarsu 25 Mayıs Dünya Tiroid Günü nedeniyle açıklamalarda bulundu.

Tiroid hastalıkları oldukça sık görülen hastalıklardır. Guatr, tiroid nodülleri, tiroid kanseri, bağırsıklık sistemi bozukluğuyla birlikte olan Hashimoto tiroiditi, tiroid bezinin fazla hormon üretmesine bağlı hipertiroidi veya yetersiz hormone üretmesine bağlı hipotiroidi gibi hastalıklar, iltihabi veya inflamasyona bağlı tiroid hastalıklar (tiroiditler), gebelikte tiroid hastalıkları ve iyot eksikliği gibi durumlar birey ve toplum sağlığını etkilemektedir. Bu hastalıklar günlük yaşamımızı olumsuz etkileyen şikayetlere yol açabilir. Yorgunluk, infertilite, kilo alma veya tam tersine kilo kaybı, cilt kuruluğu, uyku problemleri, adet düzensizliği, saç dökülmesi, saç kuruluğu, sinirlilik, ödem, kabızlık, kas güçsüzlüğü, ses kısıklığı, nefes almada güçlük, gözlerde büyüme, çift görme, sinirlilik, ellerde titreme, bazı kalp ritm bozuklukları, kolesterol yüksekliği ve uyku apne sendromu gibi durumların sebebi tiroid bezi hastalıkları olabilir. Bu tarz şikayeti olan kişilerin tiroid hastalıkları açısından değerlendirilmesi ve uygun şekilde tedavisi gerekiyor.

Bu yıl özellikle iyot eksikliğine vurgu yapmak istiyoruz. İyot, tiroid hormonlarının üretimi için temel elementtir. Yeterli iyot alımı normal büyüme ve gelişme için gereklidir. İyot eksikliği yetersiz tiroid hormonu üretimine yol açmaktadır. İyot profilaksisi için hâlen dünyada önerilen en etkili yöntem sofr tuzlarının iyotlanmasıdır. Ülkemiz

orta ciddi derecede iyot eksikliği ve endemik guatr bölgesidir. Sofra tuzlarının zorunlu olarak iyotlanması ile problem şehir merkezlerinde önemli ölçüde çözülmüştür, ancak problemin özellikle kırsalda devam ettiği düşünülmektedir. TEMĐ olarak ülke çapında rafine edilmeyen, içeriği net olarak bilinmeyen veya diğer katkı maddelerinin doğal veya yapay olarak eklendiği, kaya tuzu, gurme tuzları gibi tuzların kullanılmasını ise önermiyoruz.

Belirtilen sorunlara dikkat çekmek için bu yıl 25 Mayıs Dünya Tiroid Günü aktivitesi olarak TEMĐ sosyal medya kanalları yoluyla görseller paylaşılacaktır. Tiroid hastalıklarının fark edilmesi için faydalı olmasını diliyoruz.



ETKİNLİKLER

Zonguldak Bülent Ecevit Üniversitesi Tıp Fakültesi 15 Nisan Akromegali Günü ve 25 Mayıs Dünya Tiroid Günü kapsamında ulusal katılımı canlı-çevrimişi toplantılar düzenlemiştir.

25 Mayıs tarihinde gerçekleşen “Tiroid Fonksiyon Bozuklukları Tedavisine Güncel Yaklaşım” başlıklı, oturum başkanlıklarını Prof. Dr. Taner BAYRAKTAROĞLU ve Prof. Dr. Güldeniz Karadeniz ÇAKMAK’ın yürüttüğü toplantıda Dr. Öğretim Üyesi Sakin TEKİN tarafından “Tiroid fonksiyon testlerinin değerlendirilmesi” ve Dr. Öğretim Üyesi Ömercan TOPALOĞLU tarafından “Hipotroidizm ve hipertroidizm kliniğine yaklaşım” konuları anlatıldı.

