

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 37 • Ocak - Şubat - Mart 2012

29 MART 2011 - 31 MART 2012 TARİHLERİ ARASINDA YAPILAN DİYABET ÇALIŞMA VE EĞİTİM GRUBU TOPLANTILARI

| TARİH | 29.01.11 | 12.02.11 | 26.02.11 | 05.03.11 | 11.02.11 | 02.07.11 | 14.01.12 | 25.02.12 | 31.03.12 |
|------------------|-----------------|----------------|--------------|----------------|----------------|--------------|--------------|--------------|------------------|
| ŞEHİR | <i>İstanbul</i> | <i>Antalya</i> | <i>Adana</i> | <i>Trabzon</i> | <i>Denizli</i> | <i>Bursa</i> | <i>İzmir</i> | <i>Konya</i> | <i>Gaziantep</i> |
| KATILIMCI SAYISI | 232 | 134 | 204 | 74 | 186 | 98 | 275 | 127 | 105 |
| ERKEK KATILIMCI | 137 | 71 | 108 | 46 | 103 | 59 | 147 | 79 | 62 |
| KADIN KATILIMCI | 95 | 63 | 96 | 28 | 83 | 39 | 128 | 48 | 43 |

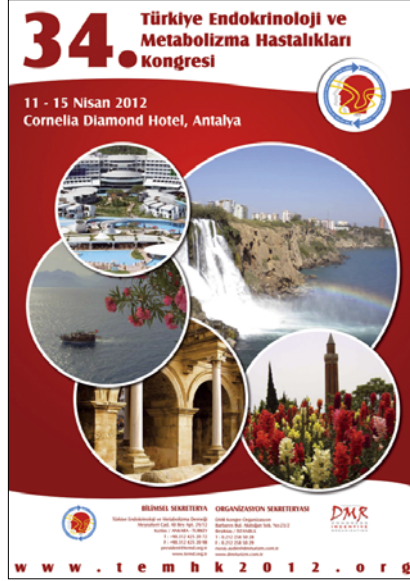
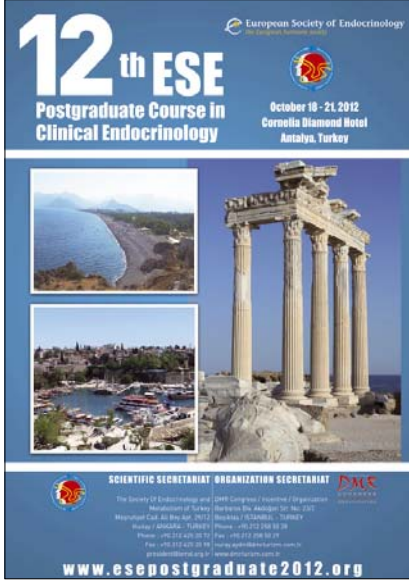
ANKARA ENDOKRİN GÜNLERİ TOPLANTILARI

Ankara Endokrin Günleri Toplantıları yeniden yapılmaya başlanmıştır. Toplantıları düzenleyecek merkezler ve tarihleri aşağıda verilmiştir.

- Ankara Üniv. Tıp Fakültesi
- Hacettepe Üniv. Tıp Fakültesi
- Gazi Üniv. Tıp Fakültesi
- GATA Tıp Fakültesi
- Başkent Üniv. Tıp Fakültesi
- Ufuk Üniv. Tıp Fakültesi
- Kırıkkale Üniv. Tıp Fakültesi
- Yıldırım Beyazıt Üniv. Tıp Fakültesi
- Numune Eğitim ve Araştırma Hastanesi
- Ankara Eğitim ve Araştırma Hastanesi
- Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi

- 24 Mart 2012 *Gazi Üniversitesi Tıp Fakültesi*
- 16 Haziran 2012 *AÜTF-Ankara Eğitim ve Araştırma Hastanesi*
- 1 Eylül 2012 *HÜTF-Başkent Üniv. Tıp Fak.*
- 1 Aralık 2012 *Ufuk Üniv. TF - Kırıkkale Ün. Tıp Fak*
- Mart 2013 *Yıldırım Beyazıt Eğitim Araştırma Hastanesi – Numune Eğitim ve Araştırma Hastanesi*
- Haziran 2013 *GATA - Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi*

KONGRE ve KURSLARIMIZ



Bilimsel Kongreler ve Uluslararası Sempozyumlar

Ayrıntılara ve 2012 yılına ait Bilimsel Toplantı Takvimine derneğimiz internet sayfasından (www.temd.org.tr) ulaşabilirsiniz.

