

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir çevrimiçi yayınlanır.

Sayı 82 • Nisan–Mayıs–Haziran • 2023

44. TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA HASTALIKLARI KONGRESİ TAMAMLANDI

Değerli Üyemiz,

“44. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi”, The Marmara Taksim İstanbul’da, 12-13 Mayıs 2023 tarihlerinde 426 meslektaşımızın katılımı ile başarıyla tamamlandı.

Kongre Başkanlığını Prof. Dr. Ayşegül Atmaca’nın, Kongre Bilimsel Sekreterliğini Prof. Dr. Mustafa Cesur ve Prof. Dr. Dilek Gogas Yavuz’un yaptığı kongrenin bilimsel programında 8 panel, 9 uzmanına danış, 5 sözlü bildiri oturumu, 3 uydu sempozyumu ve 1 akılcı ilaç oturumu yer aldı. 41 konuşmacı ve 34 oturum başkanı görev aldı.

“44. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi” nde 29 sözlü, 74 poster olmak üzere toplam 103 bildiri sunuldu. Kongre bildiri kitabına [linkten](#) ulaşabilirsiniz.

Bilimsel Kurul tarafından yapılan değerlendirmeler sonucunda her yıl olduğu gibi bu yıl da en iyi 3 sözlü ve 3 poster bildiriye ödül verildi. TurkJEM 6. Ödüllü Makale Yarışmasının sonuçları da kongremiz sırasında açıklandı ve ödüller sahiplerini buldu.

Derneğimize bildirimde bulunan 2022 yılı içerisinde profesör ünvanı alan 3, doçent ünvanı alan 10 üyemiz “44. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi”nde takdim edildi.

Kongrede, akreditasyon sürecini başarı ile tamamlayan Endokrinoloji ve Metabolizma Hastalıkları Bölümlerine akreditasyon belgeleri takdim edildi.

Kongremize emek ve değerli zamanlarını harcayan bilimsel kurul üyelerine, konuşmacı ve oturum başkanı olarak görev alan tüm üyelerimize, destek veren ilaç firmalarına ve katılan tüm meslektaşlarımıza teşekkür ederiz.

TEMED Yönetim Kurulu





44. TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA HASTALIKLARI KONGRESİ



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...k, yaratıcılık, yazıya
... Good- Excellent



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SÖZLÜ BİLDİRİ ÖDÜLLERİ



SÖZLÜ BİLDİRİ BİRİNCİLİK ÖDÜLÜ (S 17)

Sars-Cov-2 Aşısı ve Covid-19 İle İlişkili Subakut Troiditler: Ulusal Çok Merkezli Çalışma (Thyrovac Çalışması)

Adnan Batman, Dilek Yazıcı, Oğuz Dikbaş, Kemal Agbant, Emre Sedar Saygılı, İbrahim Demirci, Nurbanu Bursa, Görkem Ayas, Cüneyd Anıl, Mustafa Cesur, Fatma Nur Korkmaz, Adile Begüm Bahçecioğlu, Demet Çorapçioğlu, Murat Faik Erdoğan, Hayri Bostan, Murat Calapkulu, Sema Hepsen, Bekir Ucan, Erman Cakal, Bağdagul Yüksel Güler, Cem Haymana, Süleyman Hilmi İpeki, Selami Aydın, Havva Sezer, Seçil Ozsık, Oğuzhan Deyneli, Faruk Alagöl, Refik Tanakol, Mustafa Eroğlu, Ümmü Mutlu, Hülya Hacisahinogullari, Ayşe Kubat Uzun, Canan Demir, Gonul Koç, Sevde Nur Fırat, Tulay Omma, Nurcan Ince, Şefika Burcak Polat, Oya Topaloglu, Cevdet Aydın, Bekir Cakır, Cigdem Tura Bahadır, Mehmet Güven, Mehmet Sözen, Alev Selek, Zeynep Cantürk, Berrin Çetinarslan, Mustafa Aydemir, İslay Taskaldiran, Yusuf Bozkus, Özlem Turhan İyidir, Filiz Eksi Haydardedeoğlu, Seda Erem Basmaz, Mehmet Çağrı Unal, Tevfik Demir, Ayten Oğuz, Özlem Çelik, Merve Yılmaz, Aykut Cimsir, Serdar Kayihan, Ziyet Alphan Uç, Sakin Tekin, Ömercan Topaloglu, Basak Özgen Saydam, Yasemin Aydoğan Unsal, Özge Özer, Göknur Yorulmaz, Kader Uğur, Sezin Doğan Cakır, Mehmet Akş, Mustafa Unubol, Selin Genç, Burak Andac, Mine Okur, Özlem Doğan, Ersen Karakılıç, Gökçen Ünal Kocabaş, Cem Onur Kırac, Güven Barış Cansu, Meliha Melin Uygur, Zafer Pekkolay, Sadettin Öztürk, Askin Gungunes, Eren Gurkan, Lezzan Keskin, Kenan Çağlayan, Yasemin Emur Gunay, Eren İmre, Selcuk Yusuf Sener, Ahmet Toygar Kalkan, Deniz Engin Gök, Mustafa Şahin



SÖZLÜ BİLDİRİ İKİNCİLİK ÖDÜLÜ (S 03)

Cushing Hakkında Bilgi Kaynağı Olarak Youtube Çağatay Emir Önder, Işılşay Taşkaldiran, Şerife Mehlika Kuşkonmaz



SÖZLÜ BİLDİRİ ÜÇÜNCÜLÜK ÖDÜLÜ (S 06)

Erişkin Familial Parsiyel Lipodistrofi Hastalarında Visseral Adipozite İndeksi, Lipid Akümülyasyon İndeksi, Vücut Şekli İndeksi, Non-Alkolik Yağlı Karaciğer Hastalık Fibrozis Skoru, Aspartat Aminotransferaz-Trombosit Oranı İndeksi, Fibrozis-4 İndeksi ve Disfonksiyonel Adiposit İndeksi ile Hepatik Elastografi Korelasyonunun Değerlendirilmesi

Müge Yılmaz, Ilgın Yıldırım Şimşir, Utku Erdem Soyaltın, Barış Akıncı, Ulus Salih Akarca

POSTER BİLDİRİ ÖDÜLLERİ



POSTER BİLDİRİ BİRİNCİLİK ÖDÜLÜ (E 59)

Tiroid İnce İğne Aspirasyon Biyopsisi Tekrarının Zamanlaması Yeterli veya ÖBA/ ÖBFL Sitolojik Sonuç Oranlarını Etkiler mi?

Fatma Dilek Dellal Kahramanca, Muhammet Saçıkara, Aydan Kılıçarslan, Berna Öğmen, Cevdet Aydın, Oya Topaloğlu, Reyhan Ersoy, Bekir Çakır



POSTER BİLDİRİ İKİNCİLİK ÖDÜLÜ (E 41)

Primer Hiperparatiroidili Hastalarda Meme Kalsifikasyonu, Kalsifikasyon Özellikleri ve BI-RADS (Breast Imaging-Reporting and Data System) Kategorilerinin Değerlendirilmesi

Fatma Dilek Dellal Kahramanca, Sevgül Faki, Ekin Yiğit Köroğlu, Arzu Özsoy, Ahmet Dirikoç, Oya Topaloğlu, Reyhan Ersoy, Bekir Çakır



POSTER BİLDİRİ ÜÇÜNCÜLÜK ÖDÜLÜ (E 42)

Hipoparatiroidi Tanılı Hastaların Takibinde Tanı ve Tedavi Kılavuzlarına Ne Kadar Uyuluyor?

Beril Turan Erdoğan, Çağlar Keskin, Şefika Burçak Polat, Narin Nasıroğlu İmga, Didem Özdemir, Oya Topaloğlu, Reyhan Ersoy, Bekir Çakır



TURKJEM 6. ÖDÜLLÜ MAKALE YARIŞMASI ÖDÜLLERİ



BİRİNCİLİK ÖDÜLÜ

Circulating Kisspeptin and Klotho Levels in Women with Hyperprolactinemia

İsmail Emre Arslan, Beyza Olcay Öztürk, Başak Bolayır, Mehmet Muhittin Yalçın, İlhan Yetkin, Müjde Aktürk

<https://www.turkjem.org/en/circulating-kisspeptin-and-klotho-levels-in-women-with-hyperprolactinemia-161822>

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İKİNCİLİK ÖDÜLÜ

Risk Factors and Outcomes of The Post-Liver Transplantation Diabetes Mellitus

Yasemin Aydoğan Ünsal, Özen Öz Gül, Mehmet Refik Göktuğ, Soner Cander, Canan Özyardımcı Ersoy, Ensar Aydemir, Coşkun Ateş, Oktay Ünsal, Murat Kıyıcı, Erdinç Ertürk

<https://www.turkjem.org/en/risk-factors-and-outcomes-of-the-post-liver-transplantation-diabetes-mellitus-161828>

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ÜÇÜNCÜLÜK ÖDÜLÜ

Is Thyrotropin Receptor Antibody Positivity Associated with Cytology and Histopathology Results in Patients with Graves' Disease?

Hüsnüye Başer, Nurcan İnce, Beril Turan Erdoğan, Oya Topaloğlu, Cevdet Aydın, Mustafa Ömer Yazıcıoğlu, Hayriye Tatlı Doğan, Reyhan Ersoy, Bekir Çakır

<https://www.turkjem.org/tr/is-thyrotropin-receptor-antibody-positivity-associated-with-cytology-and-histopathology-results-in-patients-with-graves-disease-161827>

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2022 TURKJEM HAKEM ÖDÜLLERİ

2022 yılında TurkJEM dergisinde yaptıkları değerlendirmeler için hakemlerimize teşekkür ederiz.

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Mustafa Kemal Üniversitesi
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ve Metabolizma Hastalıkları
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ve Araştırma Hastanesi
Endokrinoloji ve Metabolizma
Hastalıkları Bölümü, Bursa

ENDOKRİNOLOJİ VE METABOLİZMA HASTALIKLARI AKREDİTE OLAN KURUMLAR



Akreditasyon sürecini başarı ile tamamlayan Endokrinoloji ve Metabolizma Hastalıkları Bölümlerine akreditasyon belgeleri 44. TEMH kongresinde takdim edildi. Kutluyor ve başarılarının devamını diliyoruz.

AKREDİTE OLAN KURUMLAR (ALFABETİK SIRA İLE)

- **Başkent Üniversitesi Tıp Fakültesi, Ankara Hastanesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı, Ankara**
- **Ege Üniversitesi Tıp Fakültesi, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı, İzmir**
- **İstanbul Üniversitesi İstanbul Tıp Fakültesi, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı, İstanbul**
- **Sağlık Bilimleri Üniversitesi, Hamidiye Etfal Eğitim ve Araştırma Hastanesi Seyrantepe Yerleşkesi Endokrinoloji ve Metabolizma Hastalıkları Kliniği, İstanbul**

PROFESÖR VE DOÇENT ÜNVANI ALAN ÜYELERİMİZ

Derneğimize bildirimde bulunan 2022 yılı içerisinde profesör ünvanı alan 3, doçent ünvanı alan 10 üyemiz "44. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi"nde takdim edildi.

Prof. Dr. Özgür Demir	Ankara Üniversitesi Tıp Fakültesi
Prof. Dr. Özlem Çelik	Acıbadem Üniversitesi Tıp Fakültesi
Prof. Dr. Süheyla Görar	Antalya Eğitim ve Araştırma Hastanesi
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Doç. Dr. İbrahim Demirci	Gülhane Eğitim ve Araştırma Hastanesi
Doç. Dr. Elif Kılıç Kan	Ondokuz Mayıs Üniversitesi Tıp Fakültesi
Doç. Dr. Seher Tanrikulu	Acıbadem Ataşehir Hastanesi
Doç. Dr. Müge Özsan Yılmaz	Hatay Mustafa Kemal Üniversitesi



İSTANBUL'DA AVRUPA RÜZGARI ESTİ

ECE 2023

The 25th European Congress of Endocrinology (ECE 2023) 13-16 Mayıs 2023 tarihleri arasında İstanbul'da yapıldı. European Society of Endocrinology (ESE) tarafından ve ülkemizin ev sahipliğinde, Haliç Kongre Merkezinde düzenlenen ECE 2023 çok başarılı geçti. Türkiye Endokrinoloji ve Metabolizma Derneği (TEMĐ) olarak lokal organizasyon görevini biz üstlendik. Lokal Organizasyon Komitesi'nin Başkanlığını TEMĐ Başkanı Prof. Dr. Ayşegül Atmaca yaptı. Prof. Dr. Mustafa Cesur, Prof. Dr. Sibel Güldiken, Prof. Dr. Dilek Gogas Yavuz, Prof. Dr. Mustafa Kulaksızođlu, Prof. Dr. İbrahim Şahin, Prof. Dr. Melek Eda Ertörer, Prof. Dr. Fahrettin Keleştimur, Prof. Dr. Sait Gönen, Prof. Dr. İlhan Satman, Prof. Dr. Bülent Okan Yıldız, Prof. Dr. Alper Sönmez, Prof. Dr. Yüksel Altuntaş, Prof. Dr. Barış Akıncı, Prof. Dr. Özlem Çelik, Lokal Organizasyon Komitesi'nde yer aldı. TEMĐ ve ESE organizasyonun gerçekleşmesinde önemli bir işbirliği gösterdi ve kongrenin başarılı geçmesini sağladı.

Açılıştaki konuşan Prof. Dr. Ayşegül Atmaca derneğimizin tarihi ve bugünkü durumu yanı sıra, geçmişten günümüze ülkemizde endokrinolojinin gelişiminden bahsederek halen dünyada endokrinoloji alanında önde gelen ülkelerden biri olduğumuzu söyledi ve ayrıca tüm Lokal Organizasyon Komitesini tanıttı. Konuşmasında geniş şekilde İstanbul'a yer veren Dr. Atmaca; İstanbul'un, Avrupa ve Asya'nın bulunduğu bir metropol olduğunu, 3000 yıl

öncesine dayanan köklü tarihiyle birçok uygarlığın ve kültürün bir araya geldiği bir mozaik oluşturduğunu vurguladı. Son olarak açılış programında bulunan Sema gösterisine atfen Sema gösterisinin anlamını anlattı ve bu dansın Mevlana'nın ilhamının ve Türk örf, tarih, inanç ve kültürünün bir parçası haline geldiğini söyledi. Mevlana Celaleddin-i Rumi'nin 13. Yüzyılda yaşamış, birçok dile çevrilmiş nefis şiirleri ve hikmetli sözleriyle dünya çapında tanınan bir Müslüman azizi ve Anadolu mutasavvıfı olduğunu bildirdi. Sözlerini Mevlana'nın "Gel, yine gel, ne olursan ol gel! Kâfir, ateşe tapan, müşrik, gel! Tevbeni yüz kere bozsan da gel, Bizimki ümit kapısıdır, Olduğun gibi gel" sözleriyle tamamladı.