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Türkçe Diyabet ve Obezite Dergisi

EASOJCOM Turkish Journal of Diabetes and Obesity

Medical Journal of Western Black Sea Batı Karadeniz Tıp Dergisi

ULUSAL ve ULUSLARARASI BİLİMSEL KONGRE ve SEMPOZYUMLAR

- 26-29 Ağustos 2021
IOF-WCO-IOF-ESCEO, World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases – Virtual Congress
<https://www.wco-iof-esceo.org/>
- 4-7 Eylül 2021
43rd Annual Meeting of the European Thyroid Association (ETA)-Online Meeting
<https://www.eurothyroid.com/events/43rd-annualmeeting-of-the-eta.html>
- 27 Eylül-1 Ekim 2021
Virtual EASD 2021
<https://www.easd.org/annual-meeting/easd-2021.html>
- 9 Eylül - 3 Ekim 2021
90th Annual Meeting of the American Thyroid Association
Westin Kierland Scottsdale, Arizona
www.thyroid.org
- 21-24 Ekim 2021
EndoBridge 2021 - Online
<https://www.endobridge.org/>
- 5 - 6 Kasım 2021
16. Hipofiz Sempozyumu
Swiss Otel, Ankara
<https://www.hipofiz2020.org/>
- 10-14 Kasım 2021
Mezuniyet Sonrası Eğitim Kursu - ENDOKURS 5
Sueno Otel, Antalya
<http://temd.org.tr/>
- 6-11 Aralık 2021
IDF Virtual Congress 2021
<https://idf2021.org/>
- 18-22 MAYIS 2022
43. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi, Antalya
<https://temd.org.tr/haberler/225-turkiye-endokrinoloji-ve-metabolizma-hastaliklari-kongresi>
- 7-10 Eylül 2022
Lyon ENEA 2022 Congress - 20th Congress of the European Neuroendocrine Association
Lyon, Cité Internationale – Centre de Congrès, France
<https://eneassoc.org/>

ÜYELERİMİZDEN LİTERATÜR SEÇMELERİ

ASSESSMENT OF NON-TRAUMATIC VERTEBRAL FRACTURES IN CUSHING'S SYNDROME PATIENTS

T Apaydın¹, D G Yavuz²*J Endocrinol Invest. 2021 Jan 9. Online ahead of print. PMID: 33420960 DOI: 10.1007/s40618-020-01496-y*

Purpose: Hypercortisolism has detrimental effects on bone metabolism with the consequences of bone loss and bone fractures. We aimed to evaluate the frequency of vertebral fragility fractures and to determine the factors associated with Cushing's syndrome (CS).

Methods: A total of 135 patients diagnosed with Cushing's syndrome [108 patients with Cushing's disease and 27 patients with adrenocortical adenoma] and 107 healthy controls were included in this cross-sectional study. The available clinical, laboratory, and radiologic data of patients with CS were recorded, retrospectively. Lateral vertebral radiograms were evaluated for vertebral fragility fractures according to Genant's semi-quantitative method. Bone mineral density (BMD) was determined using a Dual-energy X-ray absorptiometry (DEXA).

Results: Vertebral fragility fractures (VFs) were observed in 75.3% (n = 61) of the patients. The median number of VFs was six (min-max: 2-12). All patients with vertebral fractures had thoracic VF, and 50.7% of the patients had lumbar fragility fractures. Thirty-three (40.7%) patients with vertebral fractures had normal bone densitometry values. Osteoporosis and osteopenia were observed in 16.2% and 40.7% of the patients, respectively. The duration of active disease, the presence of ACTH-secreting pituitary adenoma, and 24-h urinary cortisol did not influence the presence of vertebral fractures. Vertebral fractures were independently associated with age, FSH, LH levels, and lumbar BMD ($R^2 = 68.18\%$, $p = 0.028$). The femoral neck BMD (but not lumbar BMD) was independently associated with age, BMI, and PTH levels ($R^2 = 48.48\%$, $p < 0.001$).

Conclusion: Vertebral fracture frequency was higher in CS patients. Most of the patients with vertebral fractures had multiple fractures. Although low lumbar BMD was associated with VF, patients with CS with normal bone densitometry could experience VF. Vertebral radiograph evaluations as a part of routine evaluation for silent vertebral fractures may help to prevent further fractures in patients with CS.

TUMOR VOLUME CAN BE USED AS A PARAMETER INDICATING THE SEVERITY OF DISEASE IN PARATHYROID CANCER

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Objective: To determine whether tumor volume and tumor size are related to disease severity in parathyroid cancer (PC).

Methods: Patients treated for PC at our institution were retrospectively identified. Data were collected about clinical and pathologic characteristics, laboratory parameters, tumor volume, recurrence, metastasis, and mortality. Correlation analysis was applied to laboratory parameters, tumor volume, and tumor size in PC patients.

