TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ

Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 34 ● Nisan - Mayıs - Haziran 2011

Bilimsel Kongreler ve Uluslararası Sempozyumlar

Ayrıntılara ve 2011 yılına ait Bilimsel Toplantı Takvimine derneğimiz internet sayfasından (www.temd.org.tr) ulaşabilirsiniz.

24-28 Temmuz 2011
Basic Postgraduate Course in Endocrinology
Bregenz, Austria
http://www.euro-endo.org

12-16 Eylül 2011
47. EASD Annual Meeting 2011
Lisbon, Portugal
http://www.easd.org/

22-24 Eylül 2011
11th ESE Postgraduate Course in Clinical Endocrinology
Serbia
http://www.euro-endo.org

04 – 08 Eylül 2011
IOF Regionals - 2nd Asia-Pacific Osteoporosis Meeting
Gold Coast, Queensland, Australia
www.anzbms-iof.org

10-14 Eylül 2011
35th ETA Annual Meeting
Krakow, Poland
http://www.eta2011.com/

01-05 Ekim 2011
Obesity 2011 29th Annual Scientific Meeting
Orlando, Florida
http://www.obesity.org/meetings-and-events/annual-meeting.htm

05-09 Ekim 2011
13. Ulusal İç Hastalıkları Kongresi
Maxx Royal Otel & Kongre Merkezi
Belek, Antalya
www.ichastaliklari2011.org

12-16 Ekim 2011
33. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi
Gloria Golf Resort Hotel & Kongre Merkezi
Belek, Antalya
www.temhk2011.org

19 – 22 Ekim 2011
IOF Regionals - 1st Middle-East & Africa Osteoporosis Meeting
Dubai, UAE
http://www.iofbonehealth.org/dubai-2011

26-30 Ekim 2011
81st Annual Meeting of the ATA
Indian Wells, California
http://www.thyroid.org/ann_mtg/2010_81st/index.html

4-6 Kasım 2011
ESE Clinical Update 2011
Limassol, Cyprus
http://www.euro-endo.org

01-03 Aralık 2011
2nd ENEA Workshop: Aggressive pituitary tumors
Munich, Germany
http://www.eneamunich.com

04-08 Aralık 2011
IDF World Diabetes Congress
Dubai, UAE
http://www.worlddiabetescongress.org/

Literatürden Seçmeler

Diabetes and impaired glucose tolerance among Turkish immigrants in Sweden.

Hjörleifsdottir-Steiner K, Satman I, Sundquist J, Kaya A, Wändell P.
Center for Family and Community Medicine, Karolinska Institute, Stockholm, Sweden. kristin.steiner@me.com

Abstract

Aim: To investigate whether the prevalence of diabetes and impaired glucose tolerance (IGT) was higher among Turkish immigrants in Sweden, than in their area of origin in Turkey.

Methods: 238 Turkish immigrants aged 20 years and older living in Flemingsberg, Sweden, were compared with 1549 participants of the same age living in the Konya area of Turkey. Data collection included anthropometric measurements, blood pressure (BP) measurements, and an oral glucose tolerance test (OGTT).

Results: Prevalence of laboratory-verified diabetes was 11.8% among participants in Sweden compared to 7.1% among participants in Turkey (p 0.018). Turkish women in Sweden had a higher prevalence of diabetes than Turkish women in Turkey, 12.8% vs. 7.6% (p=0.037). Similarly, IGT was 17.8% among Turkish men in Sweden compared to 4.9% among men in Turkey (p<0.001) and 2-h blood glucose was higher among the immigrants (p<0.001). Systolic BP was also higher among the immigrants, especially in men (p<0.001) who also had a higher BMI (p=0.003).

Conclusions: The higher prevalence of diabetes and IGT among Turkish immigrants in Flemingsberg, Sweden, suggests that migration is associated with diabetes and that there are important implications for public health in Sweden.

The comparison of low and standard dose ACTH and glucagon stimulation tests in the evaluation of hypothalamo-pituitary-adrenal axis in healthy adults.

Karaca Z, Lale A, Tanriverdi F, Kula M, Unluhizarci K, Kelestimur F.
Department of Endocrinology, Erciyes University Medical School, 38039 Kayseri, Turkey.