Kongrenin öncesinde 13 Mayıs 2023 tarihinde "Thyroid Ultrasound Pre-Congress Course" ismiyle bir tiroid ultrason kursu yapıldı. Kursun bilimsel programı, hastaların ayarlanması, ultrasonların bulunması/taşınması, eğitmen/konuşmacı öğretim üyelerinin ayarlanması TEMĐ adına Prof. Dr. Dilek Gogas Yavuz ve Prof. Dr. Mustafa Şahin tarafından yapıldı. Kursta eğitmen/konuşmacı olarak yabancı konuşmacıların yanı sıra üyelerimiz Prof. Dr. Dilek Gogas Yavuz, Prof. Dr. Mustafa Şahin, Doç. Dr. Uğur Ünlütürk, Doç. Dr. Mehmet Muhittin Yalçın, Uz. Dr. Ahmet Numan Demir, Dr. Cem Sulu görev aldı.



Aynı gün "Nurse Pre-Congress Course" ismiyle özellikle hemşirelere yönelik bir kurs daha düzenlendi. Bu kursta da üyelerimiz Prof. Dr. Esra Hatipođlu ve Doç. Dr. Seher Tanrikulu konuşmacı olarak yer aldı. Her iki kurs da sabah saatlerinde başladı ve kongrenin açılış yapılmadan kurslar tamamlandı. Ana programda ise üyelerimiz Prof. Dr. Ayşegül Atmaca konuşmacı ve oturum başkanı olarak, Prof. Dr. Fahrettin Keleştimur, Prof. Dr. Bülent Okan Yıldız, Prof. Dr. Murat Erdoğan, Prof. Dr. Barış Akıncı, Prof. Dr. Selçuk Dağdelen ve Prof. Dr. Pınar Kadiođlu konuşmacı olarak, Prof. Dr. Sait Gönen, Prof. Dr. İlhan Satman, Prof. Dr. Melek Eda Ertörer, Prof. Dr. Özlem Çelik ise oturum başkanı olarak görev aldı. Türkiye'den toplam 168 bildiri gönderildi. 2'si sözlü (oral communication), 5'i hızlı sözlü (rapid communication), 100'ü poster (physical poster), 61'i e-poster olarak kabul edildi ve sunuldu. Dr. Meriç Coşkun yaptığı sunum sonrasında "European Society of Endocrinology-2023 Young Investigator Award" ödülünü kazandı. ►



Kongre öncesi dönemde yaşadığımız deprem felaketi, ekonomik dalgalanma ve İstanbul'a olası bir terör tehditi gibi krizlere rağmen organizasyon başarıyla tamamlandı. Bilimsel yönden çok zengin ve doyurucu geçen kongrede, Lokal Organizasyon Komitesi tarafınca düzenlenen sosyal organizasyonlar da çok beğenildi. ESE Young Endocrinologists & Scientists (EYES) Committee sosyal organizasyonlarını ise TEMD Erken Kariyer Endokrinologlar Grubu üstlendi ve Doç. Dr. Adnan Batman ve Dr. Öğr. Üyesi Ayşe Hacıoğlu'nun organize ettiği program kongrenin güzel bir bölümünü oluşturdu.

Avrupa Hormon Günü 2023, 15 Mayıs'ta, ECE 2023 sırasında gerçekleşti. ESE ve European Hormone and Metabolism Foundation (ESE Foundation) tarafından ikincisi düzenlenen bu özel hormon farkındalık gününün temel amacı, Avrupa'daki politika yapımcılarla ilişki kurmak ve hormonların hastalıkları önleme ve tedavi etmedeki rolü konusunda farkındalığı artırmak için endokrin topluluğunu bir araya getirmek olarak belirlendi. Bu yılki aktivitede de ESE'nin 2021 Beyaz Kitabı'nın ve 2022 Avrupa Hormon Günü'nün dört ana

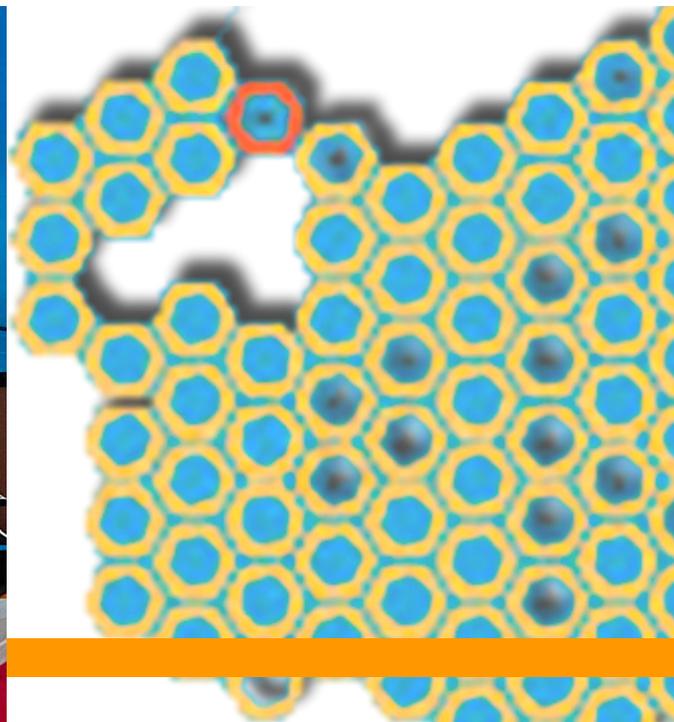
temasına odaklanıldı; Endokrin Bozucu Kimyasallar (EBK), Kanser, Obezite ve Nadir Endokrin Hastalıklar. ESE ayrıca İstanbul'daki Avrupa Hormon Günü'nde, Avrupa Komisyonunun "REACH" - Registration, Evaluation, Authorisation and Restriction of Chemicals Regulations (Kimyasalların Tescili, Değerlendirilmesi, İzni ve Kısıtlanması Yönetmelikleri)'nin revizyonu ile aynı zamana denk gelen EBK'lara özel bir vurgu da yaptı.

11-14 Mayıs 2024 tarihlerinde Stokholm, İsveç'te tekrar buluşmak üzere yapılan kapanış töreninin ardından Lokal Organizasyon Komitesi Başkanı Prof. Dr. Ayşegül Atmaca'ya ESE'den gelen teşekkür mektubu aylar süren yorgunluğun geçmesini sağladı. İlgili mektupta Lokal Organizasyon Komitesine ve Kongrenin Türkiye'deki lokal sekreteryasını yürüten Feniks Firmasına, İstanbul'da yapılan ECE boyunca yaptığı destek ve çalışmalar için teşekkür edilmiş ve özellikle kongre öncesi yaşanan stres dolu günlerdeki güven veren duruşumuzu takdirle



karşıladıklarını belirtmişlerdir. Ayrıca atmosferin fantastik olduğu, dışardaki güzel hava ve ortama rağmen salonların çoğunlukla tamamen dolduğu vurgulanmış, katılımcılardan sadece olumlu dönüşler aldıklarını ve sosyal aktivitelerin de olağanüstü iyi olduğunu iletmışlerdir.

Bu mektup da ECE 2023 İstanbul'un ne kadar güzel bir kongre olduğunun belgesi oldu adeta. Kongreye gerek organizasyonda yer alarak, gerek konuşma ve sunum yaparak, gerekse dinleyici olarak katılan tüm üyelerimize teşekkür ederiz.



21. HİPERTANSİYON, DİSLİPİDEMİ VE OBEZİTE EĞİTİM SEMPOZYUMU TAMAMLANDI



21. Hipertansiyon, Dislipidemi ve Obezite Eğitim Sempozyumu 17-18 Haziran 2023 tarihlerinde, Isparta'da, yaklaşık 120 meslektaşımızın katılımı ile gerçekleştirilmiştir. Emeği geçen tüm üyelerimize teşekkür eder, saygılarımızı sunarız.



CANLI YAYIN TOPLANTILARIMIZ...



CUSHING FARKINDALIK GÜNÜ



HİPOFİZ ÇALIŞMA GRUBU

NÖROENDOKRİN TÜMÖRLER ÇALIŞMA GRUBU

ADRENAL VE GONADAL HASTALIKLAR ÇALIŞMA GRUBU

Cushing Hastalığı Vaka Sunumu

Ektopik ACTH Sendromu Vaka Sunumu

Vaka Sunumu



Moderatör

Prof. Dr. Dilek Tüzün



Konuşmacı

Uzm. Dr. Emek Topuz



Moderatör

Prof. Dr. Güzin Fidan Yaylalı



Konuşmacı

Uzm. Dr. Hamide Pişkinpaşa



Moderatör

Prof. Dr. Nur Kebapçı



Konuşmacı

Uzm. Dr. Özge Özer



6 Nisan 2023 Perşembe
Saat : 20:00



“BİLİLEN ANCAK NADİR BİR KLİNİK TABLO İLE ORTAYA ÇIKAN NÖROENDOKRİN TÜMÖR”



MODERATÖR



Prof. Dr. Güzin Fidan Yaylalı

Pamukkale Üniversitesi Tıp Fakültesi
Endokrinoloji ve Metabolizma Hastalıkları
Bilim Dalı, Denizli

MODERATÖR



Prof. Dr. Sema Yarman

TEM D Nöroendokrin Tümörler
Bilimsel Çalışma Grubu Başkanı

KONUŞMACI



Doç. Dr. Şenay Topsakal

Pamukkale Üniversitesi Tıp Fakültesi
Endokrinoloji ve Metabolizma Hastalıkları
Bilim Dalı, Denizli



25 Mayıs 2023 Perşembe
SAAT : 20:00





ENDOKRİN AKADEMİ YENİ MODÜLLERİMİZ

www.endokrinakademi.org

14. MODÜL
Hipofiz

4.BÖLÜM-1.DERS
Cushing Hastalığında Tedavi ve İzlem

YAYINDA

Türkiye Endokrinoloji Ve Metabolizma Derneği'nin Online Eğitim Platformu Endokrin Akademi'de bu konuyu siz değerli meslektaşlarım için anlattım.



Dr. Pınar Kadioğlu
Eğitmen

 **Tıkla İzle**

www.endokrinakademi.org

14. MODÜL
Hipofiz

4.BÖLÜM-3.DERS
Akromegali - Tedavi ve İzlem

YAYINDA

Türkiye Endokrinoloji Ve Metabolizma Derneği'nin Online Eğitim Platformu Endokrin Akademi'de bu konuyu siz değerli meslektaşlarım için anlattım.



Dr. Gülşah Elbüken
Eğitmen

 **Tıkla İzle**

Endokrin Akademi Üye Sayımız 3000 Kişiyeye Ulaştı.



<https://endokrin.org.tr>

8 Nisan Cushing Farkındalık Günü



<https://temd.org.tr/halk>

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ

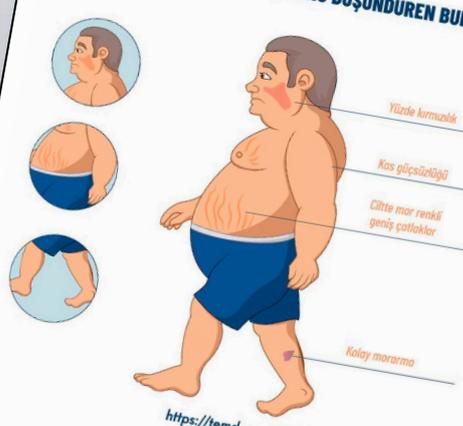
25 Dünya Tiroid Günü

Mayıs



TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ

YÜKSEK OLASILIKLA CUSHING DÜŞÜNDÜREN BULGULAR



- Yüzde kızamık
- Kas güçsüzlüğü
- Ciltte mor renkli geniş çatlaklar
- Kolay morarma

<https://temd.org.tr/halk>

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ

15 Nisan Akromegali Farkındalık Günü

Akromegali Nedir?
Hipofiz bezinde bulunan iyi huylu oluşumdan aşırı büyüme hormonu salgılanması ile ortaya çıkan; kemik, yumuşak doku ve diğer organlarda büyüme ile karakterize bir hastalıktır.

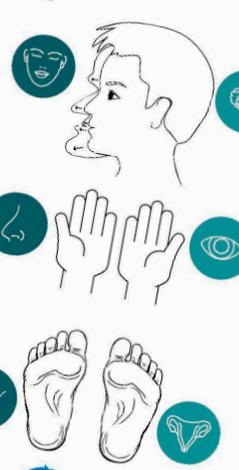


TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ

AKROMEGALİ YAKINMA VE BULGULARI

BÜYÜME HORMONU FAZLALIĞINA BAĞLI OLANLAR

- Yüz hatlarında kabalaşma
- Alında çıkıklık
- Alt çenede öne itilme
- Dişlerde ayrılma
- Dudaklar ve burunda büyüme
- El ve ayaklarda büyüme
- Ciltte kalınlaşma ve yağlanma
- Aşırı terleme
- Karpal tünel sendromu



HİPOFİZ ADENOMUNUN KİTLE ETKİSİNE BAĞLI OLANLAR

- Baş ağrısı
- Görme yetisinde bozulma
- Cinsel istekte azalma
- Kadında adet bozuklukları

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ

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TEMED
Endokrin Tv Videoları
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Hastalar için bilim dalmızla ilgili kısa videolar web sayfamıza eklenmiştir. Emeği geçen meslektaşlarımıza teşekkür ederiz. Videolara ulaşmak için lütfen tıklayınız.



