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Poster Presentations: Pituitary and Neuroendocrinology

P793**Non-classical factors of cardiovascular risk in acromegaly**

Betina Biagetti¹, Anna Aulinas², Roser Ferrer¹, Gabriel Obiols¹, Andrea Ciudin¹, Belen Dalama¹, Natividad López¹, Esther García-Fernandez¹, María Jose Arnau-Vives¹ & Jordi Mesa¹

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Background

Acromegaly (ACRO) is associated with greater cardiovascular morbidity and mortality, however, this is not entirely explained by the increase in classic cardiovascular risk factors (CVRF). C-reactive protein, galectin 3, adiponectin, B-type natriuretic peptide (BNP), apolipoprotein E, interleukin-6 and echocardiographic variables such as epicardial fat (EF) and interventricular septum thickness (IST) have been suggested as non-classical CVRF in the general population. Our hypothesis is that these non-classical CVRF could be increased in ACRO and contribute to this higher cardiovascular morbidity and mortality.

Objective

To assess if there are differences in non-classic CVRF in patients with ACRO compared with controls matched by age sex and BMI. Material and methods: We analyzed, 30 patients with ACRO (16 males, 5 with active disease) and 30 matched controls (by age, sex and body mass index (BMI)) with mean age of 53.9±11.0 years. Classic CVRFs, echocardiographic parameters and blood sample with non-classical CVRF determination. were evaluated.

Results

Both cohorts were identical regarding the presence of classical CVRF (hypertension, dyslipidemia, diabetes, and smoking). The ACRO cohort presented higher EF and IST compared to the control group (0.65±0.16 vs. 0.43±0.14 cm, $P=0.001$ and 11.31±1.17 vs. 10.64±1.47 mm, $P=0.035$, respectively). Likewise BNP was found higher in the ACRO group compared to controls (32.93±5.50 vs 11.96±2.16 pg / mL $P<0.0026$. No statistically significant differences were observed in other markers. In the multiple linear regression model that included (ACRO, BNP, gender, adiponectin and IST), only the presence of ACRO and BNP, were independents predictors of EF (B: 0.34 $P<0.001$, and B: 0.05 $P: 0.05$ and R2Adj. 0.42) influenced by adiponectin that acts as an interaction variable.

Conclusions

Patients with ACRO compared to their paired controls that were homogeneous in classic CVRF, have higher EF and BNP (influenced by adiponectin) EF and BNP have been related to increased cardiovascular complications in the general population and could explain the excess cardiovascular risk in acromegaly.

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P794**A comparison of pituitary function in primary and secondary empty sella: preliminary data**

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Background

Empty sella (ES), the herniation of the subarachnoid space within sella associated with a variable flattening of the pituitary gland, is classified as primary (PES) or secondary (SES) on the basis of etiologic factors.

Aim

To assess the differences between PES and SES in terms of pituitary function.

Methods

Clinical, radiological and hormonal data were retrospectively extrapolated from the records of 85 patients with a diagnosis of ES made between 1990 and 2016, attending to the Pituitary Unity of Azienda Ospedaliero-Universitaria di Modena, Italy. The pituitary function was assessed by basal hormonal measurements and dynamic tests in an appropriate clinical context. Chi square was used for comparison of categorical variables.

Results

Fifty-nine patients with PES (male/female ratio:1/2) and 26 with SES (male/female ratio:1.4/1) were considered. The mean age at diagnosis was 54±17 years in PES and 45±15 years in SES. Among PES 54% of patients had a normal pituitary function and 64% didn't take replacement treatment, while in

SES the percentages decreased to 28% and 35% respectively (Chi-square=16.8, $P<0.0001$). Accordingly, the overall number of pituitary deficits was higher in SES than in PES and even each single pituitary deficit occurred more frequently in SES ($P<0.05$). Mild hyperprolactinemia was present in 24% of PES and 22% of SES. A variable degree of hypopituitarism was found in 36% of PES and 58% of SES. Hypogonadism and growth hormone deficiency were the prevalent deficits among PES (61%) and SES (80%) respectively. The radiological degree of ES (partial vs total) didn't influence the pituitary function.

Discussion

Our preliminary results confirm a higher prevalence of endocrine alterations in SES compared to PES but, in contrast with previous reports in literature, hypogonadism is the most frequent alteration in our PES patients. These data suggest that SES requires a more accurate endocrine screening and follow-up and, if confirmed by prospective studies, may open new insights on the management of ES.

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P795**Thyroid autoimmunity in patients with empty sella syndrome**

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Purpose

The aim of this study was to evaluate the association and frequency of thyroid autoimmunity in patients with empty sella syndrome and to evaluate the possible effects of thyroid auto-antibodies on clinical and laboratory findings in patients with empty sella syndrome.

Materials and methods

We recruited 93 patients (female) and 22 male patients (mean age 55.51±14.82) who were admitted to the Endocrinology Clinic of Erzurum Regional Training and Research Hospital between January 2010 and December 2016. 105 healthy individuals (84.8% female) were included in the healthy, body mass index (BMI) normal values and defined as the control group. Empty sella diagnosis was based on pituitary magnetic resonance (MR) results. As a criterion of euthyroid Hashimoto Thyroiditis (HT); Patients with normal thyroid function tests, positive thyroid auto-antibodies and radiologic appearance compatible with HT were accepted as patients.

Results

There was no statistically significant difference between the two groups in terms of BMI, TSH, prolactin, ACTH, GH ($P>0.05$). Cortisol levels were significantly lower in the patients with empty sella syndrome than in the control group ($P=0.037$). Empty sella and control groups were evaluated for the association of euthyroid Hashimoto's disease. Euthyroid HT was diagnosed in 41 (35.6%) of the empty sella group and 1 (0.95%) of the control group ($P\leq0.001$). There was a significant positive correlation between Anti-TPO and Anti-TG and empty sella syndrome ($r=0.65$, $P\leq0.001$, $r=0.63$, $P\leq0.001$, respectively). There was a statistically significant positive correlation between Anti-TPO and Anti-TG, euthyroid HT, age, BMI, right thyroid volume, left thyroid volume, FT3 and FT4 ($P<0.05$). In ROC analysis, sensitivity for Anti-TPO ≥ 9.5 was 94.5% and specificity 72% for empty sella. For Anti-TG ≥ 10.5 , the sensitivity was 80% and the specificity was 79%. The AUC value of Anti-TPO was 87.9% ($P\leq0.001$) and the AUC value of Anti-TG was 86.4% ($P\leq0.001$).

Discussion

There is a positive relationship between thyroid auto-antibodies and the clinical and laboratory findings of the empty sella. As a result, it is possible that some of the idiopathic empty sella syndrome cases occur via HT. It is advisable to investigate the presence of HT in patients with empty sella syndrome. Therefore, when supported by controlled clinical trials, it will be clear that future euthyroid HT may be a risk factor for empty sella. Further work is needed.

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