08 – 12 Haziran 2012

72nd Scientific Sessions (2012)

Pennsylvania Convention Center, Philadelphia, PA

<http://www.diabetes.org/news-research/research/scientific-sessions.html>

www.thyroid.org

28 - 29 Eylül 2012

6th EUGOGO Teaching Course

Mainz, Germany

<http://www.eurothyroid.com>

23-26 Haziran 2012

ENDO 2012

Houston, Texas

<http://www.endo-society.org/endo/>

01-05 Ekim 2012

48th EASD Annual Meeting

Berlin

<http://www.easd.org/>

08 - 12 Eylül 2012

36th Annual Meeting of the European Thyroid Association

Pisa, Italy

<http://www.eurothyroid.com>

18 - 21 Ekim 2012

12th ESE Postgraduate Course in Clinical Endocrinology

Antalya, Turkey

www.temd.org.tr

12-15 Eylül 2012

15th Congress of the European Neuroendocrine Association

Vienna, Austria

<http://www.enea2012.org/>

15-18 Kasım 2012

11. Medikal-Cerrahi Endokrinoloji Mezuniyet Sonrası Eğitim Kursu

Cornelia Diamond Otel, Antalya

<http://www.endokrin2012.org/>

19 - 23 Eylül 2012

82nd Annual Meeting of the American Thyroid Association

Quebec, Canada

Literatürden Seçmeler

Diet-induced obesity suppresses ghrelin in rat gastrointestinal tract and serum.

Sahin I, Aydın S, Ozkan Y, Dagli AF, Akin KO, Guzel SP, Catak Z, Ozercan MR.
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Abstract

The aims of the present study were to examine ghrelin expression in serum and gastrointestinal tract (GIT) tissues, and to measure tissue ghrelin levels and obesity-related alterations in some serum biochemical variables in rats with diet-induced obesity (DIO). The study included 12 male rats, 60 days old. The rats were randomly allocated to two groups (n = 6). Rats in the DIO group were fed a cafeteria-style diet to induce obesity, while those in the control group were fed on standard rat pellets. After a 12 week diet program including an adaptation period all rats were decapitated, tissues were individually fixed, ghrelin expression was examined by immunohistochemistry, and tissue and serum ghrelin levels were measured by radioimmunoassay. Serum biochemical variables were measured using an autoanalyzer. When the baseline and week 12 body mass index and GIT ghrelin expression were compared between DIO and control rats, BMI had increased and ghrelin expression decreased due to obesity. The RIA results were consistent with these findings. Serum glucose, LDL cholesterol, and total cholesterol levels were elevated and HDL cholesterol significantly decreased in the DIO group. A comparison of GIT tissues between the control and obese groups demonstrated that ghrelin was decreased in all tissues of the latter. This decrease was brought about a decline in the circulating ghrelin pool. This suggests that rather than being associated with a change in a single tissue, obesity is a pathological condition in which ghrelin expression is changed in all tissues.

Time-dependent changes in the serum levels of prolactin, nesfatin-1 and ghrelin as a marker of epileptic attacks young male patients.

Aydın S, Dag E, Ozkan Y, Arslan O, Koc G, Bek S, Kirbas S, Kasikci T, Abasli D, Gokcil Z, Odabasi Z, Catak Z.
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Abstract

A relationship between hormones and seizures has been reported in animals and humans. Therefore, the purpose of this study was to investigate the association between serum levels of prolactin, nesfatin-1 and ghrelin measured different times after a seizure or non-epileptic event and compared with controls. The study included a total of 70 subjects, and of whom 18 patients had secondary generalized epilepsy (SGE), 16 patients had primary generalized epilepsy (PGE), 16 patients exhibited paroxysmal event (psychogenic) and 20 healthy males were control subjects. The first sample was taken within 5min of a seizure, with further samples taken after 1, 24, and 48h so long as the patient did not exhibit further clinically observable seizures; blood samples were taken once from control subjects. Prolactin was measured immediately using TOSOH Bioscience hormone assays. Nesfatin-1 and ghrelin peptides were measured using a commercial immunoassay kit. Patients suffering from focal epilepsy with secondary generalization and primary generalized epilepsy presented with significantly higher levels of serum prolactin and nesfatin-1 and lower ghrelin levels 5min, 1 and 24h after a seizure than patients presenting with paroxysmal events (psychogenic) and control subjects; the data were similar but not statistically significant after 48h. The present study suggests that increased serum prolactin and nesfatin-1 concentrations, decreased ghrelin concentrations could be used as markers to identify patients that have suffered a recent epileptic seizure or other paroxysmal event (psychogenic).