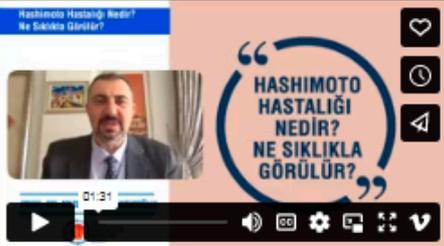
Hashimoto Hastalığı Hangi Sağlık Sorunlarına Yol Açar? - Dr. Mustafa Kulaksızoğlu



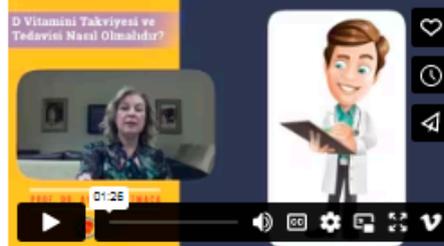
Tiroid Nodülü Nedir? Toplumda Tiroid Nodülü Görülme Sıklığı Nedir? - Dr. Sibel Güldiken



Hashimoto Hastalığı Risk Faktörleri Nelerdir? Belirtileri nelerdir? - Prof. Dr. Mustafa Kulaksızoğlu



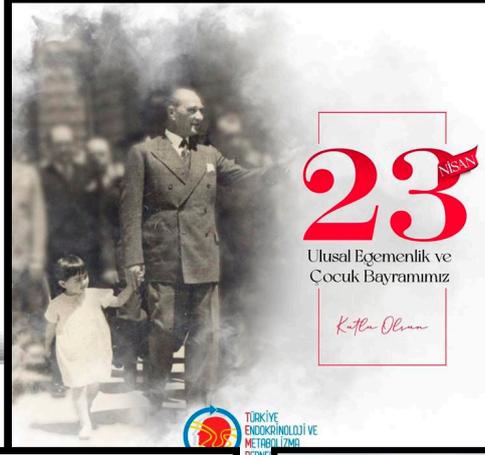
Hashimoto Hastalığı Nedir? Ne Sıklıkla Görülür? - Prof. Dr. Mustafa Kulaksızoğlu



D Vitamini Takviyesi ve Tedavisi Nasıl Olmalıdır? D Vitamini Fazlalığının Zararları Nelerdir? - Prof. Dr. Ayşegül Atmaca



Kimlerde D Vitamini Eksikliği Araştırıyoruz? D Vitamini Eksikliği Tanısını Nasıl Koyuyoruz? - Prof. Dr. Ayşegül Atmaca





TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ

ENDOKURS

7

Mezuniyet Sonrası
Eğitim Kursu
26-29 Ekim 2023
Bursa

100
CUMHURİYETİMİZİN 100. YILI



Feniks
PCO & INCENTIVE & EVENT

Organizasyon Sekreteryası
Feniks Kongre Organizasyon

Turan Güneş Bulvarı 713. Cad. No: 9-13
Çankaya - Ankara T: 0312 442 70 40

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www.feniksturizm.com.tr



TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ

10. Türkiye Tiroid Hastalıkları Kongresi

14-17 Aralık 2023
Divan Otel Ankara



www.tiroidkongresi2023.org

Valer | Valer



TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ

2. KEMİK ENDOKRİNOLOJİSİ, OSTEOPOROZ VE METABOLİK KEMİK HASTALIKLARI SEMPOZYUMU

9 Eylül 2023
Kocaeli Üniversitesi
Kartepe Park Otel

KAYIT ÜCRETSİZDİR

Kayıt taleplerinizi yazılı olarak organizasyon sekreteriamız
Feniks Turizm'e (temd@feniksturizm.com.tr) iletebilirsiniz.



www.temd.org.tr



TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ

6. HİPOFİZ HASTALIKLARI SEMPOZYUMU

"HİPERPROLAKTİNEMİ"

30 EYLÜL 2023
ONDOKUZ MAYIS ÜNİVERSİTESİ, SAMSUN



www.temd.org.tr



Feniks Kongre Organizasyon

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TÜRKİYE
ENDOKRİNOLOJİ VE
METABOLİZMA
DERNEĞİ

6. Nadir Görülen Metabolizma Hastalıkları Sempozyumu

2-3 Aralık 2023
Wyndham Garden Hotel, Diyarbakır
KATILIM ÜCRETSİZDİR

DUYURU

6. Nadir Görülen Metabolizma Hastalıkları Sempozyumu
2-3 Aralık 2023, Wyndham Garden Hotel, Diyarbakır

MEDICON
event management



16. OLAĞAN GENEL KURULUMUZ TAMAMLANDI



Değerli Meslektaşlarım

13 Mayıs 2023 tarihinde yapılan Olağan Genel Kurulumuzda seçilen yeni Yönetim Kurulu olarak göreve başlamış bulunmaktayız. Türkiye Endokrinoloji ve Metabolizma Derneğine hizmet etmiş daha önceki Yönetim Kurulları çok başarılı çalışmalar yapmış, vizyonu, misyonu ve başardığı büyük işlerle bize çok değerli bir miras bırakmıştır. Bu kurullarda görev alan bütün hocalarımıza ayrı ayrı teşekkür ediyor, hepsini saygı ile selamlıyoruz. Derneğimiz ülkemizde ve dünyada önemli yeri olan saygın bir mesleki kuruluştur. Bizler devir aldığımız bu değerli mirası zenginleştirerek çoğaltacağız. Bizlere düşen görev budur. Bu amaçla yeni asistanlığa başlayan hekiminden, kıdemli uzmanına, aktif öğretim üyesinden, emekli hocasına hep birlikte bu çabanın içerisinde olacağız. Bizden önceki hocalarımızın sağladığı birlikteliği, kenetlenmeyi bozmadan sürdürmek hepimizin dileğidir.

Bilimdeki hızlı gelişmelerden en çok etkilenen alanların başında hep endokrinoloji gelmektedir. Ülkemizin endokrinoloji bilimine katkısı, bilimsel araştırma ve bilgi üretme bakımından son yıllarda önemli boyutta artmıştır. TEMD olarak bu konuya çok önem vermekteyiz ve her türlü bilimsel aktiviteyi destekliyoruz. Özellikle çok merkezli çalışmaların oluşturulması ve yürütülmesine önyak olacağız. Çok merkezli projeleri ve elbette yanısıra endokrinoloji alanına katkı sağlayacak tek merkezli projeleri desteklemeye devam edeceğiz. Ayrıca Türkiye'nin merkez büyük illerinde olsun, en kenardaki küçük illerinde olsun, görev yapan meslektaşlarımızın bütün sorunlarına sahip çıkacağız, çözüm üretmeye çalışacağız.

İçinde bulunduğumuz 2023 yılı Cumhuriyetimizin kuruluşunun 100. yılı. Bir sonraki 2024 yılı ise Derneğimizin kuruluşunun 60. yılı. Ulu Önderimiz Atatürk yüz yıl önce hayattaki en hakiki mürşitini ilim olduğunu söylemişti. Bizler de Atamızın gösterdiği bu hedef doğrultusunda, en gerçek kılavuz olarak aldığımız ilimden sapmayacağız ve altmış yıldan bu yana hep ileriye yönelmeyi öğreten öncü bilim insanı hocalarımıza layık olmaya çalışacağız. Başlamak başarmanın yarısıdır. Yeni bir döneme başlıyoruz; heyecanımız, arzumuz ve çalışma azmimizle dilerim hep birlikte başaracağız. Eleştirileriniz ve katkılarınız yol gösterici olacaktır. Daima bizimle iletişimde kalmanız, gücümüze güç katacaktır. Hep birlikte güzel bir dönem en büyük isteğimizdir.

Yönetim Kurulumuz adına hepinize sağlık, başarı ve güzellikler diliyorum.

Prof. Dr. Mustafa CESUR

TEMD Yönetim Kurulu Başkanı

YÖNETİM KURULU GÖREV DAĞILIMI

Başkan

Prof. Dr. Mustafa Cesur

Yüksek İhtisas Üniversitesi Tıp Fakültesi - Güven Hastanesi, Ankara

Başkan Yardımcısı

Prof. Dr. Ayşe Kubat Üzüm

Istanbul Üniversitesi İstanbul Tıp Fakültesi, İstanbul

Genel Sekreter

Prof. Dr. Melek Eda Ertörer

Başkent Üniversitesi Tıp Fakültesi, Adana

Araştırma Sekreteri

Prof. Dr. İbrahim Şahin

İnönü Üniversitesi Tıp Fakültesi, Malatya

Sayman

Prof. Dr. Erman Çakal

Sağlık Bilimleri Üniversitesi Ankara Etilik Şehir Hastanesi, Ankara

Üye

Prof. Dr. Mine Adaş

Sağlık Bilimleri Üniversitesi İstanbul Prof. Dr. Cemil Taşcıoğlu Şehir Hastanesi, İstanbul

Üye

Prof. Dr. Zeynep Cantürk

Kocaeli Üniversitesi Tıp Fakültesi, Kocaeli

DENETİM KURULU

Prof. Dr. Sibel Güldiken (Başkan)

Trakya Üniversitesi Tıp Fakültesi, Edirne

Prof. Dr. Fatih Tanrıverdi

Memorial Kayseri Hastanesi, Kayseri

Prof. Dr. Mustafa Kulaksızoğlu

Necmettin Erbakan Üniversitesi Tıp Fakültesi, Konya

ETİK KURULU

Prof. Dr. İlhan Satman (Başkan)

Istanbul Üniversitesi İstanbul Tıp Fakültesi, İstanbul

Prof. Dr. Murat Faik Erdoğan (Genel Sekreter)

Ankara Üniversitesi Tıp Fakültesi, Ankara

Prof. Dr. Kubilay Karşıdağ

Istanbul Üniversitesi İstanbul Tıp Fakültesi, İstanbul

Prof. Dr. Sema Yarman

Maslak Acibadem Hastanesi, İstanbul

Prof. Dr. Sevim Güllü

Ankara Üniversitesi Tıp Fakültesi, Ankara



ULUSAL VE ULUSLARARASI BİLİMSEL KONGRE VE SEMPOZYUMLAR

- 8-10 Eylül 2023
10th ESE Young Endocrinologists & Scientists (EYES) meeting 2023 and Young Active Research in Endocrinology (YARE) annual meeting 2023
Würzburg, Germany
<https://www.eyes-2023.com/>
- 9 Eylül 2023
2. Kemik Endokrinolojisi, Osteoporoz ve Metabolik Kemik Hastalıkları Sempozyumu
Kocaeli Üniversitesi, Kartepe Park Otel
<https://temd.org.tr/haberler>
- 20-24 Eylül 2023
Kardiyovasküler Hastalıklara Multidisipliner Yaklaşım Kongresi
Limak Cyprus Kongre Merkezi, Bafra-KKTC
<http://www.tgkvmultidisipliner.org/>
- 27 Eylül-1 Ekim 2023
92nd Annual Meeting of the American Thyroid Association (ATA)
Washington, Dist Of Col, USA
<https://www.thyroid.org/2023-annual-meeting/>
- 30 Eylül 2023
6. Hipofiz Hastalıkları Sempozyumu "Hiperprolaktinemi"
Ondokuz Mayıs Üniversitesi, Samsun
<https://temd.org.tr/haberler/6-hipofiz-hastaliklari-sempozyumu-quothiperprolaktinemiquote>
- 2-6 Ekim 2023
59th Annual Meeting-European Association for the Study of the Diabetes (EASD 2023)
Hamburg, Germany
<https://www.easd.org/annual-meeting/easd-2023.html>
- 19-22 Ekim 2023
Endobridge 2023
Cornelia Diamond Congress Center Antalya, Turkey
<https://www.endobridge.org/>
- 23-27 Ekim 2023
59. Ulusal Diyabet Metabolizma ve Beslenme Hastalıkları Kongresi
Nirvana Cosmopolitan Hotel, Antalya
<https://www.diyabetkongresi.org/>
- 26-29 Ekim 2023
Mezuniyet Sonrası Eğitim Kursu - ENDOKURS 7
Crowne Plaza, Bursa
<https://www.temd.org.tr/kurslar/mezuniyet-sonrasi-egitim-kursu---endokurs-7>
- 23-27 Ekim 2023
32nd ESE Postgraduate Training Course in Clinical Endocrinology, Diabetes and Metabolism 2023-online
17:00-19:00 CEST each day
<https://www.es-hormones.org/events-deadlines/es-hormones/32nd-es-hormones-postgraduate-course-in-clinical-endocrinology-diabetes-and-metabolism/>
- 2-3 Aralık 2023
6. Nadir Görülen Metabolizma Hastalıkları Sempozyumu
Wyndham Garden Hotel, Diyarbakır
<https://temd.org.tr/haberler>
- 14-17 Aralık 2023
10. Türkiye Tiroid Hastalıkları Kongresi
Divan Otel, Ankara
<https://temd.org.tr/haberler>
- 1-3 Mart 2024
International Congress of Endocrinology (ICE 2024)
Dubai, UAE
<https://icecongress.com/>
- 11-14 Nisan 2024
WCO-IOF-ESCEO, World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases
United Kingdom Hilton London Metropole, London
<https://www.wco-iof-esceo.org/>
- 17-21 Nisan 2024
45. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi
Antalya
<https://www.temd.org.tr/>
- 11-14 Mayıs 2024
26th European Congress of Endocrinology - ECE 2024
Stockholm, Sweden
<https://www.es-hormones.org/events-deadlines/european-congress-of-endocrinology/ece-2024/>

ÜYELERİMİZDEN LİTERATÜR SEÇMELERİ

Complications of Lipodystrophy Syndromes

Gulcin Akinci¹, Merve Celik², Baris Akinci³

Presse Med. 2021 Nov;50(3):104085. doi: 10.1016/j.lpm.2021.104085. Epub 2021 Oct 30. PMID: 34728268 DOI: 10.1016/j.lpm.2021.104085

Lipodystrophy syndromes are rare complex multisystem disorders caused by generalized or partial lack of adipose tissue. Adipose tissue dysfunction in lipodystrophy is associated with leptin deficiency. Lipodystrophy leads to severe metabolic problems. These abnormalities include, but are not limited to, insulin-resistant diabetes, severe hypertriglyceridemia, and lipid accumulation in ectopic organs such as the liver, and are associated with end-organ complications. Metabolic abnormalities can be present at the time of diagnosis or may develop over time as the disease progresses. In addition to metabolic abnormalities, subtype-specific presentations due to underlying molecular etiology in genetic forms and autoimmunity in acquired forms contribute to severe morbidity in lipodystrophy.

Is it Possible to Assess The Functional Status of Hormone Secretion or Non- Secretion of Adrenal Masses Through Their Magnetic Resonance Imaging (MRI) Characteristics?

Gamze Akkus, Ferhat Piskin, Barış Karagun, Murat Sert, Mehtap Evran, Tamer Tetiker

Endocr Metab Immune Disord Drug Targets. 2022;22(6):650-657. doi: 10.2174/1871530322666211220111637. PMID: 34931972 DOI: 10.2174/1871530322666211220111637

Background: Diagnostic imaging techniques, including magnetic resonance imaging (MRI) should be performed on all patients with incidentalomas. However, limited number of studies on whether the quantitative measurements (signal intensity index, adrenal to spleen ratio) in MRI could predict the functional status of adrenal adenomas are available.

Methods: Between 2015-2020, 404 patients (265 females, 139 males) with adrenal mass who were referred to the university hospital for further investigation were included. After detailed diagnostic hormonal evaluation, all patients were examined with the MRI 1.5 T device (Signa, GE Medical Systems; Milwaukee, USA). The signal intensities of the adrenal lesions on T2W images were qualitatively evaluated and noted as homogenous or heterogeneous in comparison with the liver signal intensity (SI). A chemical-shift SI index and chemical shift adrenal-to-spleen SI ratio were also calculated.

Results: While 331(81.9%) of the patients had nonfunctional adrenal mass, the rest (n=73, 18.1%) were patients with functional (autonomous cortisol secretion-ACS, Cushing syndrome-CS, pheochromocytoma, primary hyperaldosteronism-PA) adrenal masses. In phase vs. phase values of patients with NFAI, Pheo(n=17), ACS (n=30), CS (n=11), and PA (n=15) were 474.04±126.7 vs. 226.6±132.4, 495.3±182.8 vs. 282.17±189.1, 445.2±134.8 vs. 203.3±76.2, 506.8±126.5 vs. 212.2±73.6 and

496.2±147.5 vs. 246.6±102.1, respectively. Mean signal intensity index (SII) and adrenal to spleen ratio (ASR) of all groups (NFAI, Pheo, ACS, CS, PA) were 52.0±24.8 and 0.51, 44.9±22.5 and 0.55, 49.5±24.5 and 0.53, 56.2±16.4 and 0.43, 47.6±25.1 and 0.54, respectively. Based on the currently accepted measurements in the case of ASR and SII, all lesions were similar and observed as fat rich adenomas (p*= 0.552, p** = 0.45).

Conclusion: The quantitative assessment (SII, ASR) of intracellular lipids in an incidentally discovered adrenal tumor could only help distinguish adrenal masses in the case of adenomas or non-adenomas. As an initial diagnostic evaluation, clinical and laboratory assessment to distinguish hormone secretion should be done for all patients with adrenal incidentalomas.