Results: The study included 20 patients diagnosed with PC at our center. The median follow-up was 33 months. Serum calcium (median, 12.5 mg/dL), serum parathormone (PTH) (median, 743 pg/mL), and serum alkaline phosphatase (ALP) (median, 298 U/L) levels were found to be increased, and 25-hydroxyvitamin D (25(OH)D) (median, 12.3 ng/mL) and serum phosphorus (median, 2.1 mg/dL) levels were decreased. Magnesium level was within normal limits (median, 1.9 mg/dL). The median tumor volume was 5.7 mL and median tumor size was 2.5 cm. Significant positive correlations were found between tumor volume and calcium, ALP, and PTH levels. A significant negative correlation was found between tumor volume and 25(OH)D level. There were no significant correlations between tumor size and calcium, ALP, PTH, and 25(OH)D.

Conclusion: These results found that the tumor volume affected PTH, calcium, ALP, and 25(OH)D levels. The morbidity and mortality associated with PC were usually associated with PTH secretion and hypercalcemia. Therefore, tumor volume may be a more effective parameter than tumor size when evaluating the severity of disease.

MOLECULAR ECONOMY OF NATURE WITH TWO THYROTROPINS FROM DIFFERENT PARTS OF THE PITUITARY: PARS TUBERALIS THYROID-STIMULATING HORMONE AND PARS DISTALIS THYROID-STIMULATING HORMONE

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Thyrotropin (TSH) is classically known to be regulated by negative feedback from thyroid hormones and stimulated by thyrotropin-releasing hormone (TRH) from the hypothalamus. At the end of the 1990s, studies showed that thyrotroph cells from the pars tuberalis (PT) did not have TRH receptors and their TSH regulation was independent from TRH stimulation. Instead, PT-thyrotroph cells were shown to have melatonin-1 (MT-1) receptors and melatonin secretion from the pineal gland stimulates TSH- β subunit formation in PT. Electron microscopy examinations also revealed some important differences between PT and pars distalis (PD) thyrotrophs. PT-TSH also have low bioactivity in the peripheral circulation. Studies showed that they have different glycosylations and PT-TSH forms macro-TSH complexes in the periphery and has a longer half-life. Photoperiodism affects LH levels in animals via decreased melatonin causing increased TSH- β subunit expression and induction of deiodinase-2 (DIO-2) in the brain. Mammals need a light stimulus carried into the suprachiasmatic nucleus (which is a circadian clock) and then transferred to the pineal gland to synthesize melatonin, but birds have deep brain receptors and they are stimulated directly by light stimuli to have increased PT-TSH, without the need for melatonin. Photoperiodic regulations via TSH and DIO 2/3 also have a role in appetite, seasonal immune regulation, food intake and nest-making behaviour in animals. Since humans have no clear seasonal breeding period, such studies as recent "domestication locus" studies in poultry are interesting. PT-TSH that works like a neurotransmitter in the brain may become an important target for future studies about humans.

DETERMINANTS OF HIGH-DOSE INSULIN USAGE AND UPPER EXTREMITY MUSCLE STRENGTH IN ADULT PATIENTS WITH TYPE 2 DIABETES

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Can J Diabetes. 2021 Jun;45(4):341-345. Epub 2020 Oct 10. PMID: 33277196 DOI: 10.1016/j.jcjd.2020.10.003

Objectives: In this study, we aimed to determine the association between upper extremity muscle strength and insulin dose in patients with type 2 diabetes.

Methods: A total of 236 patients with type 2 diabetes under insulin treatment for at least 1 year were included in this cross-sectional study. Patients were divided into 3 groups based on their total daily insulin dose (TDID): group 1, TDID >2 U/kg/day or >200 units/day; group 2, TDID 1 to 2 U/kg/day or 51 to 199 U/day; and group 3, TDID <0.5 U/kg/day or 50 U/day. High-dose insulin use was defined as total daily insulin dose >2 U/kg or >200 U/day. Muscle strength was measured using a handgrip dynamometer.

Results: High-dose insulin users were younger and had

higher measures of generalized and central obesity and glycated hemoglobin. There was no significant difference in muscle strength between the groups. Low muscle strength was seen in 26.7% of all patients. Patients with low muscle strength were older, had lower insulin dose treatment and had better glycemic control than patients with normal muscle strength. Handgrip strength was inversely correlated with age, body mass index and duration of diabetes, but not with TDID.

Conclusions: Patients with type 2 diabetes with high-dose insulin use had similar upper extremity muscle strength measurements with standard-dose insulin users. Studies with more patients are needed to determine the relationship between muscle mass, muscle strength and high-dose insulin use.