IGF-1 gene polymorphism in obese patients with insulin resistance.

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Abstract

IGFs (Insulin like growth factors) are important regulators of pancreatic beta cell development, growth and maintenance. Mutations in the IGF genes have been found to be associated with diabetes mellitus, myocardial infarction obesity. These associations could result from changes in insulin secretion. We aimed to investigate IGF-1 gene polymorphism in obese patients with insulin resistance. We included 100 obese patients with insulin resistance 30 healthy subjects to study. At baseline examinations, antropometric measurements were done. Genomic DNA from the patients and controls were prepared. Thyroid function tests and serum IGFBP3 levels were similar between patients and controls whereas IGF, GH levels were significantly lower in obese patients. We categorized the IGF-1 (CA)19 polymorphism area into 3 groups as lower than 192 bp (group 1), 192-194 bp (Group 2), and higher than 194 bp(group 3). Group 3 was more frequent in both obese and control groups. IGF-1 levels were also significantly lower in obese group (138.51 +/- 49.3) in than controls (218.14 +/- 69.15). IGF-1 levels were significantly lower in obese patients. The most frequent IGF-1 gen polymorphism allele is >194 bp in both obese insulin resistant patients and controls. IGF-1 levels and the other biochemical and hormonal parameters were similar in different genotype groups. The cause of lower IGF-1 levels in obese patients might be different from IGF-1 gene polymorphism and it may be insulin resistance.

Sexual dysfunction in obese and overweight women.

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Abstract

Both overweight and obesity have been identified as risk factors for sexual dysfunction in men, but the relationship between sexual function and amount of body fat in females is still obscure. There are few reported studies in women assessing the relationship between female sexual function index (FSFI) and body weight. The aim of this study was to identify the frequency of female sexual dysfunction (FSD) among obese and overweight women. A total of 45 obese and overweight and 30 age-matched voluntary healthy women serving as a control group were evaluated by a detailed medical and sexual history, including the FSFI questionnaire. Serum prolactin, cortisol, luteinizing hormone (LH), follicle-stimulating hormone (FSH), dehydroepiandrosterone-50(4) (DHEA-S), testosterone, estradiol and sex hormone-binding globulin (SHBG) levels were measured. No significant difference was observed between controls and patients in terms of the FSH, LH, estradiol, free thyroxine and thyrotropin (TSH), testosterone and DHEA-S levels. The comparison of total FSFI scores between patients and controls showed no significant difference ($P=0.74$). As the FSFI score of ≤ 26.55 indicated FSD, 86% of obese patients and 83% of controls were considered to have sexual dysfunction. The mean total FSFI score was 22.1 ± 4.3 for obese patients and 23.1 ± 3.7 for healthy women. FSFI scores were not correlated with any of the anthropometric measurements (body mass index (BMI), waist-to-hip ratio (WHR) and fat percent). The levels of total testosterone and DHEA-S were not correlated with total FSFI scores. We found a significant negative correlation between BMI and orgasm ($P=0.007$, $r=-0.413$). Satisfaction was also negatively correlated with BMI ($P=0.05$, $r=-0.305$) and weight ($P=0.03$, $r=-0.326$). Testosterone levels were negatively correlated with only satisfaction domain scores of FSFI ($P=0.01$, $r=-0.385$). We found that 86% of obese women and 83% of controls had sexual dysfunction. Although obesity does not seem to be a major contributor to sexual dysfunction, it affects several aspects of sexuality.

Effects of substitutive therapy on right ventricular systolic and diastolic functions in patients with idiopathic hypogonadotropic hypogonadism.

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Abstract

Background: There have been controversial studies evaluating ventricular functions in patients with idiopathic hypogonadotropic hypogonadism (IHH). A recent study has demonstrated that low serum testosterone levels are associated with increased cardiovascular mortality.

Aim: We aimed to investigate ventricular functions by standard echocardiography and examine the effects of substitutive therapy on right ventricular (RV) functions in patients with IHH by means of pulsed wave tissue Doppler imaging (PWTDI).

Methods: Twenty-three patients with IHH and 31 controls were evaluated by standard echocardiography and PWTDI. Isovolumic acceleration (IVA), myocardial systolic wave (Sm) velocity, myocardial precontraction time (PCTm), and PCTm to contraction time (CTm) ratio were determined as systolic indices. Myocardial relaxation time (RTm), early (Em) velocity, late (Am) velocity, and Em to Am ratio were determined as diastolic indices.