Novel Classification of Acromegaly in Accordance with Immunohistochemical Subtypes: Is There Really a Clinical Relevance?

Gamze Akkus¹, Fulya Odabaş¹, Sinan Sözütok², Murat Sert¹, Numan Emre Ak³, Mehtap Evran¹, Tamer Tetiker¹

Horm Metab Res. 2022 Jan;54(1):37-41. doi: 10.1055/a-1685-0655. Epub 2021 Nov 29. PMID: 34844270 DOI: 10.1055/a-1685-0655

According to the recent studies, immunohistochemical subtypes of growth hormone (GH) secreting adenomas have been considered as a predictive factor in determining the clinical outcomes including biochemical, radiologic, and endocrine remission. In a 20 year-of time period, acromegaly patients who were treated and followed at the Endocrinology Department of our University Hospital were screened for the study. Of total 98 patients, 65 patients who had been operated by transphenoidal surgery and having postoperative specimens were included. Postoperative specimens of the surgery of the patients were classified into 3 groups based on the histochemical characteristics (densely, sparsely, and mixed). Parasellar extensions of pituitary tumors were classified into the five grades according to Knosp classification. The patients were investigated and evaluated for postoperative clinical progress, remission rates, comorbidities regarding with the histopathological patterns. Of total 65 patients, 31 were classified as densely granulated (group 1), 32 were classified as sparsely granulated (group 2), and 2 patients were assessed as mixed granulated (group 3). There was no difference between groups for age and gender. Pre-treatment of adenoma size in all groups was correlated with each other and the frequency of macroadenoma (1 vs. 2, 77.4 vs. 84.3%) was higher in two groups. Although mean initial GH levels in group 1 was higher than the other groups (p=0.03), IGF1 levels (age and gender matched) were similar in each group. Adenomas in all groups demonstrated noninvasive radiological characteristics (Knosp grade 0-1-2). Ki-67 proliferation index of both groups (64.5 vs. 50%) was predominantly 1%. With a similar follow-up period, the endocrine remission rates (GH<1 µg/l) in groups were 64 vs. 69%, respectively. In conclusion, classification according to immunohistochemical subtypes of growth hormone secreting adenomas may not be a qualified parameter to evaluate patients with patterns of aggressiveness, clinical outcomes, or treatment response.

Diabetic Foot Ulcers: A Devastating Complication of Diabetes Mellitus Continues Non-Stop in Spite of New Medical Treatment Modalities

Gamze Akkus¹, Murat Sert²

World J Diabetes. 2022 Dec 15;13(12):1106-1121. doi: 10.4239/wjd.v13.i12.1106. PMID: 36578865 PMCID: PMC9791571 DOI: 10.4239/wjd.v13.i12.1106

Diabetic foot ulcer is a devastating complication of diabetes mellitus and significant cause of mortality and morbidity all over the world and can be complex and costly. The development of foot ulcer in a diabetic patient has been estimated to be 19%-34% through their lifetime. The pathophysiology of diabetic foot ulcer consist of neuropathy, trauma and, in many patients, additional peripheral arterial disease. In particular, diabetic neuropathy leads to foot deformity, callus formation, and insensitivity to trauma or pressure. The standard algorithms in diabetic foot ulcer management include assessing the ulcer grade classification, surgical debridement, dressing to facilitate wound healing, off-loading, vascular assessment (status and presence of a chance for interventional vascular correction), and infection and glycemic control. Although especially surgical procedures are sometimes inevitable, they are poor predictive factors for the prognosis of diabetic foot ulcer. Different novel treatment modalities such as nonsurgical debridement agents, oxygen therapies, and negative pressure wound therapy, topical drugs, cellular bioproducts, human growth factors, energy-based therapies, and systematic therapies have been available for patients with diabetic foot ulcer. However, it is uncertain whether they are effective in terms of promoting wound healing related with a limited number of randomized controlled trials. This review aims at evaluating diabetic foot ulcer with regard to all aspects. We will also focus on conventional and novel adjunctive therapy in diabetic foot management.

Relationship Between Serum Magnesium Level and Insulin Resistance in Turkey Non-Obese Adult Population

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The homeostasis model assessment of insulin resistance (HOMA-IR) is widely used in clinical practice to estimate insulin resistance. In particular, magnesium (Mg) is an extensively studied mineral that has been shown to function in the management of hyperglycemia and insulin resistance (IR) action. The pathophysiology of IR in non-obese patients has not been clearly demonstrated. From this point of view, we aimed to investigate the relationship between serum Mg level and IR in non-obese patients. We analyzed 957 patients who are not obese and estimated glomerular filtration rate (e-GFR) \geq 60 mL/min/1.73 m². Patients were divided into two groups, with and without IR. The results of the IR detected group (HOMA-IR \geq 2.5, n = 544) and the IR undetected group (HOMA-IR < 2.5, n = 413) were compared. The median Mg value of the patients was 1.76 [0.21] mg/dL. A statistically significant difference was observed between the two groups regarding serum Mg levels (p = 0.043). A negative correlation was found between the HOMA-IR index and serum Mg levels among patients (r = - 0.064, p =

0.049). Multivariable logistic regression analysis revealed that serum Mg level (p = 0.039, odds ratio [OR] = 0.770[95%CI: [0.917-0.989]]) was independent risk factors for IR. HOMA-IR increases as the Mg level decreases in advanced ages without obesity, especially in men with low e-GFR.

The Effect of Serum Magnesium Level on Stable Anticoagulation in Patients Using Warfarin for Various Cardiac Indications

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Warfarin is a vitamin K antagonist agent that inhibits clotting factors used for long-term anticoagulation. Time in therapeutic range (TTR) in patients using warfarin is one of the primary treatment effectiveness requirements. We aim to investigate the relationship between serum magnesium levels, the international normalized ratio (INR) values, and TTR values in people using warfarin for various indications. Our study is a single-center, cross-sectional, and retrospective study that included 169 patients between 18 and 70 who used warfarin for various indications. Demographic data, biochemical analysis, and coagulation parameters, including TTR calculation, were evaluated for all patients. Those with a TTR value below 60 were defined as labile INR, and those with 60 and above as stable INR group and compared. The mean INR value was higher in the labile INR group than the stable INR group (3.7 \pm 2.9, 3.2 \pm 0.3, respectively; p = 0.030). The Mg values are significantly lower in the labile INR group than the stable group (1.8 \pm 0.2 mg/dL, 2.0 \pm 0.1 mg/dL, respectively; p < 0.001). In binary multivariate logistic regression analysis, magnesium value was the most influential INR stabilization factor (p < 0.001). As a result of our study, it was concluded that magnesium levels are an influential factor in stabilizing INR. We can state that we have contributed to the literature and can be a reference for future studies.

Involvement of TRPM7 Channel on The Induction of Diabetic Neuropathic Pain in Mice: Protective Role of Selenium and Curcumin

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Excessive levels of the mitochondrial reactive oxygen radical (mitSOX) and Ca²⁺ influx were found to cause neuropathic pain in patients with diabetes mellitus (DM). Naltriben (NLT) and mitSOX activate the transient receptor (TRP) melastatin 7 (TRPM7) channel, but antioxidants and carvedrol inhibit it. Selenium (Se) and curcumin (CRC) have been thoroughly studied for their modulator effects on streptozotocin (STZ)-induced neuropathic pain, apoptosis, and oxidative stress through the blockage of TRP channels in dorsal root ganglion (DRG) neurons. It has not yet been fully understood how Se and CRC protect against STZ-induced neuropathic pain by modulating TRPM7. Here, we assessed how Se and CRC affected the Ca²⁺ influx, mitSOX-mediated oxidative damage,

and apoptosis in the DRGs of mice through modifying TRPM7 activity. Seven groups (control, Se, CRC, STZ, STZ + Se, STZ + CRC, and STZ + Se + CRC) were induced from the 56 male mice. We observed that the STZ-induced stimulation of TRPM7 increased mechanical neuropathic pain (von Frey), thermal neuropathic pain (hot plate), cytosolic Ca²⁺, TRPM7 current density, TRPM7 expression, lipid peroxidation, mitSOX, cytosolic ROS, apoptosis, caspase-3, caspase-8, and caspase-9 concentrations, whereas Se and CRC therapies diminished the alterations. The STZ-mediated decreases of DRG viability, brain glutathione, glutathione peroxidase, vitamin A, and vitamin E concentrations were also upregulated in the treatment groups by the therapies. These findings collectively imply that an imbalance of neuropathic pain, oxidative neurotoxicity, and apoptosis in the mice is caused by the STZ-mediated activation of TRPM7. However, the downregulation of TRPM7 activity caused by the injections of Se and CRC reduced the neurotoxicity and apoptosis.

The Nephroprotective Effect of Amifostine In a Cecal Ligation-Induced Sepsis Model in Terms of Oxidative Stress and Inflammation

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Objective: Sepsis is responsible for more than 5 million deaths worldwide every year. The purpose of this study was to use amifostine to reduce acute kidney injury developing as a result of sepsis.

Materials and methods: Thirty Sprague Dawley rats were divided into three equal groups - a healthy control group (Group 1), cecal ligation and puncture group (CLP, Group 2), and a CLP + amifostine (AMF) group receiving a total of 200 mg/kg AMF intraperitoneally (i.p.) 15 min before sepsis induction (Group 3).

Results: Total thiol levels decreased while malondialdehyde (MDA), tumor necrosis factor- α (TNF- α), nuclear factor kappa B (NF- κ B/p65), and interleukin (IL)-1 α , and IL-6 levels increased in the CLP group. We also observed degeneration in renal corpuscles, necrotic tubules, polymorphonuclear leukocyte inflammation, and vascular congestion. In the amifostine group, total thiol levels in tissue increased, while MDA, TNF- α , NF- κ B/p65, IL-1 α , and IL-6 levels, necrotic renal tubules, and inflammation decreased.

Conclusions: Amifostine prevented sepsis-related acute kidney injury by reducing inflammation and oxidative stress.

Serum Calcium/Phosphorus Ratio in Biochemical Screening of Primary Hyperparathyroidism

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Objective: Primary hyperparathyroidism is a common endocrine disease and most cases are asymptomatic. Currently, in a hypercalcemic patient, the first laboratory investigation is serum primary hyperparathyroidism measurement. However, the primary hyperparathyroidism level cannot be measured in many primary healthcare centers in our country. In addition, serum calcium levels are normal in normocalcemic primary hyperparathyroidism patients, even if most centers have serum calcium levels measured. Therefore, a simple and inexpensive laboratory biochemical marker is required for the diagnosis of primary hyperparathyroidism. Recently, the calcium/phosphorus ratio has been proposed as a suitable tool for diagnosing primary hyperparathyroidism. This study aimed to investigate the diagnostic value of serum calcium/phosphorus ratio in primary hyperparathyroidism screening.

Methods: A total of 462 patients followed in our clinic with a diagnosis of primary hyperparathyroidism were reviewed in this retrospective study. Out of these patients, 148 with normal levels of serum parathyroid hormone, calcium, and phosphorus were selected as the control group. Serum calcium, corrected calcium, phosphorus, albumin, parathyroid hormone, 25-hydroxyvitamin D, and creatinine were evaluated. The diagnostic accuracy of the calcium/phosphorus ratio was investigated using receiver operating characteristic curve analysis.

Results: There were 404 (87.4%) females and 58 (12.6%) males in the primary hyperparathyroidism group. Calcium, parathyroid hormone, and calcium/phosphorus ratio were significantly higher in primary hyperparathyroidism than in controls (p<0.001 for each). Receiver operating characteristic curve analyses identified a cutoff value of 2.59 (3.35 if calcium and phosphorus are measured in mg/dL) for the calcium/phosphorus ratio, with a sensitivity of 90.5% and specificity of 93.2% (p<0.001).

Conclusion: The calcium/phosphorus ratio is a simple and inexpensive method for primary hyperparathyroidism screening when a cutoff value of 2.59 is used.

Impact of The Covid-19 Pandemic on The Incidence, Seasonal Distribution, and Characteristics of Subacute Thyroiditis

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Purpose: An increasing number of cases of subacute thyroiditis (SAT) related to the coronavirus disease 2019 (COVID-19) and its vaccines continue to be published. The aim of this study was to investigate any change in the incidence and characteristics of SAT by comparing the pre-pandemic and pandemic periods.

Methods: This retrospective, single-center study included 432 newly-diagnosed SAT patients between January 2018 and December 2021. The annual frequency of SAT was calculated as the number of newly-diagnosed SAT cases divided by the total number of outpatients that year.

Results: The frequencies of newly-diagnosed SAT were 0.136% in 2018, 0.127% in 2019, 0.157% in 2020, and 0.114% in 2021 ($p = 0.19$). While SAT patients were clustered in the autumn (35.1%) in 2018 and 2019, it was found that this cluster shifted to the winter (33.0%) in 2020 and 2021, in parallel with COVID-19 case peaks ($p = 0.017$). The patients were separated into two groups as pre-COVID-19 pandemic SAT ($n = 272$) and COVID-19 pandemic SAT ($n = 160$). The mean ages of the groups were similar. There were more male patients in the COVID-19 pandemic SAT group than in the pre-pandemic group (30.6% vs. 18.7%, $p = 0.005$). Frequencies of overt hyperthyroidism and median free-thyroxine levels were significantly higher in the COVID-19 pandemic SAT group ($p = 0.029$, $p = 0.001$). Treatment modalities, recurrence rates, and permanent hypothyroidism were similar in both groups.

Conclusion: With the COVID-19 pandemic, although there was a change in seasonal variation of SAT and an increase in the number of male patients, there was no change in the incidence and clinical course of SAT.

Evaluation of The Diagnostic Features and Clinical Course of Covid-19 Vaccine-Associated Subacute Thyroiditis

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Objective: This study aimed to identify cases of coronavirus disease 2019 (COVID-19) vaccine-associated subacute thyroiditis (SAT) during the active vaccination period of the pandemic, analyze the characteristics of these cases, and compare them with cases of non-vaccine associated SAT diagnosed in the same period.

Methods: A total of 55 patients diagnosed with SAT in our outpatient clinic between February and October, 2021, were included in this retrospective single-center study.

Results: Of the study population, 16 (29.1%) were diagnosed with COVID-19 vaccine-associated SAT (10 with CoronaVac® and six with Pfizer-BioNTech® vaccine), with a median time to onset of symptoms after vaccination of 6.5 (range, 2-20) days. There was no statistically significant difference between the vaccine-associated (VA) and non-vaccine associated (NVA) groups in terms of age, gender, time to diagnosis, thyroid volumes, thyroid function tests, and acute phase reactants. Seven (43.8%) and 25 (64.1%) patients were treated with methylprednisolone in the VA group and NVA group, respectively ($p = 0.16$). Follow-up data of 45 patients (16/16 for VA and 29/39 for NVA) were available. The mean follow-up of these patients was 47.4 ± 19.4 days, and the follow-up periods of the VA group and NVA group were comparable ($p = 0.24$). There was no difference between the two groups in terms of the frequency of euthyroidism at the follow-up visit (12/16 vs.14/29, $p = 0.08$).