ASYMMETRY INDICATES MORE SEVERE AND ACTIVE DISEASE IN GRAVES' ORBITOPATHY: RESULTS FROM A PROSPECTIVE CROSS-SECTIONAL MULTICENTRE STUDY

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Purpose: Patients with Graves' orbitopathy can present with asymmetric disease. The aim of this study was to identify clinical characteristics that distinguish asymmetric from unilateral and symmetric Graves' orbitopathy.

Methods: This was a multi-centre study of new referrals to 13 European Group on Graves' Orbitopathy (EUGOGO) tertiary centres. New patients presenting over a 4 month period with a diagnosis of Graves' orbitopathy were included. Patient demographics were collected and a clinical examination was performed based on a previously published protocol. Patients were categorized as having asymmetric, symmetric, and unilateral Graves' orbitopathy. The distribution of clinical characteristics among the three groups was documented.

Results: The asymmetric group (n = 83), was older than the symmetric (n = 157) group [mean age 50.9 years (SD 13.9) vs 45.8 (SD 13.5), p = 0.019], had a lower female to male ratio than the symmetric and unilateral (n = 29) groups (1.6 vs 5.0 vs 8.7, p <0.001), had more active disease than the symmetric and unilateral groups [mean clinical Activity Score 3.0 (SD 1.6) vs 1.7 (SD 1.7), p <0.001 vs 1.3 (SD 1.4), p <0.001] and significantly more severe disease than the symmetric and unilateral groups, as measured by the Total Eye Score [mean 8.8 (SD 6.6) vs 5.3 (SD 4.4), p <0.001, vs 2.7 (SD 2.1), p <0.001].

Conclusion: Older age, lower female to male ratio, more severe, and more active disease cluster around asymmetric Graves' orbitopathy. Asymmetry appears to be a marker of more severe and more active disease than other presentations. This simple clinical parameter present at first presentation to tertiary centres may be valuable to clinicians who manage such patients.

CHARACTERISTICS OF PATIENTS WITH HYPERTENSION IN A POPULATION WITH TYPE 2 DIABETES MELLITUS. RESULTS FROM THE TURKISH NATIONWIDE SURVEY OF GLYCEMIC AND OTHER METABOLIC PARAMETERS OF PATIENTS WITH DIABETES MELLITUS (TEM D HYPERTENSION STUDY)

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Prim Care Diabetes. 2021 Apr;15(2):332-339. Epub 2020 Dec 1. PMID: 33277201 DOI: 10.1016/j.pcd.2020.11.001

Background: The present survey aimed to find out the demographical and clinical characteristics of patients with hypertension in a population with type 2 diabetes mellitus (T2DM) in Turkey.

Methods: Patients with T2DM who were followed-up in tertiary endocrine units for at least last one year were recruited. Demographic, clinical and biochemical data of the patients were collected. Hypertension was defined as taking anti-hypertensive medications or having office arterial blood pressure (ABP) $\geq 140/90$ mmHg or home ABP $\geq 130/80$ mmHg.

Results: A total of 4756 (58.9% women) diabetic patients were evaluated. The percentage of patients with hypertension was 67.5% (n = 3212). Although 87.4% (n = 2808) of hypertensive patients were under treatment, blood pressure was on target in 52.7% (n = 1479) of patients. Hypertension proportions were higher in woman (p = 0.001), older, more obese, and those who had longer diabetes duration, lower education levels, higher frequency of hypoglycemic events (all p < 0.001) and higher triglyceride levels (p = 0.003). LDL cholesterol level and the percentage of smokers were lower in hypertensive group than in non-hypertensive group (both p < 0.001). The percentage of macro and microvascular complications was higher in the hypertensive group than in the normotensive one (both p < 0.001). In multivariate logistic regression analysis, being a woman (OR: 1.26, 95% CI: 1.04-1.51, p = 0.016), smoking (OR: 1.38, 95% CI: 1.05-1.80, p = 0.020), regular physical activity (OR: 1.24, 95% CI: 1.01-1.53, p = 0.039) and the presence of macrovascular complications (OR: 1.38 95% CI: 1.15-1.65, p = 0.001) were the significant predictors of good ABP regulation. The ratios of masked and white coat hypertension were 41.2% and 5.7%, respectively.

Conclusion: Our findings indicate that two-thirds (67.5%) of adult patients with T2DM have hypertension. Co-existence of hypertension increases the frequency of macro and microvascular diabetic complications in these patients. Despite the critical role of hypertension in morbidity and mortality, only half of the patients have favorable ABP levels. Masked hypertension seems to be another important issue in this population.