Abstract
Evaluation of the HPA axis is still a challenge; due to different sensitivities and stimulation efficiencies of dynamic tests, lack of standard assays for cortisol measurement and lack of data regarding the effects of age and gender on the results of the HPA axis evaluation with different dynamic tests. This study was performed to compare 1 µg ACTH, 250 µg ACTH and glucagon tests in the evaluation of HPA axis. The study was carried out on 55 healthy individuals (28 men, 27 women). 10-12 volunteers were included from every decades between 20 and 70 years. Low dose short synacthen test (1 µg ACTH), standard dose short synacthen test (250 µg ACTH) and glucagon tests were performed consecutively. The mean peak cortisol response to standard dose ACTH stimulation test was found to be significantly higher than the low dose ACTH and glucagon stimulation tests. The mean peak cortisol responses to low dose ACTH and the glucagon stimulation tests were not significantly different. The mean peak cortisol responses did not differ significantly between different age or sex groups. The lowest peak cortisol responses obtained after low dose ACTH and glucagon stimulation tests were 12.5 and 9.1 µg/dl respectively in the volunteers who all had cortisol responses higher than 20 µg/dl after standard dose ACTH stimulation test. The lowest cortisol responses obtained during 250 µg ACTH, 1 µg ACTH and glucagon stimulation tests were found to be 20.1, 12.5 and 9.1 µg/dl in a known group of healthy people. So the consideration of appropriate hormonal cut-off levels for each test seems reasonable. The age, sex and body mass indeces were not shown to affect the cortisol response to dynamic stimulation tests.

Periodontal disease in polycystic ovary syndrome.

Dursun E, Akalın FA, Güncü GN, Çınar N, Aksoy DY, Tözüm TF, Kılınc K, Yıldız BO.
Department of Periodontology, School of Dentistry, Hacettepe University, Ankara, Turkey.

Abstract
Polycystic ovary syndrome (PCOS) and periodontal disease (inflammatory diseases of the tissues around teeth) are common disorders associated with diabetes and cardiometabolic risk. Comprehensively examining the periodontal status in PCOS, this study suggests that the susceptibility for periodontal disease may significantly increase in patients with PCOS compared with healthy young women, and that local/periodontal oxidant status appears to be affected in PCOS.

Analysis of thrombophilic genetic mutations in patients with Sheehan's syndrome: is thrombophilia responsible for the pathogenesis of Sheehan's syndrome?

Gokalp D, Tuzcu A, Bahceci M, Ayyildiz O, Yurt M, Celik Y, Alpagat G.
Department of Endocrinology, Dicle University School of Medicine, Diyarbakir, Turkey. dgokalp@dicle.edu.tr

Abstract
The gene mutations of Factor V R506Q (FV-Leiden), prothrombin (FII G20210A), methylene tetrahydrofolate reductase (MTHFR) C677T and A1298C and PAI-1 4G/5G are well-established risk factors for thrombosis. We aimed to investigate the prevalence of these gene mutations and their possible impact on the development of pathogenesis in patients with Sheehan's syndrome (SS). 40 female patients with SS compared to a control group of 45 healthy women. The presence of FV-Leiden, FII G20210A, MTHFR C677T, MTHFR A1298C and PAI-1 4G/5G gene mutations were assessed by polymerase chain reaction analysis with a light cycler analyzer. An odds ratio of greater than one is considered to increase the risk of SS disease as found in Factor V Leiden, FII G20210A, MTHFR C677T, MTHFR A1298C and PAI-1 4G/5G polymorphism, as follows respectively: 1.13, 1.85, 6.00, 8.14 and 1.45. MTHFR C677T and MTHFR A1298C polymorphism were found significantly higher in SS patients than the control group ($P<0.001$), however FV-Leiden, FII G20210A and PAI-1 4G/5G polymorphism showed no significant difference ($P>0.05$). The level of plasma total homocysteine (tHcy) was significantly higher in patients with SS than in the control group ($P<0.001$). We suggest that the genetic mutations of FV-Leiden, FII G20210A, MTHFR C677T, MTHFR A1298C and PAI-1 4G/5G increase the risk of SS. Also, high plasma tHcy levels may be a risk factor for the development of SS.

CA 19-9 level in patients with type 2 diabetes mellitus and its relation to the metabolic control and microvascular complications.

Gul K, Nas S, Ozdemir D, Gumus M, Ersoy R, Cakir B.
Department of Endocrinology and Metabolism, Ankara Ataturk Education and Research Hospital, Bilkent, Turkey. kamilegul@yahoo.com

Abstract
Introduction: The aim of this study is to compare CA 19-9 levels in patients with type 2 diabetes mellitus (DM) and healthy control group. The relation of CA 19-9 levels to metabolic control and microvascular complications in patients with diabetes was also investigated.