Conclusion: With the increase in COVID-19 vaccination rates during the current pandemic, VA SAT cases are seen more frequently. The present study demonstrated that these cases have similar diagnostic features and clinical course to that of classic forms of SAT. In addition, most patients with VA SAT had a mild clinical course that improved with non-steroidal anti-inflammatory drugs.

Evaluation of Arterial Stiffness and Serum Endocan Levels in Patients with Primary Aldosteronism With New-Onset Hypertension and Long-Term Hypertension

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Purpose: There is growing evidence that prolonged exposure to high serum aldosterone concentrations results in target organ damage to the heart, kidney, and arterial wall, and that primary aldosteronism (PA) is associated with increased cardiovascular risk. In this study, we aimed to evaluate cardiovascular disease (CVD) risk indicators such as arterial stiffness [with pulse wave velocity (PWV) measurement] in PA patients and endocan levels, which is a biomarker of endothelial dysfunction.

Methods: 28 patients with PA were included in our study. As the control group, 14 patients with essential hypertension (EHT) and 28 normotensive healthy volunteers were included. Height, weight, body mass index (BMI), systolic blood pressure (SBP), diastolic blood pressure (DBP), serum fasting glucose, insulin, hemoglobin A1c (HbA1c), C-reactive protein (CRP), lipids and endocan levels of all subjects in the PA, EHT and control groups were measured. PWV measurements were performed to assess arterial stiffness.

Results: In the PA group, PWV levels were similar to the EHT group, and endocan levels were lower than the EHT group. In the PA group, PWV levels were higher than the control group, and endocan levels were lower than the control group. When we compared the PA group with new-onset HT with the PA group with long-term HT, PWV levels were higher in the PA group with long-term HT. When we compared the long-term HT group with the EHT group, PWV levels were higher in the long-term HT PA group and endocan levels were higher in the EHT group. When we compared the PA group with long-term HT with the control group, PWV levels were higher in the PA group with long-term HT, and endocan levels were similar in both groups.

Conclusions: In our study, it was determined that arterial stiffness increased in PA cases with long-term HT compared to PA cases with new-onset HT, EHT cases and normotensive healthy cases. We found that endocan levels in PA patients were also lower than both EHT patients and healthy controls.

Prediabetes and Mild Hepatosteatosis are Associated with Blunted Cortisol Response to Glucagon But Not to Growth Hormone

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Background: Although there is a close relationship between cortisol and growth hormone (GH) levels, glucose intolerance and hepatosteatosis, changes in GH and the hypothalamo-pituitary-adrenal (HPA) axis were not previously studied in prediabetes. The main purpose of the present study was to assess changes in GH and HPA axis and their relationship with hepatosteatosis in prediabetic patients.

Methods: Forty prediabetic patients, with body-mass index (BMI) 25-35kg/m², and 23 healthy individuals, with normal glucose tolerance and similar age and BMI, were included. The 75g oral glucose tolerance test and glucagon stimulation test (GST) were used.

Results: No significant differences were detected between prediabetic patients and healthy individuals in terms of insulin-like growth factor-1 (IGF-1), insulin-like growth factor-binding protein-3 (IGFBP-3), IGF-1/IGFBP3 ratio or adrenocorticotrophic hormone (ACTH). GH responses to GST did not differ between groups. On the other hand, peak cortisol and area under the curve (AUC)_(cortisol) response on GST were significantly lower in prediabetic patients. Both peak GH and AUC_(GH) response on GST correlated negatively with waist circumference and body weight. The degree of hepatosteatosis correlated negatively with peak cortisol, GH, AUC (cortisol) and AUC (GH) response on GST.

Conclusion: Cortisol response to GST is decreased in prediabetic patients, with relatively well conserved GH response. This suggests altered HPA axis responsiveness in prediabetes, as is known in diabetes. Thus, HPA axis changes in patients with diabetes probably start before the development of diabetes as such.

Clinical Predictors of Ectopic Parathyroid Adenomas: Experience with 421 Confirmed Parathyroid Adenoma Localizations

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Epub 2022 Dec 12. PMID: 36510103 DOI: 10.1007/s40618-022-01986-1

Purpose: This study was designed to evaluate whether patients with ectopic parathyroid adenoma (EPA) have clinical predictors by comparing them with other patients operated on for primary hyperparathyroidism (PHPT) with uniglandular parathyroid adenomas in other localizations.

Methods: The data of PHPT patients who underwent parathyroidectomy in our institution were assessed retrospectively. Abnormal gland localization was confirmed by operative and pathology reports as well as normocalcemia that lasted for at least 6 months postoperatively. The relationships of biochemical and clinical findings of patients with confirmed adenoma localizations were analyzed. In order to determine independent factors that can predict EPAs, binary logistic regression was used.

Results: Among 421 patients (83.4% female, mean age 49 ± 13.2 years) enrolled in the study, the most common adenoma localization was the lower left parathyroid gland (36.1%; p < 0.001). Parathyroid adenomas were more common in lower localizations compared to upper localizations and were smaller in size (p < 0.001 and p = 0.004, respectively). In univariate analysis, serum intact parathyroid hormone and calcium levels were found to be higher (p = 0.004 and p = 0.002, respectively), moderate/severe hypercalcemia was more common (p = 0.024), phosphorus levels were lower (p = 0.04), and postoperative transient hypocalcemia was more common (p = 0.013) in cases of EPAs than other localizations. There was no significant difference in adenoma size between EPAs and other classical localizations. In multivariate analysis, only a high serum calcium level was an independent predictor of EPAs (OR 2.017, 95% CI 1.142-3.564, p = 0.016). Receiver-operating characteristic curve analysis yielded an optimal cutoff value of 12.25 mg/dL for serum calcium (88% sensitivity, 63% specificity, and area under the curve: 0.861).

Conclusion: EPAs can cause a more biochemically distinct PHPT picture compared to parathyroid adenomas in classical localizations. A high calcium level at diagnosis may be a clinical predictor for EPAs and may affect the clinical approach and imaging technique choices. Due to the increased risk of transient hypocalcemia in patients with EPAs, caution should be exercised in postoperative follow-up. Furthermore, in the event of negative preoperative imaging, starting the parathyroid exploration from the lower left region may be a good option for the surgeon.

Paradoxical GH Increase During Oral Glucose Load May Predict Overall Remission in Acromegalic Patients

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Background: The nadir growth hormone (nGH) during the oral glucose tolerance test (OGTT) is the gold standard method for diagnosing acromegaly. A paradoxical growth hormone (GH) response to oral glucose (OG) in acromegaly can be observed. The role of the paradoxical GH response on how the patients with acromegaly respond to the treatment has been addressed in few studies. The aim of this study was to investigate the association between glucose-dependent growth hormone results and the responses of acromegalic patients to surgical and/or medical therapy following surgery.

Material and methods: This retrospective cohort study included patients with acromegaly who underwent surgery (n = 189) or received primary medical treatment (n = 9). The mean age was 50.44 ± 12.81 years (M/F: 84/114). The patients were grouped into paradoxical (GH-P) and non-paradoxical (GH-nP) according to GH response to OG and were compared in terms of clinical and pathological features, pituitary tumor size, invasiveness, biochemical profiles, and how they responded to the treatment.

Results: The mean age, gender distribution, and basal tumor diameter were all similar in both groups (p > 0.05). The GH-P group had a higher remission rate in response to medical therapy followed by surgery (83% vs. 55%; p = 0.026). Although a higher surgical remission rate in favor of GH-P was observed, it did not reach statistical significance (63% vs. 48%; p = 0.059). Overall treatment response rates were also higher in the GH-P group compared to the GH-nP group (89% vs. 71%; p = 0.005).

Conclusion: A paradoxical GH response to OG load may help to predict the response to medical treatment in patients with acromegaly.

Selective Targeting of Angiotensin-Like 3 (ANGPTL3) with Vupanorsen for The Treatment of Patients with Familial Partial Lipodystrophy (FPLD): Results of a Proof-of-Concept Study

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Lipids Health Dis. 2021 Dec 5;20(1):174. doi: 10.1186/s12944-021-01589-4. PMID: 34865644 PMCID: PMC8647384 DOI: 10.1186/s12944-021-01589-4

Background: Familial partial lipodystrophy (FPLD) is a rare disease characterized by selective loss of peripheral subcutaneous fat, associated with dyslipidemia and diabetes mellitus. Reductions in circulating levels of ANGPTL3 are associated with lower triglyceride and other atherogenic lipids, making it an attractive target for treatment of FPLD patients. This proof-of-concept study was conducted to assess the efficacy and safety of targeting ANGPTL3 with vupanorsen in patients with FPLD.

Methods: This was an open-label study. Four patients with FPLD (two with pathogenic variants in LMNA gene, and two with no causative genetic variant), diabetes (HbA1c ≥7.0% and ≤12%), hypertriglyceridemia (≥500 mg/dL), and hepatic steatosis (hepatic fat fraction, HFF ≥6.4%) were included. Patients received vupanorsen subcutaneously at a dose of 20 mg weekly for 26 weeks. The primary endpoint was the percent change from baseline in fasting triglycerides at Week 27. Other endpoints analyzed at the same time point included changes in ANGPTL3, fasting lipids and lipoproteins, insulin secretion/sensitivity, postprandial lipids, and glycemic changes in response to a mixed meal test, HFF measured by MRI, and body composition measured by dual-energy absorptiometry (DEXA).

Results: Baseline mean ± SD fasting triglyceride level was 9.24 ± 4.9 mmol/L (817.8 ± 431.9 mg/dL). Treatment resulted in reduction in fasting levels of triglycerides by 59.9%, ANGPTL3 by 54.7%, and in several other lipoproteins/lipids, including very low-density lipoprotein cholesterol by 53.5%, non-high-density lipoprotein cholesterol by 20.9%, and free fatty acids (FFA) by 41.7%. The area under the curve for postprandial triglycerides, FFA, and glucose was reduced by 60%, 32%, and 14%, respectively. Treatment with vupanorsen also resulted in 55% reduction in adipose tissue insulin resistance index, while other insulin sensitivity indices and HbA1c levels were not changed. Additional investigations into HFF and DEXA parameters suggested dynamic changes in fat partitioning during treatment. Adverse events observed were related to common serious complications associated with diabetes and FPLD. Vupanorsen was well tolerated, and there was no effect on platelet count.

Conclusions: Although limited, these results suggest that targeting ANGPTL3 with vupanorsen could address several metabolic abnormalities in patients with FPLD.

Sonographic Evaluation of Subclinical Enthesal Involvement in Patients with Hypoparathyroidism: A Case Control Study

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Purpose: Hypoparathyroidism is a disease characterized by low serum calcium, increased serum phosphorus and low PTH levels. Although patients are treated with active vitamin D and calcium, a proper serum calcium phosphorus balance cannot always be achieved. Ectopic calcifications that develop in organs during treatment are the most common complications. To date, there is not any published study on enthesopathy in patients with hypoparathyroidism. The aim of this study was to evaluate subclinical enthesopathy in patients with hypoparathyroidism with ultrasound and to compare the results with those of the control group.

Methods: The study included patients aged 18-65 years with postoperative hypoparathyroidism and hypothyroidism (group hypoP + hypoT), patients with postoperative hypothyroidism (group hypoT), and healthy age and sex-matched volunteers (group C). Ultrasonographic findings of enthesopathy in both extremities were documented according to the Glasgow Ultrasound Enthesitis Scoring System (GUESS).

Results: GUESS scores in group hypoP + hypoT, were significantly higher when compared to the other groups. There was a statistically significant correlation between the total GUESS scores and total enthesophyte scores and the duration of hypoparathyroidism ($p < 0.05$, $r = 0.43$) ($p < 0.05$, $r = 0.39$) respectively. In the correlation analysis of all groups, a significant negative correlation was found between serum Ca and PTH levels and the total GUESS scores ($p < 0.01$, $r = -0.37$; $p < 0.01$, $r = -0.54$, respectively).

Conclusion: This study showed that GUESS scores were significantly higher in patients with hypoparathyroidism compared to those with hypothyroidism and control subjects. GUESS scores were positively correlated with disease duration. Patients with hypoparathyroidism need to be evaluated for subclinical enthesopathy during follow-up.

Renoprotective Effects of Dapagliflozin in an Iron Overload Non-Diabetic Rat Model

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Purpose: Sodium glucose co-transporter (SGLT) 2 inhibitors are oral anti-diabetic drugs with proven kidney protective effects. Renal protective effects in non-diabetic individuals have also been shown in recent studies. The aim of this study was to determine the renal protective effects of dapagliflozin by evaluating the oxidative stress markers in the kidney tissue and demonstrating it in renal histological sections in an iron-overloaded rat model.

Methods: A total of 24 Wistar Albino rats were separated into 3 groups of 8 rats. Iron sucrose (60 mg/kg/day) was administered intraperitoneally to the first group (Group Fe) ($n = 8$), iron sucrose and dapagliflozin (0.1 mg/kg/day) to the second group (Group Fe + D) ($n = 8$) and intraperitoneal saline as placebo to the control group (Group C) ($n = 8$) for 4 weeks. The glomerular changes were semi-quantitatively scored with Oxford Classification. Oxidative stress was analyzed from the tissue fluorescent oxidation product (FLOP), malondialdehyde (MDA) and total sulfhydryl (T-SH) levels.

Results: Dapagliflozin prevented glomerular and mesangial damage of iron overload in the non-diabetic rat model. MDA levels were significantly higher in Group Fe compared to the Group C, and there was no significant difference between the Fe + D group and Group C. T-SH levels were preserved in the Fe + D group and were significantly higher than in the Fe group.

Conclusions: The results of this study showed that dapagliflozin helped preserve the glomerular and mesangial structure histologically and reduced oxidative stress markers in a non-diabetic iron overload rat model.

High Prevalence of Vertebral Fractures Associated With Preoperative GH Levels in Patients with Recent Diagnosis of Acromegaly

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Context: Osteopathy and morphometric vertebral fractures (VFs) are emerging complications in acromegaly. However, the prediction of VFs in this clinical setting is still a matter of uncertainty, and it is debated whether they are an early event in the natural history of the disease.

Objective: We aimed to evaluate the prevalence and determinants of morphometric VFs in patients with recently diagnosed acromegaly.

Methods: We enrolled 92 patients (43 men/49 women) on admission to the neurosurgery unit before transsphenoidal surgery, and compared them with control individuals without secondary forms of osteoporosis and pituitary disorders. We performed a VF assessment on preoperative chest x-ray images and collected biochemical, demographic, and clinical data.

Results: We detected a significantly higher prevalence of VFs (33.7%) in patients with acromegaly than in controls ($P = .001$). Among the patients with acromegaly and VFs, 12 (38.7%) showed multiple VFs, and 5 (16.1%) showed moderate/severe VFs. Patients with VFs had higher random serum growth hormone (GH) levels than those with no VFs ($P = .03$), but there was no difference in insulin-like growth factor-1 (IGF-1) ($P = .07$) and IGF-1/Upper Normal Limit ratio ($P = .08$). Free 3,5,3'-triiodothyronine was slightly lower in patients with acromegaly and VFs than in those without VFs ($P = .05$). In multiple logistic analysis, GH was independently associated with risk for VFs ($P = .003$). The preoperative serum GH cutoff value that predicted VFs was 12 ng/mL.

