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

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ANKARA ENDOKRİN GÜNLERİ TOPLANTILARI

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

- Ankara Üniv. Tip Fakültesi
- Hacettepe Üniv. Tip Fakültesi
- Gazi Üniv. Tip Fakültesi
- GATA Tip Fakültesi
- Başkent Üniv. Tip Fakültesi
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- Yıldırım Beyazıt Üniv. Tip Fakültesi
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- 24 Mart 2012 Gazi Üniversitesi Tip Fakültesi
- 16 Haziran 2012 AUTF-Ankara Eğitim ve Araştırma Hastanesi
- 1 Eylül 2012 HÜTF-Başkent Üniv. Tip Fak.
- 1 Aralık 2012 Ufuk Univ. TF – Kırıkkale Ün. Tip Fak
- Mart 2013 Yıldırım Beyazıt Eğitim Araştırma Hastanesi – Numune Eğitim ve Araştırma Hastanesi
- Haziran 2013 GATA - Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi
Bilimsel Kongreler ve Uluslararası Sempozyumlar

Ayrıntıalar ve 2012 yılına ait Bilimsel Toplantı Takvimi nezimiz internet sayfasından (www.temd.org.tr) ulaşabilirsiniz.

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

Sahin I, Aydin S, Ozkan Y, Dagli AF, Akin KO, Guzel SP, Catak Z, OZercan MR.
Department of Nutrition and Dietetics, Erzincan University, Erzincan, Turkey.

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 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.

Firat University, Medical School, Department of Medical Biochemistry, Elazig, Turkey. saydin1@hotmail.com

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 patients were control subjects. The first sample was taken within 5 min 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 exhibited 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.

Fidan Yaylali G, Akin F, Turgur S, Kursunluoglu R.
Faculty of Medicine, Department of Endocrinology and Metabolism, Pamukkale University, Kinikli Campus, Denizli, Turkey. guzinf@gmail.com

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 measured different times after a seizure or non-epileptic event. Serum biochemical variables in the patients and controls were prepared. Thyroid function tests and serum IGFBP3 levels were measured different times after a seizure or non-epileptic event. Serum biochemical variables were measured using an autoanalyzer. The baseline 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).
Increased osteoprotegerin levels in women with previous gestational diabetes developing metabolic syndrome.

Akinci B, Celtik A, Yuksel F, Genc S, Yener S, Secil M, Ozcan MA, Yesil S. 
Division of Endocrinology and Metabolism, Department of Internal Medicine, Dokuz Eylul University, Izmir, Turkey. bariakincimd@gmail.com

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.

Aydin H, Mutlu N, Akbas NB.
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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.

Unübol M, Ayhan M, Güney E.
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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.


Diabetes Research Group, Helmholtz Center, Munich-Neuherberg, Germany. oliver.schnell@fz.uni-muenchen.de

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.

Department of Reproductive Medicine and Gynecology, University Medical Center, Utrecht, The Netherlands. b.c.fauser@umcutrecht.nl

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.

Unluhizarci K, Kaltas G, Kelestimur F.
Department of Endocrinology Erciyes University Medical School, Kayseri, Turkey.

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.

Department of Internal Medicine, Gulhane School of Medicine, Ankara, Turkey. zhgenc@yahoo.com

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.

Yesil Y, Ugur-Altn B, Turgut N, Oztruk ZA, Kuyumcu ME, Yesil NK, Caner S, Balci K.

Division of Geriatric Medicine, Department of Internal Medicine, Faculty of Medicine, Hacettepe University, 06100, Ankara, Turkey.
dryesil@gmail.com.

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 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.

Results: dB) in the control group (P dB (range: 0-20 dB), vs 8.3 dB (range: 2-72 dB) (n This study aimed to examine audiological symptoms and the structure and function of the auditory system in patients with acromegaly. DESIGN/SETTING AND patients: (n The patients with acromegaly were divided into three subgroups, as follows: controlled disease (n=13); partially controlled disease (n=16); uncontrolled disease (n 12). There were no significant differences in age, sex, body mass index (BMI), disease duration, and duration of hearing loss between subgroups. Audiological findings and the results of tympanometry, tympanometry, and high-frequency audiometry were similar in all subgroups. The results of our study suggest that hearing loss is 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.

Conclusion: 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.

Functional and structural evaluation of hearing in acromegaly.

Ahmed K, Ozturk B, Turkyilmaz MD, Dagdelen S, Ozen B, Unal F, Erbas T.
School of Medicine, Department of Endocrinology and Metabolism, Hacettepe University, Sihhiye, Ankara, Turkey.

Abstract

Context: The impact of acromegaly on the auditory system remains unknown. Objective: The study included 44 patients with acromegaly. Pure tone audiometry, speech audiometry, tympanometry, otocoustic 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=16). The study aimed to examine audiological symptoms and the structure and function of the auditory system in patients with acromegaly. DESIGN/SETTING AND patients: This study aimed to examine audiological symptoms and the structure and function of the auditory system in patients with acromegaly. DESIGN/SETTING AND patients: Design: Cross-sectional study, Setting: University Hospital. Participants: 44 patients with acromegaly and 36 healthy controls. Methods: The patients with acromegaly were divided into three subgroups, as follows: controlled disease (n=13); partially controlled disease (n=16); uncontrolled disease (n=16). There were no significant differences in age, sex, body mass index (BMI), disease duration, and duration of hearing loss between subgroups. Audiological findings and the results of tympanometry, tympanometry, and high-frequency audiometry were similar in all subgroups. The results of our study suggest that hearing loss is 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.
Kitap Bölümleri

Prof. Dr. Alper Gürlek
Prolactinomas, hypothyroidism, hyperthyroidism and pregnancy.
A Textbook of Preconceptional Medicine and Management.

Dr. Derun Taner Ertuğrul
Phaeochromocytoma with Histopathologic Aspects
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Baskı tarihi: 25 Haziran 2012

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