Methods: Three hundred forty patients with type 2 DM and age-, sex- and body mass index-matched 214 healthy controls group were included in the study. $HbA_1(c)$, duration of DM and microvascular complications of DM were reviewed. CA 19-9 levels (normal range, 0-35 U/mL) were measured in all participants.

Results: Median CA 19-9 level was significantly higher in patients with diabetes compared with control group [19.5 U/mL (0-214.8 U/mL) versus 7.4 U/mL (0.4-47.0 U/mL)] ($P < 0.001$). Prevalence of high CA 19-9 levels in patients with diabetes was 31.2%, and CA 19-9 level was positively correlated with age, duration of diabetes, $HbA_1(c)$ and number of complications. Effects of duration of diabetes, $HbA_1(c)$ and diabetic nephropathy were still continuing in multiple linear regression analysis. Using regression coefficients of all variables in multiple regression analysis, this study tried to determine a new cutoff value for CA 19-9 level in patients with diabetes. The cutoff value at 97th percentile was 57.14 U/mL.

Conclusions: High CA 19-9 value in patients with diabetes may indicate the need for a careful evaluation of blood glucose regulation and investigation of complications. Defining a new cutoff value in these patients would prevent unnecessary laboratory or imaging procedures.

Aspirin resistance is associated with glycemic control, the dose of aspirin, and obesity in type 2 diabetes mellitus.

Ertugrul DT, Tutal E, Yildiz M, Akin O, Yalçin AA, Ure OS, Yilmaz H, Yavuz B, Deveci OS, Ata N, Küçükazman M.
Department of Internal Medicine, Kecioren Research and Training Hospital, 06830 Ankara, Turkey. dertaner@gmail.com

Abstract

Objective: Aspirin resistance (AR) is increased in diabetic patients. It is not known whether glycemic control has effect on AR.

Design: To test the hypothesis that glycemic control might have influence on aspirin resistance, we measured aspirin resistance and glycated hemoglobin (HbA1c) in diabetic patients. We also measured aspirin resistance in nondiabetic subjects and compared the results with the diabetic group.

Methods: We examined AR in 108 diabetic patients and 67 nondiabetic subjects with impedance platelet aggregometry. Glycemic control was evaluated according to both fasting blood glucose (FBG) and HbA1c levels.

Results: According to the analyses, diabetic patients had significantly higher AR ($P < 0.01$), alanine aminotransferase ($P < 0.005$), and body mass index ($P < 0.05$) and significantly lower high-density lipoprotein cholesterol ($P < 0.005$) levels compared with nondiabetic controls. A correlation analysis revealed that AR was positively correlated with body mass index ($r = 0.190$, $P < 0.01$), fasting blood glucose ($r = 0.224$, $P < 0.001$), and HbA1c levels ($r = 0.297$, $P < .0001$). Using low-dose aspirin (100 mg/d) was a risk factor for aspirin-resistant status in both diabetic patients (odds ratio 1.26, 95% confidence interval 1.01-1.58, $P < 0.05$) and overall study group (odds ratio 1.3, 95% confidence interval 1.08-1.56, $P < 0.01$).

Conclusions: These data suggest that glycemic control, obesity, and the dose of aspirin have influence on AR in diabetic subjects. Further studies with larger groups are needed to clarify the role of glycemic control on AR.

Metabolic syndrome and the effect of testosterone treatment in young men with congenital hypogonadotropic hypogonadism.

Sonmez A, Haymana C, Bolu E, Aydogdu A, Tapan S, Serdar M, Altun B, Barcin C, Taslipinar A, Meric C, Uckaya G, Kutlu M.
Department of Endocrinology, Gulhane School of Medicine, 06018 Etlik, Ankara, Turkey. alpersonmez@yahoo.com

Abstract

Objective: The relationship between metabolic syndrome (MS) and hypogonadism has always been investigated in study groups confounded with aging, obesity or chronic metabolic disorders. So far, there has been no data about the presence of MS in young hypogonadal patients. Also, there is controversial data about the metabolic effects of testosterone replacement therapy. We investigated the frequency of MS in treatment-naïve, young men with congenital hypogonadal hypogonadism (CHH). We also searched for the effect of testosterone replacement on the metabolic profiles of this specific patient group.

Design: Retrospective analysis.