Results: Peak pulmonary artery pressure (PAP) was significantly higher in control subjects ($p=0.008$). IVA and Sm values were similar in patients and controls. Em, Am velocities, and their ratios did not differ. PCTm was significantly longer ($p=0.001$) and PCTm to CTm ratio was significantly higher in patients ($p=0.001$). These parameters also decreased after replacement therapy, albeit not statistically significantly ($p>0.05$). PAP was significantly higher after substitutive therapy ($p=0.009$).

Conclusions: Ventricular functions are normal in patients with IHH. Substitutive therapy has no effects on RV functions. However, substitutive therapy may increase PAP in small amounts, which has no immediate clinical implication with short-term use.

Increased osteoprotegerin levels in women with previous gestational diabetes developing metabolic syndrome.

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Abstract

Osteoprotegerin (OPG), a novel soluble member of tumour necrosis factor receptor superfamily, has been shown to link cardiovascular disorders. The aim of this study is to investigate the potential relationship between serum OPG levels, cardiovascular risk factors and metabolic syndrome in a relatively large group of women with previous GDM. In this cross-sectional case-control study, 128 women with previous GDM and 67 age-matched controls were enrolled. Subjects were evaluated for the diagnosis of metabolic syndrome according to the criteria of the American Heart Association (AHA). Fasting glucose, insulin, serum lipids, CRP and OPG were assayed. HOMA score was calculated. Carotid intima media thickness (IMT) was measured. There was no significant increase in OPG levels in women with previous GDM when compared to controls. On the other hand, women with previous GDM developing metabolic syndrome had higher OPG levels than those without metabolic syndrome and healthy controls. Serum OPG levels were associated with obesity, insulin resistance, serum CRP and carotid IMT. Serum OPG is related to cardiovascular risk factors and metabolic syndrome, and might be involved in the development of cardiovascular disorders in women with previous GDM.

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Treatment of a major depression episode suppresses markers of bone turnover in premenopausal women.

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Abstract

Both decrease in bone mineral density and increase in bone turnover had been reported in patients with major depression compared to healthy controls. But the effect of antidepressant treatment on markers of bone turnover is not studied. The aim of this study was to investigate the effect of treatment of a major depressive episode with an SSRI antidepressant on bone turnover in premenopausal women.

Methods: Fifty premenopausal female patients with newly diagnosed major depression according to DSM IV-R criteria were included into the study. Before starting antidepressant therapy (escitalopram 10 mg/day) and three months later, blood samples were collected for the measurement of serum calcium, phosphorus, osteocalcin, β -CTX and iPTH. Depressive status was determined with Hamilton Depression Scale.

Results: Treatment of depression did not create any change in laboratory levels of either calcium or phosphorus. Basal iPTH level was significantly decreased with the treatment. Treatment resulted in an increase in serum osteocalcin and decrease in β -CTX levels. HAMD score was significantly correlated with both osteocalcin and β -CTX. The decrease in β -CTX and increase in osteocalcin levels were more prominent in patients with a HAMD score that remained below 15 than above 15 at the end of the study period. In conclusion, this study shows that with the treatment of depression bone formation increases and bone resorption decreases in premenopausal women with major depression.

The relationship between mean platelet volume with microalbuminuria and glycemic control in patients with type II diabetes mellitus.

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Abstract

Microalbuminuria is the best predictor of diabetic nephropathy development in patients with type II diabetes mellitus (DM). It is also accepted as an indicator of diabetic microangiopathy. Increased activation of platelets has been suggested to be involved in the pathogenesis of vascular complications. In light of these findings, this study was designed to investigate the association of microalbuminuria - an indicator glycemic control and microangiopathy - with mean platelet volume (MPV). Subjects underwent laboratory analyses and their MPV, HbA1c, serum creatinine, fasting, and postprandial blood glucose levels and 24-hour urine albumin levels were recorded. All statistical analyses were performed using SPSS v13.0 for Windows XP. Mann-Whitney U-test, student's t-test, spearman correlation analysis, ROC analysis, categorical regression analysis, and chi-square test were used for statistical evaluations. The study included 354 patients with type II DM. The median MPV value of microalbuminuria-positive patients was 9 (8-9.5) fl while MPV of patients without microalbuminuria was 8.5 (8-9.2) fl and the difference was statistically significant ($p=0.004$). We determined positive correlation between MPV and 24-hour urine microalbuminuria ($r=0.14$, $p=0.009$). There were no significant differences between patients with HbA1c levels below and above 7% in terms of MPV ($p>0.05$). We determined no correlation between MPV and HbA1c levels ($r=-0.36$, $p=0.64$). This study determined a significant positive relationship between microalbuminuria - a microvascular complication of diabetes - and MPV. No significant correlation was identified between poor glycemic control and MPV in diabetic patients. However, we are in the opinion that the association between poor glycemic control and MPV in type II diabetic patients should be investigated in prospective studies with larger samples.