THE CLINICAL OUTCOMES OF COVID-19 INFECTION IN PATIENTS WITH A HISTORY OF THYROID CANCER: A NATIONWIDE STUDY

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Clin Endocrinol (Oxf). 2021 Apr 19. Online ahead of print. PMID: 33872399 DOI: 10.1111/cen.14486

Background: There are scarce published data in differentiated thyroid cancer patients about new coronavirus disease 2019 (COVID-19) disease outcomes and mortality. Here, we evaluated COVID-19 infection outcomes and mortality in thyroid cancer patients with COVID-19 infection.

Design and methods: We included a cohort of patients with thyroid cancer with PCR-confirmed COVID-19 disease from 11 March to 30 May 2020 from the Turkish Ministry of Health database in our nationwide, retrospective study. We compared the mortality and morbidity of COVID patients with or without thyroid cancer. Univariate and multivariate analyses were used to assess the independent factors for mortality, length of hospital stay and intensive care unit (ICU) admission and mechanical ventilation. We also analysed the effect of radioiodine treatment on severity and death rate of COVID-19 disease.

Results: We evaluated 388 COVID-19 patients with thyroid cancer [median age: 54 years, interquartile range (IQR) 18 years, males: 23%] and age and gender-matched 388 COVID-19 patients without thyroid cancer. Patients with thyroid cancer had a similar mortality ratio compared with the non-cancer group. Among patients with thyroid cancer, age, presence of diabetes mellitus, asthma/COPD, heart failure, chronic kidney disease, prior coronary artery disease, RAS blocker usage and low lymphocyte count were associated with mortality. Radioactive iodine (RAI) treatment and cumulative radioactive iodine dosage did not negatively affect the severity and mortality of COVID-19 disease in our patient group.

Conclusions: Our study indicated that history of thyroid cancer did not have an increased risk of mortality or morbidity in COVID-19 disease. Besides, RAI therapy history and doses of radioactive iodine did not affect mortality or outcome.

POLYCYSTIC OVARY SYNDROME AND BRAIN: AN UPDATE ON STRUCTURAL AND FUNCTIONAL STUDIES

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J Clin Endocrinol Metab. 2021 Jan 23;106(2):e430-e441. PMID: 33205212 DOI: 10.1210/clinem/dgaa843

Context: Polycystic ovary syndrome (PCOS) is the most common endocrine disorder of women in reproductive age and is associated with reproductive, endocrine, metabolic, cardiovascular, and psychological outcomes. All these disorders are thought to be affected by central mechanisms which could be a major contributor in pathogenesis of PCOS.

Evidence acquisition: This mini-review discusses the relevance of central nervous system imaging modalities in understanding the neuroendocrine origins of PCOS as well as their relevance to understanding its comorbidities.

Evidence synthesis: Current data suggest that central nervous system plays a key role in development of PCOS. Decreased global and regional brain volumes and altered white matter microstructure in women with PCOS is shown by structural imaging modalities. Functional studies show diminished reward response in corticolimbic areas, brain glucose hypometabolism, and greater opioid receptor availability in reward-related regions in insulin-resistant patients with PCOS. These structural and functional disturbances are associated with nonhomeostatic eating, diminished appetitive responses, as well as cognitive dysfunction and mood disorders in women with PCOS.

Conclusion: Structural and functional brain imaging is an emerging modality in understanding pathophysiology of metabolic disorders such as diabetes and obesity as well as PCOS. Neuroimaging can help researchers and clinicians for better understanding the pathophysiology of PCOS and related comorbidities as well as better phenotyping PCOS.

PUBLICATION OUTCOME OF RESEARCH PRESENTED AT THE EUROPEAN CONGRESS OF ENDOCRINOLOGY: A WEB SCRAPING-BASED ANALYSIS AND CRITICAL APPRAISAL

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Endocrine. 2021 May;72(2):385-391. Epub 2021 Jan 5. PMID: 33400172 DOI: 10.1007/s12020-020-02567-z

Purpose: The current study aimed to determine the publication outcome of abstracts presented at the 16th European Congress of Endocrinology (ECE 2014).

Methods: All presentations were collected with the web scraping - Python coding from the official website and converted into Google Scholar and PubMed search links with coding. A particular interface was coded to evaluate the results. An online survey was sent to the authors to assess the impact of congress on their publication.