Conclusion: For the first time, high prevalence of radiological VFs is reported in patients with recent diagnosis of acromegaly. Therefore, we can hypothesize that VFs are an early phenomenon of acromegaly and related to GH levels. VF assessment should be included in the workup at the diagnosis of acromegaly.

Loss of Thymidine Phosphorylase Activity Disrupts Adipocyte Differentiation and Induces Insulin-Resistant Lipotrophic Diabetes

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Background: Thymidine phosphorylase (TP), encoded by the TYMP gene, is a cytosolic enzyme essential for the nucleotide salvage pathway. TP catalyzes the phosphorylation of the deoxyribonucleosides, thymidine and 2'-deoxyuridine, to thymine and uracil. Biallelic TYMP variants are responsible for Mitochondrial NeuroGastroIntestinal Encephalomyopathy (MNGIE), an autosomal recessive disorder characterized in most patients by gastrointestinal and neurological symptoms, ultimately leading to death. Studies on the impact of TYMP variants in cellular systems with relevance to the organs affected in MNGIE are still scarce and the role of TP in adipose tissue remains unexplored.

Methods: Deep phenotyping was performed in three patients from two families carrying homozygous TYMP variants and presenting with lipotrophic diabetes. The impact of the loss of TP expression was evaluated using a CRISPR-Cas9-mediated TP knockout (KO) strategy in human adipose stem cells (ASC), which can be differentiated into adipocytes in vitro. Protein expression profiles and cellular characteristics were investigated in this KO model.

Results: All patients had TYMP loss-of-function variants and first presented with generalized loss of adipose tissue and insulin-resistant diabetes. CRISPR-Cas9-mediated TP KO in ASC abolished adipocyte differentiation and decreased insulin response, consistent with the patients' phenotype. This KO also induced major oxidative stress, altered mitochondrial functions, and promoted cellular senescence. This translational study identifies a new role of TP by demonstrating its key regulatory functions in adipose tissue.

Conclusions: The implication of TP variants in atypical forms of monogenic diabetes shows that genetic diagnosis of lipodystrophic syndromes should include TYMP analysis. The fact that TP is crucial for adipocyte differentiation and function through the control of mitochondrial homeostasis highlights the importance of mitochondria in adipose tissue biology.

The Role of Vascular Endothelial Growth Factor in The Development of Papillary Thyroid Carcinoma in Patients with Lymphocytic Thyroiditis

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Background: Vascular endothelial growth factor (VEGF) plays a pivotal role in the pathogenesis of autoimmune chronic inflammatory conditions and papillary thyroid carcinoma (PTC). We hypothesized that, as VEGF expression is increased both in PTC and in lymphocytic thyroiditis (LT), it may stimulate the development of PTC in patients with LT. To evaluate this, we examined both tumor and adjacent non-tumoral tissues of PTC patients with and without LT.

Methods: A total of 50 patients with PTC (52.50±7.41 years) and 17 patients with nodular goiter (NG) (50.47±10.38 years) were included in the study. According to the presence of LT, patients with PTC were further divided into two groups. Immunohistochemical analyses of VEGF were conducted in all patients and for PTC patients, both tumor tissue and adjacent non-tumoral tissue were evaluated.

Results: The scores for intensity of staining and percentage of labeled thyrocytes for VEGF were found to be significantly higher in the PTC patients than in the NG patients (p<0.001, p<0.001, respectively). The tumor tissue revealed similar scores for PTC patients with LT and without LT. However, the scores in adjacent non-tumoral tissue were higher in PTC patients with LT than in patients without LT (p=0.004, p=0.01, respectively).

Conclusions: To the best of our knowledge, our results are the first to demonstrate that the expression of VEGF in adjacent non-tumoral tissue were higher in PTC patients with LT than in those without, which shows a possible role of VEGF expression in the progression of PTC in the presence of LT.

Assessment of 4DCT Imaging Findings of Parathyroid Adenomas in Correlation with Biochemical and Histopathological Findings

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Purpose: To assess polar vessel presence and enhancement 4DCT imaging and their relation with biochemical and histopathological features.

Methods: Patients with primary hyperparathyroidism and preoperative 4DCT imaging were screened retrospectively and those with histopathologically proven diagnosis of PA were included. Biochemical findings, densitometric measurements (HU_{precontrast}, HU_{arterial}, HU_{venous}, HU_{wash-in}, HU_{wash-out}, HU_{retained}) and CT_{volume} of PA on 4DCT, presence of a polar vessel (PV), and histopathological features were recorded. Correlations between serum PTH, calcium levels and densitometric measurements of PA on 4DCT were investigated. Differences between subgroups created according to PV presence were also evaluated.

Results: Thirty-nine patients were enrolled (F/M = 32/7, median age = 57, interquartile range = 50-62 years). In all patients, serum PTH levels positively correlated with CT_{volume} ($r = 0.398$, $p = 0.012$) but negatively correlated with HU_{arterial} ($r = -0.366$; $p = 0.022$), HU_{venous} ($r = -0.452$; $p = 0.004$) and HU_{retained} ($r = -0.421$; $p = 0.008$). In PV (-) PAs, PTH levels were positively correlated with CT_{volume} ($r = 0.608$, $p \leq 0.002$) and negatively with HU_{arterial} ($r = -0.449$, $p \leq 0.028$), HU_{venous} ($r = -0.560$, $p = 0.004$), $HU_{\text{wash-in}}$ ($r = -0.460$, $p = 0.024$), and HU_{retained} ($r = -0.539$, $p = 0.007$). No correlation between PTH levels and densitometric measurements was found in PV (+) PAs. $HU_{\text{wash-in}}$ and $HU_{\text{wash-out}}$ were significantly higher in PV (+) PAs compared to PV (-) PAs ($p = 0.021$ and $p = 0.033$, respectively). Histopathologic features revealed no difference according to the presence of PV.

Conclusion: PTH levels might have an association with imaging findings of PAs, especially when categorized with respect to PV presence. PTH levels were negatively correlated with degree of enhancement in PV (-) PAs. Therefore, radiologists should be aware that in patients with high serum PTH levels and without a discernible PV, PA might be difficult to localize.

The Prevalence and Risk Factors of Retinopathy and Nephropathy in Prediabetic Population

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Aim: There are very few studies in which retinopathy is determined by fundus fluorescein angiography (FFA) in prediabetics. We aimed to determine the frequency of retinopathy with a sensitive method and its relation to nephropathy in the prediabetic population.

Materials and methods: We selected 30 impaired fasting glucose (IFG), 30 impaired glucose tolerance (IGT), and 30 IFG + IGT prediabetic patients, who were admitted to Ege University Faculty of Medicine between January 2019 and September 2019. Demographic and comorbidity profiles and laboratory data were collected. Microalbumin/creatinine ratio in spot urine was examined. FFA was performed in 86 eligible patients.

Results: Sixteen (18.6%) of the 86 patients included in our study had very mild non-proliferative retinopathy according to FFA findings. Nephropathy was detected in 13 (15.1%) of 86 patients. Diabetic retinopathy (DR) was found to be significantly associated with age, systolic and diastolic blood pressure, serum uric acid level, estimated glomerular filtration rate (eGFR), and anti-hyperlipidemic drug use. A significant relationship was found between diabetic nephropathy and systolic blood pressure, serum uric acid levels, and eGFR levels.

Conclusion: Our findings suggest the incidence of both retinopathy and nephropathy (18.6% and 15.1%, respectively) may be higher than expected in prediabetic patients. In addition, we describe that there may be a relationship between macrovascular complications and microvascular complications in patients with prediabetes.

The Dual Pandemics of Covid-19 and Obesity: Bidirectional Impact

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The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), responsible for the COVID-19 pandemic, has been shown to disrupt many organ systems in the human body. Though several medical disorders have been affected by this infection, a few illnesses in addition may also play a role in determining the outcome of COVID-19. Obesity is one such disease which is not only affected by the occurrence of COVID-19 but can also result in a worse clinical outcome of COVID-19 infection. This manuscript summarizes the most recent evidence supporting the bidirectional impact of COVID-19 and obesity. It highlights how the presence of obesity can be detrimental to the outcome of COVID-19 in a given patient because of the mechanical limitations in lung compliance and also by the activation of several thrombo-inflammatory pathways. The sociodemographic changes brought about by the pandemic in turn have facilitated the already increasing prevalence of obesity. This manuscript highlights the importance of recognizing these pathways which may further help in policy changes that facilitate appropriate measures to prevent the further worsening of these two pandemics.

Effects of Oxygen Saturation on The Hypoxia-Inducible Factor-1 α , Subfatin, Asprosin, Irisin, C-Reactive Protein, Maresin-1, and Diamine Oxidase in Diabetic Patients with Covid-19

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Objective: Oxygen is essential for living organisms that perform aerobic respiration since cells begin to die when humans and animals are deprived of oxygen. Oxygen saturation decreases and shortness of breath occurs in coronavirus (COVID-19) disease. Therefore, in this study, we aimed to determine the changes in hypoxia-inducible factor-1 α (HIF-1 α), subfatin, asprosin, irisin, C-reactive protein (C-RP), Maresin-1 (MaR-1), and diamine oxidase (DAO) molecules in diabetic patients with coronavirus according to their oxygen saturations.

Patients and methods: Participants were classified into 4 Groups of 22, including patients with oxygen saturation between 95% and 100% (Group I, control), between 80% and 85% (Group II), between 75% and 79% (Group III), and between 70% and 74% (Group IV). COVID-19 was diagnosed with PCR testing and 5 mL of blood was taken following the diagnosis.

HIF-1 α , subfatin, asprosin, irisin, MaR-1, and DAO values of the participants were measured with ELISA. Other parameters used in the study were obtained from the records of the patients.

Results: When Group I was compared to Groups II, there was no significant change in Group II while HIF-1 α , subfatin, asprosin, irisin, C-RP, and DAO counts had increased significantly in Groups III and IV. When the MaR-1 values were examined, they were reported to have decreased significantly in Groups III and IV ($p < 0.05$). Similarly, when Group II and Group IV were compared, HIF-1 α , subfatin, asprosin, irisin, C-RP, and DAO values of the participants in Group IV had significantly increased while MaR-1 values had significantly decreased ($p < 0.05$). In the case of oxygen saturation decreasing below the critical value (70-74%) in patients with coronavirus, the release of HIF-1HIF-1 α , subfatin, asprosin, irisin, C-RP, and DAO increased while the MaR-1 values decreased ($p < 0.05$).

Conclusions: Changes in these molecules in patients with coronavirus and diabetes according to their oxygen saturation suggested that they functioned as the "metabolic oxygen sensors" of the metabolism. Therefore, according to these data, it was predicted that these molecules had the potential to be used in the diagnosis and follow-up of diseases related to oxygen (such as asthma, and critical intensive care patients) in clinics in the future.

Therapeutic Plasma Exchange in Hyperthyroidism Prior to Surgery

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Purpose: Therapeutic plasma exchange (TPE) is a treatment option to reduce thyroid hormones in the event of contraindication or unresponsiveness to antithyroid drugs (ATDs).

Methods: We analyzed 11 patients with hyperthyroidism who received TPE prior to surgery between January 2008 and December 2016 at our center.

Results: In total, 41 processes were applied to 11 patients with hyperthyroidism. The median age was 40 years, and 90.9% of the patients were female. Seven patients had Graves' disease, while four had a toxic multinodular goiter. The distribution of TPE indications comprised contraindication to ATDs (64%) and insufficient response to ATDs (36%). An adequate response was not obtained with TPE in two patients, and cholestyramine plus methimazole and Lugol solution were applied. The median number of TPE sessions was 3. During the TPE period, a β -blocker was applied concurrently except in one patient who was contraindicated for the drug. The reduction in FT3 and FT4 hormones and the increase in TSH levels were statistically significant after TPE application (p values of 0.003, 0.033 and 0.008, respectively). Regarding adverse events of TPE application, an allergic reaction was seen in one patient, while prolongation of prothrombin time without any clinical findings was seen in another patient. Ten patients underwent total thyroidectomy, and one patient underwent a gynecological surgery procedure without any major complications.

Conclusion: The American Society for Apheresis guideline, which is the most referenced guideline, mentions the utilization of TPE before thyroid surgery, only in patients with thyrotoxicosis despite the wider necessity of this treatment choice under the condition of uncontrolled hyperthyroidism prior to any kind of surgery. We concluded that TPE is a reliable and effective application in patients with hyperthyroidism before any surgical procedure, according to our study results.

Subacute Thyroiditis Following Sars-Cov-2 Vaccines: Six Cases Report and Review of The Literature

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Subacute thyroiditis (SAT) is an inflammatory disease of the thyroid that develops following viral upper respiratory tract infections. SARS-CoV-2 virus, the cause of COVID-19, binds to the Angiotensin-Converting Enzyme-2 (ACE2) molecule expressed on the target cell surface. Thyroid gland shows high levels of ACE2 expression. The cases of SARS-CoV-2-related subacute thyroiditis and Graves' disease have been reported. It has recently been noted that vaccines for SARS-CoV-2 also induce autoimmune and inflammatory reactions. We present six (4 male, 2 female) cases of SAT that developed after mRNA and inactivated SARS-CoV-2 vaccines. And we have reviewed the literature. SAT was seen in 5 patients after mRNA vaccine, in one after inactivated vaccine. Their clinic and laboratory findings suggested to SAT. They were treated with nonsteroid anti-inflammatory drugs and/or methylprednisolone. They recovered within few weeks. Out patients did not have permanent hypothyroidism after SAT. The history of SARS-CoV-2 vaccination should be questioned in patients with subacute thyroiditis in pandemic days.

Associations Between Periodontitis, Covid-19, and Cardiometabolic Complications: Molecular Mechanisms and Clinical Evidence

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Periodontitis is a microbially driven, host-mediated disease that leads to loss of periodontal attachment and resorption of bone. It is associated with the elevation of systemic inflammatory markers and with the presence of systemic comorbidities. Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Although the majority of patients have mild symptoms, others experience important complications that can lead to death. After the spread of the COVID-19 pandemic, several investigations demonstrating the possible relationship between periodontitis and COVID-19 have been reported. In addition, both periodontal disease and COVID-19 seem to provoke and/or impair several cardiometabolic complications such as cardiovascular disease, type 2 diabetes, metabolic syndrome, dyslipidemia, insulin resistance, obesity, non-alcoholic fatty liver disease, and neurological and neuropsychiatric complications.

Therefore, due to the increasing number of investigations focusing on the periodontitis-COVID-19 relationship and considering the severe complications that such an association might cause, this review aims to summarize all existing emerging evidence regarding the link between the periodontitis-COVID-19 axis and consequent cardiometabolic impairments.

Histopathological Evaluation of The Effects of Dexmedetomidine Against Pituitary Damage Induced By X-Ray Irradiation

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Background: The present study, aimed to investigate the potential negative effects of x-ray radiation and the effects of the α 2-adrenergic receptor agonist dexmedetomidine on the pituitary gland.

Methods: Twenty-four Sprague-Dawley rats were divided into three groups: Rats in Group 1 (control group). Group 2 (X-ray irradiation) and group 3 (X-ray irradiation + Dexmedetomidine) were given a total of 10 Gy external beam total body irradiation. Group 3 was given a single intraperitoneal dose of 200 μ g/kg dexmedetomidine 30 minutes before RT.