Addressing schemes of self-monitoring of blood glucose in type 2 diabetes: a European perspective and expert recommendation.

Schnell O, Alawi H, Battelino T, Ceriello A, Diem P, Felton A, Grzeszczak W, Harno K, Kempler P, Satman I, Vergès B.

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Abstract

Self-monitoring of blood glucose (SMBG) in type 2 diabetes has increasingly been shown to display beneficial effects on glycemic control. SMBG is not only associated with a reduction of hemoglobin A1c but has also been demonstrated to increase patients' awareness of the disease. SMBG has also the potential to visualize and predict hypoglycemic episodes. International guidelines by the International Diabetes Federation, the European Society of Cardiology, and the European Association for the Study of Diabetes and also the International Society for Pediatric and Adolescent Diabetes emphasize that SMBG is an integral part of self-management. More recently, two European consensus documents have been published to give recommendations for frequency and timing of SMBG also for various clinical scenarios. Recently, a European expert panel was held to further facilitate and enhance standardized approaches to SMBG. The aim was to present simple, clinically meaningful, and standardized SMBG strategies for type 2 diabetes. The panel recommended a less intensive and an intensive scheme for SMBG across the type 2 diabetes continuum. The length and frequency of SMBG performance depend on the clinical circumstances and the quality of glycemic control. The expert panel also recommended further evaluation of various schemes for SMBG in type 2 diabetes in clinical studies.

Consensus on women's health aspects of polycystic ovary syndrome (PCOS): the Amsterdam ESHRE/ASRM-Sponsored 3rd PCOS Consensus Workshop Group.

Fauser BC, Tarlatzis BC, Rebar RW, Legro RS, Balen AH, Lobo R, Carmina E, Chang J, Yildiz BO, Laven JS, Boivin J, Petraglia F, Wijeyeratne CN, Norman RJ, Dunaif A, Franks S, Wild RA, Dumesic D, Barnhart K.

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Abstract

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder in females, with a high prevalence. The etiology of this heterogeneous condition remains obscure, and its phenotype expression varies. Two widely cited previous ESHRE/ASRM sponsored PCOS consensus workshops focused on diagnosis (published in 2004) and infertility management (published in 2008), respectively. The present third PCOS consensus report summarizes current knowledge and identifies knowledge gaps regarding various women's health aspects of PCOS. Relevant topics addressed—all dealt with in a systematic fashion—include adolescence, hirsutism and acne, contraception, menstrual cycle abnormalities, quality of life, ethnicity, pregnancy complications, long-term metabolic and cardiovascular health, and finally cancer risk. Additional, comprehensive background information is provided separately in an extended online publication.

Non polycystic ovary syndrome-related endocrine disorders associated with hirsutism.

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Abstract

Background: Hyperandrogenism refers to classical androgen-dependent signs such as hirsutism, acne and androgenetic alopecia. Hirsutism is the main hyperandrogenic symptom, defined as an excess of body hair in the androgen-sensitive skin regions of the women. In this review, we attempt to focus on the pathogenesis of hirsutism related to disorders other than polycystic ovary syndrome (PCOS). Also, we will discuss their clinical and biochemical features as well as therapeutic options.

Design: Several original articles, meta-analysis and reviews have been screened in the field of hirsutism and hyperandrogenic disorders.

Results: Current English literature including our studies suggests that PCOS is the most common cause of hirsutism. The most important purpose for investigation is to identify those women with androgen-secreting tumours because of their life-threatening potential. In approximately 1-8% of the women with hirsutism, the underlying cause is nonclassical adrenal hyperplasia because of 21-hydroxylase deficiency. Depending on ethnicity and the geographic area, idiopathic hirsutism constitutes 5-17% of the patients with hirsutism. Approximately 3% of hyperandrogenic women were observed to suffer from hyperandrogenic-insulin-resistant acanthosis nigricans syndrome. More rare causes are glucocorticoid resistance syndrome, hyperprolactinemia, acromegaly, Cushing's syndrome and some drugs. Specific causes of hirsutism such as Cushing's syndrome and adrenal/ovarian tumours should be treated specifically. In other patients, pharmacological approach is the mainstay of therapy.