Results: A total of 1205 abstracts from 71 countries were featured at the congress of which, 1145 (95%) were poster presentations (PP), and 60 (5%) were oral presentations. Subsequently, 341 abstracts (28.3%) were published as a full paper. There was no major change from the abstract in 73.3%

of full articles whereas 68.9% had at least one minor change. OP had higher conversion rates to publication than PP (65% vs 26.4; $p = 0.01$) and a higher median number of citations than PP (12 vs 6; $p = 0.01$). The median time to publication was 12 months (IQR: 2-24 months). OP was published in journals with a higher median impact factor (IF) than PP (5 vs 2.94; $p = 0.01$). Multi-country collaborative studies turned into more publications than single-country studies (OR: 3.91 95% CI: 2.52-6.06; $p < 0.01$). The congress's potential IF was calculated as 3.18. Among the authors responded to survey, 95% indicated that presenting at the congress was valuable for preparation of their publication.

Conclusions: This first study evaluating the publication outcome of an international endocrinology congress suggests a 28.3% publication ratio with low discrepancy and 3.18 IF for ECE 2014.

RESIDUAL PYRAMIDAL LOBE INCREASES STIMULATED THYROGLOBULIN AND DECREASES ENDOGENOUS THYROID STIMULATING HORMONE STIMULATION IN DIFFERENTIATED THYROID CANCER PATIENTS

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Objective: To determine the frequency of pyramidal lobe remnants after total thyroidectomy (TT) and the effect on stimulated thyroglobulin (Tg).

Methods: The study included 1740 differentiated thyroid cancer (DTC) patients who were followed up by our center. The department database was searched to identify DTC patients with residual pyramidal lobe after TT. All postoperative technetium-99m pertechnetate thyroid scintigraphy images were re-evaluated for pyramidal lobe residue. Serum stimulated Tg and thyroid stimulating hormone (TSH) levels measured within the first 6 months after TT were retrieved from the database.

Results: Pyramidal lobe residue was detected in 10.4% of the patients who underwent TT. Evidence of the pyramidal lobe was present on preoperative ultrasonography in 1.6% of the patients with residual pyramidal lobe. Stimulated Tg in patients with pyramidal lobe residue was significantly higher than that in patients without residue ($P = .01$). Endogenous stimulated TSH in patients with residual pyramidal lobe was significantly lower than that in patients without residue ($P = .036$). In 5.7% of patients with pyramidal lobe residue, a TSH level of >30 mIU/L was not achieved, which was a significantly higher rate than that in patients without pyramidal lobe residue ($P = .034$) and is the level required for maximum radioiodine uptake.

Conclusion: Pyramidal lobe residue was found in almost 10% of DTC patients. The pyramidal lobe is often missed on preoperative ultrasonography. Residual pyramidal lobe increased stimulated Tg and decreased endogenous stimulated TSH. Residual pyramidal lobe may complicate the follow-up of DTC patients.

INFLUENCE OF ETHNICITY ON DIFFERENT ASPECTS OF POLYCYSTIC OVARY SYNDROME: A SYSTEMATIC REVIEW

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This systematic review aimed to assess variations in the clinical presentation and treatment outcomes of patients with polycystic ovary syndrome (PCOS) belonging to different ethnicities. A search was performed for studies comparing various clinical aspects of PCOS in two or more different ethnic groups. After screening 2264 studies, 35 articles were included in the final analysis. In comparison with White women with PCOS (wPCOS), East Asian women with PCOS (eaPCOS) were less hirsute, whereas Hispanic women with PCOS (hPCOS), South Asian women with PCOS (saPCOS) and Middle Eastern women with PCOS (mePCOS) were more hirsute. saPCOS had higher androgen and lower sex hormone-binding globulin (SHBG) concentrations, mePCOS had higher DHEAS concentrations, and hPCOS and Black women with PCOS (bPCOS) had lower SHBG and DHEAS measures than wPCOS. Menstrual disturbances were more frequent in eaPCOS. Both saPCOS and eaPCOS had lower body mass index with increased central adiposity. hPCOS and bPCOS were more obese. saPCOS, mePCOS, hPCOS and bPCOS had a higher prevalence of insulin resistance than wPCOS. bPCOS had a better lipid profile but higher blood pressure and cardiovascular risk. Indigenous Australian women with PCOS were more obese and more insulin resistant with higher androgen concentrations. The clinical phenotype of PCOS therefore shows a wide variation depending on ethnicity.