Methods: A total of 332 patients (age 21.68 ± 2.09 years) were enrolled. The control group included 395 age- and body mass index (BMI)-matched healthy young men (age 21.39 ± 1.49 years). Standard regimen of testosterone esters (250mg/3 weeks) was given to 208 patients.

Results: MS was more prevalent in CHH ($P<0.001$) according to healthy controls. The patients had higher arterial blood pressure, waist circumference (WC), triglyceride ($P<0.001$ for all), fasting glucose ($P=0.02$), fasting insulin ($P=0.004$), homeostatic model assessment of insulin resistance (HOMA-IR) ($P=0.002$) and lower high density lipoprotein (HDL) cholesterol ($P<0.001$) levels. After 5.63 ± 2.6 months of testosterone treatment, the BMI, WC ($P<0.001$ for both), systolic blood pressure ($P=0.002$) and triglyceride level ($P=0.04$) were increased and the total and HDL cholesterol levels were decreased ($P=0.02$ and $P<0.001$ respectively).

Conclusions: This study shows increased prevalence of MS and unfavorable effects of testosterone replacement in young patients with CHH. Long-term follow-up studies are warranted to investigate the cardiovascular safety of testosterone treatment in this specific population.

Vitamin D receptor gene BsmI, FokI, ApaI, TaqI polymorphisms and bone mineral density in a group of Turkish type 1 diabetic patients.

Gogas Yavuz D, Keskin L, Kıyıcı S, Sert M, Yazıcı D, Sahin I, Yüksel M, Deyneli O, Aydın H, Tuncel E, Akalın S.
Section of Endocrinology and Metabolism, Marmara University School of Medicine, Tibbiye caddesi. No: 49 Haydarpasa, Istanbul, Turkey, dilekgogas@marmara.edu.tr.

Abstract

Previous studies have suggested an influence of vitamin D receptor alleles on bone metabolism and on susceptibility to type 1 diabetes mellitus in different ethnic populations. We aimed to investigate the distribution of vitamin D receptor (VDR) alleles in relation to biochemical bone turnover parameters and bone densitometry measurements in a group of Turkish type 1 diabetic patients. One hundred and seventeen patients (M/F 57/60, 27.6 ± 7.3 y duration of diabetes 8.1 ± 6.3 y) and 134 healthy controls (M/F 61/73, 26.2 ± 5.3 y) were included in the study. Bone mineral density (BMD) was evaluated by dual-energy X-ray absorptiometry (DEXA). The vitamin D receptor gene (VDR) polymorphisms FokI, Bsm1, Apa1, and Taq1 were examined using a PCR-based restriction analysis. Serum levels of calcium, phosphor osteocalcin, intact parathyroid hormone, and C telopeptide were measured. Vitamin D receptor Bsm1 Fok1, Apa1, and Taq1 genotype distributions were not different between patient with diabetes and control groups. BMD was 0.77 ± 0.2 g/cm(2) vs. 0.97 ± 0.2 g/cm(2) ($P = 0.0001$) for the femur, 1.0 ± 0.1 g/cm(2) vs. 1.13 ± 0.1 g/cm(2) ($P = 0.001$) for type 1 diabetic patients and controls. Bone turnover markers were significantly lower in type 1 diabetic group. BMD measurements and bone metabolic markers were not different between the genotypes in either the patient with diabetes or the controls. The VDR gene polymorphisms, Bsm1, Fok 1, Apa1, and Taq1 showed no influence on bone metabolism in our group of type 1 diabetic patients.

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Duyurular

- Prof. Dr. H. Fahrettin KELEŞTEMUR, 3-5 Temmuz 2011 tarihlerinde *Cambridge Üniversitesi*'nde düzenlenen **İngiliz Nöroendokrin Derneği (British Society for Neuroendocrinology) kongresinde *BSN 2011*** yılı ödülünü almıştır. Prof. Dr. H. Fahrettin KELEŞTEMUR, adı geçen kongrede, ***"Pituitary Dysfunction Due to Traumatic Brain Injury"*** başlıklı bir konferans vermiştir.

Yeni üyelerimiz

Derneğimiz Yönetim Kurulu'nun 06.05.2011 ve 16.06.2011 tarihli toplantılarında aşağıda ismi ve merkezi görülen meslektaşlarımız derneğimize üye olarak kabul edilmişlerdir.

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Üyelerimizi tebrik eder, başarılarının devamını dileriz.

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

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