20th European Congress of Endocrinology
19–22 May 2018

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Non-classical factors of cardiovascular risk in acromegaly
Betina Biagetti, Ana Aulinus, Roser Ferrer, Gabriel Obiols, Andrea Cudin, Belen Dulama, Natividad López, Esther, Garcia-Fernandez, Maria Jose Arnau-Vives & Jordi Mesa
1Hospital Universitari Vall d’Hebron, Barcelona, Spain; 2Hospital Universitari de Vic, Barcelona, Spain.

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 samples with non-classical CVRF determination were evaluated.

Results
Both cohorts were identical regarding the presence of classic CVRF (hypertension, dyslipidemia, diabetes, and smoking). The ACRO cohort presented higher EF and IST compared to the control group (0.63 ± 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 independent predictors of EF (β: 0.34 P < 0.001, and β: 0.05 P: 0.05 and R2 Adj: 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 etiological 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-Universitària of 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) 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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