THE CHARACTERIZATION OF SEX DIFFERENCES IN HYPOGLYCEMIA-INDUCED ACTIVATION OF HPA AXIS ON THE TRANSCRIPTOMIC LEVEL

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Cell Mol Neurobiol. 2021 Feb 5. Online ahead of print. PMID: 33544274 DOI: 10.1007/s10571-021-01043-0

Activation of the hypothalamic-pituitary-adrenal (HPA) axis using an insulin tolerance test (ITT) is a medical diagnostic procedure that is frequently used in humans to assess the HPA and growth-hormone (GH) axes. Whether sex differences exist in the response to ITT stress is unknown. Thus, investigations into the analysis of transcripts during activation of the HPA axis in response to hypoglycemia have revealed the underlying influences of sex in signaling pathways that stimulate the HPA axis. We assessed four time points of ITT application in Balb/c mice. After insulin injection, expression levels of 192 microRNAs and 41 mRNAs associated with the HPA, GH and hypothalamic-

pituitary-gonadal (HPG) axes were determined by real-time RT-PCR in the hypothalamus, pituitary and adrenal tissues, as well as blood samples (Raw data accession: <https://drive.google.com/drive/folders/10qI00NAtjxOepcNKxSJnQbJeBFa6zgHK?usp=sharing>). Although the ITT is commonly used as a gold standard for evaluating the HPA axis, we found completely different responses between males and females with respect to activation of the HPA axis. While activation of several transcripts in the hypothalamus and pituitary was observed after performing the ITT in males within 10 min, females responded via the pituitary and adrenal immediately and durably over 40 min. Additionally, we found that microRNA alterations precede mRNA responses in the HPA axis. Furthermore, robust changes in the levels of several transcripts including Avpr1b and Avpr2 observed at all time points strongly suggest that transcriptional control of these genes occurs mostly via differential signaling in pituitary and blood between males and females. Male and female HPA axis responses to ITT involve a number of sophisticated regulatory signaling pathways of miRNAs and mRNAs. Our results highlight the first robust markers in several layers of HPA, HPG and GH axis involved in ITT/hypoglycemia stress-induced dynamics.

AWARENESS, TREATMENT RATES, AND COMPLIANCE TO TREATMENT IN PATIENTS WITH SERUM LDL CHOLESTEROL HIGHER THAN 250 MG/DL, AND POSSIBLE, PROBABLE, OR DEFINITE FAMILIAL HYPERCHOLESTEROLEMIA

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Postgrad Med. 2021 Mar;133(2):146-153. Epub 2020 Sep 23. PMID: 32744105 DOI: 10.1080/00325481.2020.1805212

Purpose: Familial hypercholesterolemia (FH) is a genetic disease characterized by increased levels of low-density lipoprotein cholesterol (LDL-C). It is underdiagnosed and undertreated despite relatively high prevalence and significant association with increased mortality. We aimed to determine treatment status and compliance in patients with LDL-C \geq 250 mg/dL and FH.

Design: Patients older than 18 years old and have a serum LDL-C \geq 250 mg/dL between January 2010 to December 2016 were identified from the hospital database. A phone survey was performed. Demographic features, smoking status, alcohol use, exercise, cardiovascular disease (CVD), use of medication for dyslipidemia, and CVD and high cholesterol levels in the family were questioned. Dutch Lipid Clinical Network Criteria was used to classify patients. The study was registered to Clinicaltrials.gov in July 2020 (NCT04494464).

Results: 1365 patients with a LDL-C \geq 250 mg/dL were identified. Patients that could not be reached and who refused to interview were excluded and the data of 367 patients were analyzed. There were 248 (67.6%) female and 119 (32.4%) male patients and mean age was 50.52 ± 11.66 . LDL-C was ≥ 330 mg/dL in 50 (13.6%) and 250-329 mg/dL in 317 (86.4%) patients. Forty (10.9%) patients

were classified as definite, 181 (49.3%) as probable and 146 (39.8%) as possible FH. 213 (58.0%) patients were not receiving lipid-lowering treatment, and 162 (76.1%) stated that medication was never recommended previously, 30 (14.1%) had stopped medication him/herself and 21 (9.8%) had stopped medication with the advice of the physician. Among patients with definite/probable FH, 84 (38.0%) had CVD and the rate of lipid-lowering drug use in these patients was 58.3%.

Conclusion: A significant proportion of patients with LDL-C ≥ 250 mg/dL were not taking lipid-lowering drugs. Similar with many other studies, diagnosis, and treatment rates of FH patients were very low in our study. Further national studies are required to increase awareness of the disease in both physicians and patients.

