

INDICE LAVORI

· "Eccellenze in SIE"		•••••	ра	ag. 4
- Comunicazioni Orali	• • • • • • • • • • • • • • • • • • • •		pa	ag. 7
Ricerca Clinica	СО	01 -	СО	04
Ricerca di Base	CO	05 -	CO	08
Ricerca Traslazionale	CO	09 -	CO	12
Patologia tiroidea I	CO	13 -	CO	18
Neuroendocrinologia I	CO	19 -	CO	24
Andrologia	CO	25 -	СО	30
Obesità e malattie metaboliche	CO	31 -	CO	36
Neuroendocrinologia II	CO	37 -	CO	42
Patologia tiroidea II	CO	43 -	CO	48
Diabete e Obesità	CO	49 -	CO	54
Patologie del metabolismo calcio-fosforico	CO	55 -	CO	60
Diabete mellito	CO	61 -	CO	66
Andrologia e metabolismo calcio-fosforico	CO	67 -	CO	72
Patologia surrenalica	CO	73 -	CO	78
Endocrinologia ginecologica	СО	79 -	СО	84
Poster Discussi	• • • • • • • • • •	••••••	pa	ag. 96
Patologia tiroidea	PD	01 -	PD	12
Neuroendocrinologia	PD	13 -	PD	24
Andrologia	PD	25 -	PD	36
Obesità	PD	37 -	PD	48
Diabete mellito	PD	49 -	PD	57BI
Patologie del metabolismo calcio-fosforico	PD	58 -	PD	66
Patologia surrenalica	PD	67 -	PD	75
Endocrinologia ginecologica	PD	76 -	PD	84

- Poster		pag	. 185
Andrologia	PP	001 - PP	032
Diabete mellito	PP	033 - PP	059BIS
Endocrinologia ginecologica	PP	060 - PP	073
Neuroendocrinologia	PP	074 - PP	125
Obesità e malattie metaboliche	PP	126 - PP	155
Patologia surrenalica	PP	156 - PP	176
Patologia tiroidea	PP	177 - PP	262
Patologie del metabolismo calcio-fosforico	PP	263 - PP	286

PP027 - IS SERUM ESTRADIOL (E2) REALLY INCREASED IN PATIENTS WITH KLINEFELER SYNDROME (KS)? RESULTS FROM A META-ANALYSIS STUDY

D. Santi¹, S. Scaltriti², V. Rochira¹

INTRODUCTION: KS has been classically described as characterized by hyperestrogenism and elevated serum E2 together with increased gonadotropins and low-to-normal serum testosterone (T). In literature, data on increased serum E2 are not solid.

AIM: The aim of this study is to meta-analyse data from studies evaluating serum E2 in both KS and healthy subjects (HS) in order to verify if E2 is increased in KS.

METHODS: An extensive MEDLINE was performed using 'PubMed' with the following key words: 'KS' and 'E2' or 'T' or 'sex steroids' from 1946 to January 2015 (Current Contents-ISI was used for searching oldest studies). All studies (case-control, caseseries, case-reports) reporting E2 measurement were considered. Controlled-studies were used for meta-analysis, the others only for reviews. Only serum E2 at baseline (no ongoing treatments) was included. Meta-analysis was conducted according to the PRISMA statement using RevMan.

RESULTS: Out of 956 articles, 26 case-control studies, 15 case-series and 21 case-reports had data on serum E2. A total of 878 KS and 1000 HS were included in the meta-analysis. Serum E2 was significantly higher in HS than in KS, with a mean difference of 7,93 pg/mL (CI:2,24,13,61;p=0,006), with a chi-squared=688,32 (I-square=97%). Serum T was significantly lower in KS than in HS, with a mean difference of -2,79 ng/mL (CI:-3,46,-2,11;p<0,001), with a chi-squared=198,29 (I-square=89%). Data from case-series and case-reports confirmed that E2 is not above the normal range in KS.

CONCLUSIONS: Serum E2 is not increased in KS and is significantly lower than in HS in this meta-analysis. The limits of this study are the heterogeneity of methods for steroids measurement and the lack of studies having the comparison of serum E2 between KS and HS as primary endpoint. The traditional belief that KS is associated to elevated E2 should be reconsidered together with some pathophysiological and clinical issues.

¹Unit of Endocrinology, Department of Biomedical, Metabolic, and Neural Sciences, University of Modena &Reggio Emilia, Azienda USL of Modena Modena, ²Unit of Endocrinology, University of Modena &Reggio Emilia Modena