Results: In sections obtained from the x-ray irradiation group, we observed many necrotic in adenohypophysis and neurohypophysis. In addition, there were extensive oedematous areas and vascular congestions due to the necrotic cells in both the adenohypophysis and neurohypophysis. In contrast, we observed a reduction in necrotic chromophobic and chromophilic cells in adenohypophyseal tissue and a reduction in necrotic pituicytes in neurohypophyseal tissue in the dexmedetomidine treatment group. In addition, we determined lower caspase-3 and TUNEL expression in the dexmedetomidine treatment group compared with the x-ray irradiation group. Dexmedetomidine reduced x-ray radiation-induced pituitary damage by preventing apoptosis.

Conclusions: The present study demonstrated the use of dexmedetomidine in situations related to radiation toxicity and offers the potential for a comprehensive study.

The Role of Il-6 and Osteoprotegerin in Bone Metabolism in Patients with Graves' Disease

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Background: Increased bone turnover is a hallmark of hyperthyroidism. The underlying factors of how thyroid hormones affect bone cells are still under the spotlight. Previous studies indicated serum osteoprotegerin (OPG), receptor activator of NF- κ B ligand (RANKL), and interleukin-6 (IL-6) as mediators of the effect of thyroid hormones on bone metabolism. Ultimately, the present research aimed to examine the association of IL-6 with OPG and RANKL in patients with hyperthyroidism.

Methods: We carried out this study with 39 newly diagnosed and untreated Graves' patients and 43 healthy controls. In addition to routine tests, we measured serum OPG, RANKL, and IL-6 levels.

Results: Mean age and sex distribution were similar in both groups. The hyperthyroid group had significantly higher OPG ($p = 0.002$) and IL-6 ($p < 0.001$) levels, but RANKL levels were significantly lower in this group ($p < 0.001$). We found OPG not to correlate with free T4 and T3, while it had a moderate and negative correlation with thyrotropin (TSH) ($r = -0.372$, $p = 0.001$). IL-6 had no correlation with OPG but positively correlated with free T4 ($r = 0.445$, $p < 0.001$) and free T3 ($r = 0.326$, $p = 0.035$). It also negatively correlated with RANKL ($r = -0.247$, $p = 0.033$).

Discussion: Maintaining skeletal development and integrity is partially regulated by a normal balance of thyroid hormones. We concluded that increases in serum OPG and IL-6 levels accompanied hyperthyroidism. However, excessive levels of the hormones might cause drops in serum RANKL levels. Our results suggested that OPG, RANKL, and IL-6 might be involved in the cross-talking among immunity, thyroid function, and bone metabolism in the case of hyperthyroidism.

Pedobarography May Play a Role in Foot Plantar Scanning in Acromegaly

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Turk J Med Sci. 2022 Apr;52(2):338-345. doi: 10.55730/1300-0144.5320. Epub 2022 Apr 14. PMID: 35685582 Int J Clin Pract. 2022 May 17;2022:9882896. doi: 10.1155/2022/9882896. eCollection 2022. PMID: PMC9158791 DOI: 10.1155/2022/9882896

Aims: Acromegaly is associated with symptoms in many organs, including the heart, colon, skin, bones, and many joints. Patients with long-term treatment or biochemical control still suffer from acromegaly arthropathy (AA). Primarily, the weight-bearing joints of the lower extremity are affected and at last deformation emerges. The aim of this study is to detect the changes in the feet with pedobarography in patients with acromegaly.

Materials and methods: Nineteen patients with acromegaly (4 males and 15 females) and 13 healthy controls (1 male and 12 females) were included in the study ($p=0.31$). There was no difference between acromegaly patients and controls in terms of gender, age, and BMI; median age and BMI were (54 (20-67) vs. 52 (30-58), $p=0.85$) and (32.5 (20.3-42.7) vs. 29.5 (22.4-38.6), $p=0.93$), respectively. Static plantar pressures of bilateral foot of all participants in the standing position were measured by pedobarography.

Results: In pedobarographic analysis, there were only significant difference in rearfoot surface right and rearfoot surface left ($p=0.04$ and $p=0.01$), respectively. The mean of the right rearfoot surface (43.5 cm^2 vs. 36.6 cm^2) and the mean of the left rear foot surface were higher than the controls (47.4 cm^2 vs. 40.2 cm^2). Forefoot surface, forefoot load, forefoot weight ratio, rearfoot load, total foot surface, total load, total peak pressure, and total average pressure were higher in left foot in both groups, but there was no difference between the two groups.

Conclusion: In our study, there was a significant difference between acromegaly patients and healthy controls, only on the right rearfoot surface and the left rearfoot surface, and was higher on the left in both groups. These patients often experience changes in the hindfoot and heel, and foot surface area and pressure distribution may vary. Early diagnosis and proper treatment of the disease can prevent the development of complications and improve the quality of life. Foot scanning using pedobarography in the management of AA is a useful tool that can be used to manufacture customized orthopedic insoles and ergonomic shoe designs to prevent irreversible damage and reduce overload and lower extremity pain.

High Chitotriosidase and Age Levels in Acromegaly: A Case-Control Study

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Hormones (Athens). 2023 Mar;22(1):61-69. doi: 10.1007/s42000-022-00409-3. Epub 2022 Oct 15. PMID: 36241955 DOI: 10.1007/s42000-022-00409-3

Purpose: Acromegaly is associated with oxidative stress and inflammation parameters. Chitotriosidase (CHITO) is a marker of macrophage activation and plays a pivotal role in the activation of inflammatory and immunological responses. Our study aimed to determine CHITO, YKL-40, advanced glycation end product (AGE), and high-sensitivity C-reactive protein (hsCRP) levels to investigate malondialdehyde (MDA), catalase, superoxide dismutase (SOD), and glutathione peroxidase (GSH-Px) activities and to evaluate any association of these parameters with carotid intima media thickness (cIMT) in patients with controlled acromegaly.

Methods: Thirty controlled acromegaly patients and 41 age- and sex-matched control cases were studied. We obtained demographic data, hormonal and metabolic parameters, and cIMT. CHITO activity was measured with the fluorometric method of Chamoles et al. YKL-40 and hsCRP levels were measured using ELISA. AGEs were measured based on spectrofluorimetric detection. GSH-Px activity was determined by a colorimetric assay. MDA, SOD, and catalase activities were determined in hemolysis.

Results: Higher CHITO, AGE, and hsCRP concentrations were observed in patients with acromegaly compared to controls. SOD levels were non-significantly higher in the acromegaly group, while catalase activities were lower in patients with acromegaly. Correlation analyses of CHITO, AGEs, YKL-40, hsCRP, MDA, catalase, GSH-Px, and SOD with metabolic, anthropometric, and laboratory parameters did not demonstrate any significant correlation ($p > 0.05$). There was no significant difference between groups with regard to cIMT levels.

Conclusion: This is the first study investigating CHITO and AGE levels in patients with acromegaly. Serum CHITO, AGE, and hsCRP levels in acromegalic patients were significantly increased. It may be important to evaluate CHITO, AGE, and hsCRP levels in acromegalic patients who are already under cardiometabolic surveillance due to risk of developing cardiovascular disease.

A Machine Learning Approach to Distinguishing Between Non-Functioning and Autonomous Cortisol Secreting Adrenal Incidentaloma on Magnetic Resonance Imaging Using Texture Analysis

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Purpose: To investigate the possibility of distinguishing between nonfunctioning adrenal incidentalomas (NFAI) and autonomous cortisol secreting adrenal incidentalomas (ACSAI) with a model created with magnetic resonance imaging (MRI)-based radiomics and clinical features.

Methods: In this study, 100 adrenal lesions were evaluated. The lesions were segmented on unenhanced T1-weighted in-phase (IP) and opposed-phase (OP) as well as on T2-weighted (T2-W) 3Tesla MRIs. The LASSO regression model was used to select potential predictors from 108 texture features for each sequence. Subsequently, a combined radiomics score and clinical features were created and compared.

Results: A significant difference was found between median rad-scores for ACSAI and NFAI in training and test sets ($p < 0.05$ for all sequences). Multivariate logistic regression analysis revealed that the length of the tumor (OR = 1.09, $p = 0.007$) was an independent risk factor related to ACSAI. Multivariate logistic regression analysis was used for building clinical-radiomics (combined) models. The Op, IP, and IP plus T2-W model had a higher performance with area under curve (AUC) 0.758, 0.746, and 0.721 on the test dataset, respectively.

Conclusion: ACSAI can be distinguished from NFAI with high accuracy on unenhanced MRI. Radiomics analysis and the model constructed by machine learning algorithms seem superior to another radiologic assessment method. The inclusion of chemical shift MRI and the length of the tumor in the radiomics model could increase the power of the test.

Molecular and Pro-Inflammatory Aspects of Covid-19: The Impact on Cardiometabolic Health

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Biochim Biophys Acta Mol Basis Dis. 2022 Dec 1;1868(12):166559. doi: 10.1016/j.bbdis.2022.166559. Epub 2022 Sep 26. PMID: 36174875 PMCID: PMC9510069 DOI: 10.1016/j.bbdis.2022.166559

Obesity, type 2 diabetes (T2DM), hypertension (HTN), and Cardiovascular Disease (CVD) often cluster together as "Cardiometabolic Disease" (CMD). Just under 50% of patients with CMD increased the risk of morbidity and mortality right from the beginning of the COVID-19 pandemic as it has been reported in most countries affected by the SARS-CoV2 virus. One of the pathophysiological hallmarks of COVID-19 is the overactivation of the immune system with a prominent IL-6 response, resulting in severe and systemic damage involving also cytokines such as IL2, IL4, IL8, IL10, and interferon-gamma were considered strong predictors of COVID-19 severity. Thus, in this mini-review, we try to describe the inflammatory state, the alteration of the adipokine profile, and cytokine production in the obese state of infected and not infected patients by SARS-CoV2 with the final aim to find possible influences of COVID-19 on CMD and CVD. The immunological-based discussion of the molecular processes could inspire the study of promising targets for managing CMD patients and its complications during COVID-19.

Post-Covid Syndrome, Inflammation, and Diabetes

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J Diabetes Complications. 2022 Nov;36(11):108336. doi: 10.1016/j.jdiacomp.2022.108336. Epub 2022 Oct 6. PMID: 36228563 PMCID: PMC9534783 DOI: 10.1016/j.jdiacomp.2022.108336

The raging COVID-19 pandemic is in its third year of global impact. The SARS CoV 2 virus has a high rate of spread, protean manifestations, and a high morbidity and mortality in individuals with predisposing risk factors. The pathophysiologic mechanisms involve a heightened systemic inflammatory state, cardiometabolic derangements, and varying degrees of glucose intolerance. The latter can be evident as significant hyperglycemia leading to new-onset diabetes or worsening of preexisting disease. Unfortunately, the clinical course beyond the acute phase of the illness may persist in the form of a variety of symptoms that together form the so-called "Long COVID"

or "Post-COVID Syndrome". It is thought that a chronic, low-grade inflammatory and immunologic state persists during this phase, which may last for weeks or months. Although numerous insights have been gained into COVID-related hyperglycemia and diabetes, its prediction, course, and management remain to be fully elucidated.

Presentation of Graves' Orbitopathy Within European Group on Graves' Orbitopathy (Eugogo) Centres from 2012 to 2019 (Prego III)

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Regional Variability of Modified Ferriman-Gallwey Scoring in Premenopausal Healthy Women in Southern Turkey

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Gynecol Endocrinol. 2022 Aug;38(8):666-671. doi: 10.1080/09513590.2022.2096876. Epub 2022 Jul 8. PMID: 35801645 DOI: 10.1080/09513590.2022.2096876

Objective: Although modified Ferriman-Gallwey (mF-G) scoring has been the gold standard for assessing hirsutism, also known that this scoring could show variability according to ethnicity. Hence, false positive hirsutism diagnosis and unnecessary anti-androgen therapy can be prescribed. It was aimed to disclose the regional characteristics of this scoring in healthy women living in Southern Turkey.

Methods: 360 women between 18 and 50 years of age were randomly screened. Their medical history, including ovulation periods, gestation(s), family history, known drug use was obtained. Physical examination with mF-G scoring and serum hormone measurements were performed. Women with hirsutism who scored ≥ 8 were further investigated for any underlying disease or cause of hirsutism. After these investigations, the women were divided into three groups according to the mF-G ≥ 8 score and evaluated. Group A ($n = 59$) had an mF-G ≥ 8 and, revealed an underlying disease causing hirsutism; group B ($n = 42$) had an mF-G ≥ 8 , but no underlying disease responsible for hirsutism; and the third group (Group C, $n = 259$) had an mF-G ≤ 8 and thus, no signs of hirsutism.

Results: The mean mF-G scores of three groups were 12.78 ± 4.4 , 11.48 ± 4.6 , and 5.53 ± 3.4 , respectively. Of the 59

(16.1%) women in Group A, 46 (44.2%) were diagnosed as polycystic ovary syndrome (PCOS), 8 (7.7%) had idiopathic hyperandrogenism, 7 (6.7%) had nonclassic congenital adrenal hyperplasia, and 1 (1%) had a prolactinoma. When compared to group B, group A women had significantly decreased fertility ($p = .001$) and menstrual irregularities ($p = .001$).

Conclusions: In this study, results revealed a significant rate of healthy women (11.6%) who had an mF-G ≥ 8 , but no underlying disease causing hirsutism yet were considered hirsute according to their mF-G cutoff. Also, the majority of the studied women (71.9%) living in Southern Turkey were found to have a hair-pattern similar to the European Women. Therefore, we suggest that regional and ethnical body-hair patterns should be considered before prescribing anti-androgen therapy.

The Role of Apoptosis And Autophagy In The Hypothalamic-Pituitary-Adrenal (HPA) Axis After Traumatic Brain Injury (TBI)

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Traumatic brain injury (TBI) is a major health problem affecting millions of people worldwide and leading to death or permanent damage. TBI affects the hypothalamic-pituitary-adrenal (HPA) axis either by primary injury to the hypothalamic-hypophyseal region or by secondary vascular damage, brain, and/or pituitary edema, vasospasm, and inflammation. Neuroendocrine dysfunctions after TBI have been clinically described in all hypothalamic-pituitary axes. We established a mild TBI (mTBI) in rats by using the controlled cortical impact (CCI) model. The hypothalamus, pituitary, and adrenals were collected in the acute (24 h) and chronic (30 days) groups after TBI, and we investigated transcripts and protein-related autophagy (*Lc3*, *Bcln1*, *P150*, *Ulk*, and *Atg5*) and apoptosis (pro-caspase-3, cleaved caspase-3). Transcripts related to autophagy were reduced in the hypothalamus, pituitary, and adrenals after TBI, however, this was not reflected in autophagy-related protein levels. In contrast, protein markers related to apoptosis increased in the adrenals during the acute phase and in the pituitary during the chronic phase. TBI stresses induce a variation of autophagy-related transcripts without modifying the levels of their proteins in the HPA axis. In contrast, protein markers related to apoptosis are increased in the acute phase in the adrenals, which could lead to impaired communication via the hypothalamus, pituitary, and adrenals. This may then explain the permanent pituitary damage with increased apoptosis and inflammation in the chronic phase. These results contribute to the elucidation of the mechanisms underlying endocrine dysfunctions such as pituitary and adrenal insufficiency that occur after TBI. Although the adrenals are not directly affected by TBI, we suggest that the role of the adrenals along with the hypothalamus and pituitary should not be ignored in the acute phase after TBI.