SKIN AUTOFLUORESCENCE AND CAROTID INTIMA-MEDIA THICKNESS EVALUATION FOLLOWING BARIATRIC SURGERY IN PATIENTS WITH SEVERE OBESITY

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Obes Surg. 2021 Mar;31(3):1055-1061. Epub 2020 Oct 29. PMID: 33123869 DOI: 10.1007/s11695-020-05077-z

Purpose: Advanced glycation end product (AGE) is a marker of metabolic memory. Accumulated AGEs in skin collagen measured with skin autofluorescence (SAF) was found to be associated with subclinical atherosclerosis. We aimed to evaluate SAF and carotid intima-media thickness (CMT) and its association with clinical and biochemical parameters in severely obese patients before and after bariatric surgery.

Materials and methods: In this observational study, 432 morbid obese patients evaluated before and after 6 and 12 months of bariatric surgery for metabolic and anthropometric parameters, CMT and SAF. SAF was assessed in the forearm with an AGE Reader.

Results: SAF measurements were higher in diabetic (2.04 ± 0.52 AU) obese patients compared to non-diabetic (1.78 ± 0.40 AU) obese patients ($p < 0.0001$). Although bariatric surgery-induced weight loss resulted in a decrease in CMT in the 6th and 12th months compared to baseline, weight loss and metabolic improvements were not associated with a parallel decrease in SAF measurements. SAF measurements were positively correlated with body mass index ($r 0.527$, $p < 0.0001$), HbA1c ($r 0.362$, $p < 0.0001$), and CMT ($r 0.319$, $p < 0.0001$). Multivariate analysis showed the presence of diabetes (but not BMI, age, and sex) was independently associated with SAF ($R^2 = 7.62\%$), and the presence of diabetes, low-density cholesterol, and systolic blood pressure were independently associated with CMT measurements ($R^2 = 21.7\%$).

Conclusion: Bariatric surgery-induced weight loss and metabolic improvement were found to be associated with improvement in CMT, while skin AGE accumulation was not regressed in the first year of surgery.

ANTITHYROID DRUGS IN GRAVES' HYPERTHYROIDISM: DIFFERENCES BETWEEN "BLOCK AND REPLACE" AND "TITRATION" REGIMES IN FREQUENCY OF EUTHYROIDISM AND GRAVES' ORBITOPATHY DURING TREATMENT

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Purpose: Whereas antithyroid drugs (ATD) are the preferred treatment modality for Graves' hyperthyroidism (GH), there is still controversy about the optimal regimen for delivering ATD. To evaluate whether 'Block and Replace' (B + R) and 'Titration' (T) regimens are equivalent in terms of frequency of euthyroidism and Graves' Orbitopathy (GO) during ATD therapy.

Methods: A prospective multicentre observational cohort study of 344 patients with GH but no GO at baseline. Patients were treated with ATD for 18 months according to B + R or T regimen in line with their institution's policy.

Results: Baseline characteristics were similar in both groups. In the treatment period between 6 and 18 months thyrotropin (TSH) slightly increased in both groups, but TSH was on average 0.59 mU/L (95% CI 0.27-0.85) lower in the B + R group at all time points ($p = 0.026$). Serum free thyroxine (FT4) remained stable during the same interval, with a tendency to higher values in the B + R group. The point-prevalence of euthyroidism (TSH and FT4 within their reference ranges) increased with longer duration of ATD in both groups; it was always higher in the T group than in the B + R group: 48 and 24%, respectively, at 6 months, 81 and 58% at 12 months, and 87 and 63% at 18 months ($p < 0.002$). There were no significant differences between the B + R and T regimens with respect to the fall in thyrotropin binding inhibiting immunoglobulins (TBII) or thyroid peroxidase antibodies (TPO-Ab). GO developed in 15.9% of all patients: 9.1 and 17.8% in B + R group and T group, respectively, ($p = 0.096$). GO was mild in 13% and moderate-to-severe in 2%.

Conclusion: The prevalence of biochemical euthyroidism during treatment with antithyroid drugs is higher during T compared to B + R regimen. De novo development of GO did not differ significantly between the two regimens, although it tended to be higher in the T group. Whether one regimen is clinically more advantageous than the other remains unclear.



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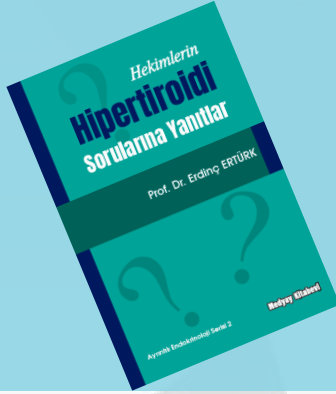
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