Conclusions: A number of patients presenting with hirsutism and exhibiting similar features to PCOS may have other underlying diagnoses. Unlike PCOS, some of these disorders can occasionally be life threatening and require prompt diagnosis and treatment.

Soluble CD40 ligand, soluble P-selectin and von Willebrand factor levels in subjects with prediabetes: the impact of metabolic syndrome.

Genc H, Dogru T, Tapan S, Tasci I, Bozoglu E, Gok M, Aslan F, Celebi G, Erdem G, Avcu F, Ural AU, Sonmez A.

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Abstract

Objectives: The data regarding circulating levels of markers of platelet activation and endothelial function in people with prediabetes are scant. The aim of the present study was to search blood levels of soluble CD40 ligand (sCD40L), soluble P-selectin (sP-sel) and von Willebrand Factor (vWF) in subjects with prediabetes, along with the effects of the metabolic syndrome (MetS) on these markers.

Design and methods: A total of 77 prediabetic individuals and 81 age, sex and body mass index matched healthy subjects with normal glucose tolerance (NGT) were prospectively analyzed. Anthropometric parameters, fasting plasma glucose, blood lipid profiles and insulin resistance indexes were determined. Plasma sCD40L, sP-sel and vWF levels were measured by ELISA.

Results: sCD40L, sP-sel and vWF levels in the prediabetic group were similar to those in the controls. However, prediabetic subjects with the MetS had significantly higher level of sCD40L compared to those without MetS. Moreover, sCD40L level correlated significantly with waist circumference, systolic blood pressure and HDL-cholesterol level in the patient group.

Conclusion: These data imply that MetS may contribute, at least in part, to the mechanism of platelet activation and endothelial dysfunction in people with prediabetes.

Phrenic neuropathy in diabetic and prediabetic patients without neuromuscular complaint.

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Abstract

Neuropathy, one of the major reasons of morbidity in diabetes mellitus (DM), is associated with prediabetic conditions as well as DM. The present study aims to compare phrenic and peripheral nerves in prediabetic, diabetic patients and healthy controls. A total of 37 diabetic, 40 prediabetic patients and 18 healthy controls were enrolled in the study. All subjects underwent conventional sensory and motor nerve conduction studies. Bilateral phrenic and peripheral nerve conduction studies were performed. In both right and left phrenic nerves, the amplitudes were lower in prediabetic and diabetic patients than control subjects, respectively ($p: 0.005$ and $p: 0.001$). Both of the phrenic nerve conduction studies were altered similarly. The results of our study demonstrate that phrenic nerves are affected like peripheral nerves in prediabetic and diabetic patients. We suggest reminding phrenic neuropathy in newly onset respiratory failure in diabetic and prediabetic patients.

Functional and structural evaluation of hearing in acromegaly.

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School of Medicine, Department of Endocrinology and Metabolism, Hacettepe University, Sıhhiye, Ankara, Turkey.

Abstract

Context: The impact of acromegaly on the auditory system remains unknown.

Objective: 15). = The study included 44 patients with acromegaly. Pure tone audiometry, speech audiometry, tympanometry, otoacoustic emissions testing, computerized tomography of the temporal bone and magnetic resonance imaging of the ear were performed in all patients. The study also included 36 age- and sex-matched healthy controls. The patients with acromegaly were divided into three subgroups, as follows: controlled disease ($n=13$); partially controlled disease ($n=16$); uncontrolled disease ($n=15$). This study aimed to examine audiological symptoms and the structure and function of the auditory system in patients with acromegaly. DESIGN/SETTING AND patients: Results: dB) in the control group (P dB (range: 0-20 dB), vs 8.3 dB (range: 2-72 In all, 43% of the patients with acromegaly had hearing loss, and 20% had had an episode of otitis in at least one ear. Median pure tone average (PTA) in the patients with acromegaly was 12.5.

Conclusions: Hearing loss is quite common in patients with acromegaly. Contrary to common belief, in this study, conductive hearing loss did not occur more frequently than other types. Based on PTA findings in the controls and patients with acromegaly, acromegaly caused hearing loss, but the level of disease activity had no effect on hearing. Middle ear pressure problems might be caused by increased perilymph because of growth hormone (GH)-related volume overload.

Yayınlar

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