Effect of an Educational Intervention Based on Bandura's Theory on Foot Care Self-Efficacy in Diabetes: a Prospective Quasi-Experimental Study

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The purpose of this study is to evaluate the foot care self-efficacy of diabetic foot patients and the effect of an educational intervention for improving it. This study was of a semi-experimental design and was conducted between January and December 2019 in a diabetic foot council of a university hospital. After power analysis to determine sample size, 33 participants meeting the inclusion criteria were included in the study. A Patient Identification Form and Diabetic Foot Care Self-Efficacy Scale (DFCSSES) were used to collect data. Of the patients, 51.5% were male and the mean age was 54.91 ± 16.61 years. The mean score of DFCSSES was 50.18 ± 20.88 before education and 72.67 ± 20.74 after education. The educational intervention has large effects on self-efficacy ($d = 1.233$), perceived knowledge level on diabetic foot ($d = 1.102$), perceived health status ($d = 0.859$), and perceived quality of life ($d = 0.807$). Educational intervention was found to be an effective way to improve foot care self-efficacy, perceived knowledge level on diabetic foot, perceived health status, and perceived quality of life.

Idiopathic Hirsutism: Is it Really idiopathic or is it Misnomer?

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World J Clin Cases. 2023 Jan 16;11(2):292-298. doi: 10.12998/wjcc.v11.i2.292. PMID: 36686351 PMCID: PMC9850967 DOI: 10.12998/wjcc.v11.i2.292

Hirsutism, which is characterized by excessive growth of terminal hair in a male pattern, may result from various causes including polycystic ovary syndrome (PCOS), non-classic congenital adrenal hyperplasia, adrenal or ovarian tumors or it may be idiopathic. Idiopathic hirsutism is currently defined as hirsutism associated with normal ovulatory function, normal serum androgen levels and normal ovarian morphology, however, the pathogenesis of idiopathic hirsutism is not clear. The androgens are the main hormones to stimulate growth of body hair, therefore, there should be any form of increased androgen effect irrespective of normal serum androgen levels in any patient with hirsutism. In accordance to this scientific truth, we have previously shown that, although within normal limits, patients with idiopathic hirsutism have relatively higher serum androgen levels (relative hyperandrogenemia) in comparison to healthy subjects which let us to think that is idiopathic hirsutism really idiopathic? In addition to relative hyperandrogenemia, we have previously shown that, in comparison to healthy subjects, women with idiopathic hirsutism demonstrated higher expression of steroid sulphatase and 17-beta hydroxysteroid dehydrogenase mRNA both in the subumbilical region and arm skin, which contributes to local androgen metabolism. Those results support the idea that, in some patients, although the adrenals or ovaries do not secrete increased amount of androgens leading

to hyperandrogenemia, pilocephaceous unit locally produce increased amount of androgens leading to hirsutism without ovulatory dysfunction. Upon the demonstration of relative hyperandrogenemia and possible increase in local androgen synthesis in patients with idiopathic hirsutism, we think that idiopathic hirsutism is not idiopathic and it may be named as "normoandrogenic hirsutism". Furthermore, it may not be a different entity but may be an early stage of hyperandrogenic disorders such as PCOS. Clinically, this can be found out by following-up patients with idiopathic hirsutism prospectively.

The Coexistence of Newly Diagnosed Acromegaly with Primary Empty Sella: More Frequent Than Expected?

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Objective: We investigated the coexistence of newly diagnosed acromegaly with primary empty sella (ES), which is considered to be a rare association, and the impact of ES on the laboratory, radiological and prognostic status of acromegaly.

Design: Acromegaly patients diagnosed and followed-up between 2012 and 2021 were included. Empty sella was defined as the pituitary gland and adenoma filling <50% of the sella turcica on preoperative T1 magnetic resonance imaging (MRI).

Results: 102 acromegalic patients (45 male, 57 female, 45.5 ± 12.8 (range: 20-70 years) were included and data of a median 3 years (range: 0.5-9 years) were presented. ES was detected in 19 (18.6%) patients and 4 had complete and 15 had partial ES. Although not significant, adenoma size and residual adenoma on MRI on postoperative 3rd month, and disease remission at last control were lower in acromegaly with ES than in acromegaly without ES, while the rate of female gender and remission on postoperative 3rd month were higher. While preoperative serum prolactin and nadir GH responses to OGTT were significantly lower in patients with ES, there was no difference in terms of other pituitary hormones among both groups.

Conclusion: The present study revealed the coexistence of newly diagnosed acromegaly with primary ES at a rate of nearly 20% which is more frequent than expected and this association is not rare. The presence of ES was not associated with any preoperative/postoperative pituitary hormone levels and remission status, except lower preoperative prolactin and nadir GH responses to OGTT.

Low Serm Fibroblast Growth Factor-21 Levels is Not Associated with Carotid intima-Media Thickness in Acromegaly Patients

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Introduction: Elevated fibroblast growth factor-21 (FGF-21) levels are related to carotid intima-media thickness (CIMT), a well-established marker of atherosclerosis. Acromegaly has also been linked to increased CIMT. There has been no data considering the association between FGF-21 levels and atherosclerosis in acromegaly patients. This study aimed to evaluate FGF-21 levels and CIMT in acromegalic patients in relation to atherosclerotic complications.

Design: Case-control study.

Materials and methods: The study group included 70 acromegaly patients and 72 healthy volunteers from the Department of Endocrinology and Metabolism Disease, Marmara University Medical School. FGF-21, growth hormone, insulin-like growth factor I, lipids, glucose, insulin levels were assessed. CIMT was measured from the common carotid artery wall on B-mode ultrasound.

Results: Median FGF-21 levels were significantly lower in the acromegaly group than in the control group. CIMT was higher in acromegaly patients compared to controls. Although there was no correlation between FGF-21 levels and CIMT in patients with acromegaly, a positive correlation was found between high-density lipoprotein-cholesterol and FGF-21 levels. Glucose metabolic markers were the determining factors of the FGF-21 levels in acromegaly patients.

Conclusion: Our study is the first to examine the relationship between serum FGF-21 levels and atherosclerosis in acromegaly patients. The lower serum FGF-21 levels in acromegaly subjects might be associated with the improving effects of growth hormone on liver fat. Acromegaly was linked to higher CIMT, but there was no correlation between FGF-21 levels and CIMT. The role of FGF-21 in acromegaly as a marker of atherosclerosis requires additional research.

Plxn1 Mutations in The Etiology of idiopathic Hypogonadotropic Hypogonadism

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Idiopathic hypogonadotropic hypogonadism (IHH) comprises a group of rare genetic disorders characterized by pubertal failure caused by gonadotropin-releasing hormone (GnRH) deficiency. Genetic factors involved in semaphorin/plexin signaling have been identified in patients with IHH. PlexinB1, a member of the plexin family receptors, serves as the receptor for semaphorin 4D (Sema4D). In mice, perturbations in Sema4D/PlexinB1 signaling leads to improper GnRH development, highlighting the importance of investigating PlexinB1 mutations in IHH families. In total, 336 IHH patients (normosmic IHH, n = 293 and Kallmann syndrome, n = 43) from 290 independent families were included in the present study. Six PLXNB1 rare sequence variants (p.N361S, p.V608A, p.R636C, p.V672A, p.R1031H, and p.C1318R) are described in eight normosmic IHH patients from seven independent families. These variants were examined using bioinformatic modeling and compared to mutants reported in PLXNA1. Based on these analyses, the variant p.R1031H was assayed for alterations in cell morphology, PlexinB1 expression, and migration using a GnRH cell line and Boyden chambers. Experiments showed reduced membrane expression and impaired migration in cells expressing this variant compared to the wild-type. Our results provide clinical, genetic, molecular/cellular, and modeling evidence to implicate variants in PLXNB1 in the etiology of IHH.

Association of Serum Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Level with Thyroid Function Disorders

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Objective: We aimed at demonstrating the effect of thyroid function status on proprotein convertase subtilisin kexin type 9 (PCSK9) and determining the effect of thyroid hormones on lipid metabolism by comparing the PCSK9 levels of patients with subclinical hypothyroidism, overt hypothyroidism, and hyperthyroidism.

Patients and methods: 124 patients with thyroid disorders, aged between 18 and 65 years, were included in this study. The participants were divided into 3 groups. Group 1 comprised 52 patients with subclinical hypothyroidism, Group 2 comprised 40 patients with overt hypothyroidism, and Group 3 comprised 32 patients with hyperthyroidism. In all of these groups, the thyroid-stimulating hormone (TSH), free triiodothyronine (fT3), free thyroxine (fT4), low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, triglyceride, total cholesterol, fasting serum glucose, antithyroid peroxidase antibody, antithyroglobulin antibody, and PCSK9 levels were measured.

Results: No significant difference was found between the 3 groups in terms of age, gender, and body mass indices. Median PCSK9 measurements were 14.55 ng/mL in Group 1, 14.895 ng/mL in Group 2, and 9.775 ng/mL in Group 3. There was a significant difference in the PCSK9 levels between Group 1-Group 3 and Group 2-Group 3 (p <0.0001 and p <0.0001, respectively). A positive correlation between PCSK9 and the TSH levels (r = 0.211, p= 0.019), and a negative correlation (r = -0.239, p = 0.009 and r = -, 0.218, p = 0.015) between the fT3 and fT4 levels were found.

Conclusions: The serum PCSK9 levels were shown to be associated with thyroid dysfunction. However, no relationship was observed between the serum PCSK9 level and thyroid autoantibody positivity, and obesity in this study.

Presentation of Graves' Orbitopathy within European Group on Graves' Orbitopathy (EUGOGO) Centres from 2012 to 2019 (PREGO III)

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Background: Graves' orbitopathy (GO) is subject to epidemiological and care-related changes. Aim of the survey was to identify trends in presentation of GO to the European Group On Graves' Orbitopathy (EUGOGO) tertiary referral centres and initial management over time.

Methods: Prospective observational multicentre study. All new referrals with diagnosis of GO within September-December 2019 were included. Clinical and demographic characteristics, referral timelines and initial therapeutic decisions were recorded. Data were compared with a similar EUGOGO survey performed in 2012.

Results: Besides age (mean age: 50.5±13 years vs 47.7±14 years; p 0.007), demographic characteristics of 432 patients studied in 2019 were similar to those in 2012. In 2019, there was a decrease of severe cases (9.8% vs 14.9; p<0.001), but no significant change in proportion of active cases (41.3% vs 36.6%; p 0.217). After first diagnosis of GO, median referral time to an EUGOGO tertiary centre was shorter (2 (0-350) vs 6 (0-552) months; p<0.001) in 2019. At the time of first visit, more patients were already on antithyroid medications (80.2% vs 45.0%; p<0.001) or selenium (22.3% vs 3.0%; p<0.001). In 2019, the initial management plans for GO were similar to 2012, except for lid surgery (2.4% vs 13.9%; p<0.001) and prescription of selenium (28.5% vs 21.0%; p 0.027).

Conclusion: GO patients are referred to tertiary EUGOGO centres in a less severe stage of the disease than before. We speculate that this might be linked to a broader awareness of the disease and faster and adequate delivered treatment.

DUYURULAR

Değerli Üyemiz,

TEMD Bilimsel Çalışma Grubu Yönergesi güncellenmiştir.

Yönergeye aşağıdaki linkten ulaşabilirsiniz.

<https://www.temd.org.tr/hakkimizda/yonergeler/bilimsel-calisma-grubu-yonergesi>

Yönetim Kurulumuz, 07.06.2023 tarihli Yönetim Kurulu toplantısında TEMD Bilimsel Çalışma Grupları WhatsApp grupları ile ilgili bir düzenleme yapmıştır.

Yapılan düzenlemeler aşağıda bilgilerinize sunulmaktadır.

Saygılarımızla

TEMD Yönetim Kurulu

Değerli Üyemiz,

"Türkiye Endokrinoloji ve Metabolizma Derneği Tarihçesi" ve "Türkiye Endokrinoloji Tarihi" web sayfamıza eklenmiştir.

Aşağıdaki linklerden ulaşabilirsiniz.

Türkiye Endokrinoloji ve Metabolizma Derneği Tarihçesi
Türkiye Endokrinoloji Tarihi

Not: Herhangi bir nedenle ulaşamadığımız kurumlardan Türkiye Endokrinoloji Tarihi'ne ekleme yapılmak istenmesi durumunda dernek sekreterliğine (president@temd.org.tr) bilgi verilmesi rica olunur.

Saygılarımızla

TEMD Yönetim Kurulu

Değerli Üyemiz,

Derneğimiz "Endokrin Bozucular Komisyonu" tarafından hazırlanmış olan bilgilendirici rapor ve hastalar için hazırlanmış olan bilgilendirme yazısı web sayfamıza eklenmiştir.

Aşağıdaki linklerden ulaşabilirsiniz.

Bilgilendirici Rapor

Hastalar için Bilgilendirme Yazısı

Saygılarımızla

TEMD Yönetim Kurulu



Değerli Üyemiz,

"Tiroid Hastalıkları Tanı ve Tedavi Kılavuzu - 2023" kılavuzumuz güncellenmiş ve web sayfamızda yayınlanmaya başlamıştır.

Kılavuza ulaşmak için lütfen [tıklayınız](#).

Emeği geçen grup başkanımıza ve üyelerimize teşekkür ederiz.

Saygılarımızla

TEMD Yönetim Kurulu



ÜYELERİMİZDEN DUYURULAR

Üyelerimizden **Dr. Meriç Coşkun**'un, 13-16 Mayıs 2023 tarihlerinde İstanbul'da gerçekleşen "25th European Congress of Endocrinology – ECE 2023" sırasında "**TSH suppression increases the risk of sarcopenia and frailty in the long-term follow-up of elderly patients with differentiated thyroid carcinoma**" başlıklı konuşması ile almış olduğu "European Society of Endocrinology-2023 Young Investigator Award" ödülü için üyemizi tebrik eder, başarılarının devamını dileriz.



Üyelerimizden **Doç. Dr. Melin Uygur**, 12-14 Haziran 2023 tarihlerinde Chicago'da gerçekleşen 18th Pituitary Congress sırasında "**Acromegaly and Bone**" başlıklı sunumu yapmıştır. Ayrıca, "Glucocorticoid Induced Osteoporosis Skeletal Endocrinology Group – GIOSEG" tarafından verilen "Osteometabolizma" alanında "En İyi Klinik Araştırmacı Ödülü"nü almıştır. Üyemizi tebrik eder başarılarının devamını dileriz.



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Dr. Özlem Kandemir Alibakan	Başakşehir Çam ve Sakura Şehir Hastanesi, Endokrinoloji ve Metabolizma Hastalıkları Kliniği, İstanbul
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Türkiye Endokrinoloji ve Metabolizma Derneği Bülteni

Türkiye Endokrinoloji ve Metabolizma Derneği'nce
Üç ayda bir çevrimiçi yayınlanır

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