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Poster Presentations: Pituitary and Neuroendocrinology

P744**Clinical and radiological characteristics of patients with primary empty sella**

Rym Belaid¹, Nadia Mchirgui¹, Imen Rojbi¹, Amel Jaidane², Ibtissem Ben Nacef¹, Karima Khiari¹, Haroun Ouertani² & Néjib Ben Abdallah¹
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Background

The primary empty sella (PES) is radiologically defined as partial when less than 50% of the sella is filled with cerebrospinal fluid (CSF) and pituitary gland thickness is ≥ 3 mm or total when more than 50% of the sella is filled with CSF and the gland thickness is ≤ 2 mm in diameter. The aim of our study was to evaluate clinical and radiological aspects of PES.

Methods

We retrospectively evaluated clinical features and radiological findings of 36 patients with PES followed in the internal medicine department of the Charles Nicolle's hospital and the endocrinology department of the Military Hospital of Tunis between 1992 and 2016.

Results

Our study included 26 women and 10 men with an average age of 47.64 ± 15.47 years [9–83]. Of the risk factors of PES, multiparity was detected in 76% of the female patients. Obesity, hypertension, diabetes mellitus and autoimmune hypothyroidism were found in 41.6%, 38.9%, 27.8% and 8.3% of the whole study group, respectively. Only one patient had idiopathic intracranial hypertension. Endocrine signs were the most common presenting symptoms (52.7%). More than half of our patients complained of headache. The diagnosis was confirmed by pituitary magnetic resonance imaging (MRI) in the majority of cases. Sixty one of the patients had partial empty sella and the remaining 39% had total empty sella. Other radiological abnormalities on MRI were associated with PES: an absence of the normal posterior pituitary bright signal in 2 patients consulting for polyuria and an optic chiasm ptosis in a patient with campimetric defect. No significant differences were found among the partial and total empty sella subgroups in terms of risk factors of PES.

Conclusion

PES is a radiological entity that is often asymptomatic and discovered fortuitously but can induce variable neurological, hormonal and ophthalmological disorders. This diagnosis must be evoked in a middle-aged, obese, multiparous and hypertensive woman presenting with a symptomatology suggestive of pituitary deficiency or chronic headache.

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P745**Serum sodium is inversely related to frailty and bone mineral density (BMD) in human immunodeficiency virus (HIV)-infected patients**

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Background

HIV-infected patients are predisposed to an increased risk of hyponatremia. In healthy population, low sodium is associated with impaired health status and reduced BMD, but less is known about this association in HIV-infection.

Aim

To investigate the relationship between serum sodium, frailty and BMD in a large cohort of HIV-infected patients.

Methodology

A retrospective, observational, cohort study on adult HIV-infected patients (age ≥ 18 years), attending the Multidisciplinary Metabolic Clinic of Modena, was carried out including all sodium examinations performed at the Modena lab from 2007 to 2017 available in a large database. Laboratory ranges of normality for sodium (136–146 mEq/l) were used to subdivide records in hyponatremic

(HypoNa), hypernatremic (HyperNa) and normonatremic (NormoNa) groups. BMD was measured at total body, lumbar spine (L1–L4) and total hip using a Hologic QDR-2000 densitometer (DXA). Frailty was calculated through 38-item multimorbidity frailty index.

Statistical analysis

Parameters were not normally distributed and Kruskal-Wallis test, followed by Dunn's test, was used to compare continuous variables. Correlations were performed using linear regression models.

Results

8101 records (5454 from males and 2647 from females) of serum sodium (mean 139.4 ± 3.1 mEq/l) evaluated in HIV-infected patients (mean age 49.0 ± 7.9 years) were considered. 617 (7.6%), HypoNa, 44 (0.5%) HyperNa and 7440 (91.8%) NormoNa were found. Frailty score was inversely related to serum sodium ($r = -0.174$, $R^2 = 0.03$, $P < 0.0001$), even after the exclusion of HyperNa group ($R = -0.191$, $R^2 = 0.036$, $P < 0.0001$). Frailty was significantly higher in HypoNa than NormoNa ($P < 0.001$). Considering results at DXA examination, BMD was normal in 30.3% and reduced in 69.7% (54.8% osteopenia, 14.9% osteoporosis). Total body BMD, but not femoral nor lumbar, directly correlated with serum sodium ($R = 0.049$, $P < 0.001$) and it was significantly lower in HypoNa compared to NormoNa ($P = 0.029$).

Conclusions

This study shows that serum sodium is inversely related to frailty, suggesting its potential role as reliable and cheap marker in the HIV-infection follow-up. Furthermore, we demonstrate a direct correlation between sodium and body BMD in HIV-infected patients, similarly to general population.

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P746**Sox 2 expression in human pituitary adenomas-correlations with pituitary function**

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Introduction

Sox2 is a widely expressed marker of progenitor and stem cells in various organs, strongly expressed within Rathke's pouch and the neural ectoderm. It exerts a critical role in the early stages of pituitary development but it is still expressed in the adult gland. Sox2 expression in pituitary adenomas and its possible correlation with clinicopathologic characteristics have not been investigated so far.

Aim

To evaluate the immunohistochemical expression of Sox2 protein in pituitary adenomas.

Subjects and methods

We included in the study 34 pituitary adenoma samples (13 GH-secreting, ten prolactinomas with proven resistance to dopamine agonists and 10 non-functioning adenomas) prelevated at the time of the neurosurgical intervention. Tissue samples were analyzed by immunohistochemistry for pituitary hormones and Sox2 expression by the avidin-biotin-HRP method.

Results

Sox2 positive expression was detected in 16 patients (47.05% of cases) and did not show an association with tumor volume or extension at diagnosis. GH-secreting tumors were immunopositive for Sox2 in 57.14% of cases, prolactinomas in 60% and non-functioning pituitary adenomas in only 20% of cases (significantly higher percentage of Sox2 positivity among secreting tumors, $P = 0.041$). 58.82% of all patients (20 cases) had pituitary insufficiency at diagnosis. At diagnosis, the percentage of corticotrophin and gonadotrophin deficiency was significantly higher in patients with Sox2 negative tumors compared to those with Sox2 positive tumors ($P = 0.047$ and 0.041 , respectively). In cases associated with hypopituitarism, the number of endocrine pituitary axes affected was not significantly different compared to Sox2 positive tumors.

Conclusion

Sox2 positive expression is frequent in pituitary adenomas (especially in secreting tumors) but is not correlated to tumor size or invasiveness. However, intratumoral Sox2 expression is associated with a lower percentage of pituitary insufficiency.

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