

Endocrine Abstracts

November 2019 Volume 67
ISSN 1479-6848 (online)

7th ESE Young Endocrinologists and
Scientists (EYES) Meeting

13–15 September 2019, Athens, Greece

eyes 
ESE young endocrinologists
and scientists
looking forward



published by
bioscientifica

Online version available at
www.endocrine-abstracts.org

CONTENTS

7th ESE Young Endocrinologists and Scientists (EYES) Meeting

ORAL PRESENTATIONS 01–067

POSTER PRESENTATIONS GP1–GP46

Oral Presentations

O1**Prevalence of thyroid dysfunctions in a large cohort of Human Immunodeficiency Virus (HIV)-Infected Patients**Giulia Tartaro^{1,2}, Sara De Vincentis^{1,2}, Giulia Brigante^{1,2}, Chiara Diazzi², Andrea Malagoli³, Giovanni Guaraldi⁴ & Vincenzo Rochira^{1,2}¹Unit of Endocrinology, Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy;²Unit of Endocrinology, Department of Medical Specialties, Azienda Ospedaliero-Universitaria of Modena, Modena, Italy; ³Department of Medical and Surgical Sciences for Children and Adults, University of Modena and Reggio Emilia, Modena, Italy; ⁴Multidisciplinary Metabolic Clinic, Unit of Infectious Diseases, University of Modena and Reggio Emilia, Modena, Italy.**Objective**

Highly Active Antiretroviral therapy (HAART) has been associated with several endocrine abnormalities. Data concerning thyroid dysfunction in HIV are still controversial. The aim of this study was to investigate the prevalence of thyroid dysfunctions and their association with HAART and HIV-infection in a large cohort of HIV-infected patients.

Methods

A retrospective cross-sectional study was carried out involving HIV-infected patients whose thyroid-stimulating hormone (TSH) and thyroid hormones (FT3, FT4) were evaluated from 2007 to 2017. A large database containing clinical information was approved by the local ethical committee. Laboratory ranges were used to identify hypothyroid (TSH above the upper limit) and hyperthyroid patients (TSH below the lower limit). Age, sex, CD4 nadir and count, HAART and sodium levels were collected.

ResultsData from 1966 HIV-infected patients (69% males, 31% females; age 46 ± 8 years; HIV-infection duration 31 ± 9 years) were retrospectively analysed. Total hypothyroidism prevalence, including 70 patients already on levothyroxine therapy (3.6%), was 3.9%. Undiagnosed hypothyroidism was found in 89 (4.7%) patients (4.4% subclinical, 0.3% overt). Only 6 patients (0.4%) were hyperthyroid (0.3% subclinical, 0.1% overt). Hypothyroid subjects had been exposed to significantly longer HAART duration ($P=0.02$). TSH did not correlate with any of measured parameters.**Conclusions**

Prevalence of undiagnosed thyroid dysfunctions in our cohort of HIV-infected patients seems to be lower compared to general population, except for subclinical hypothyroidism which is similar. Only HAART seems to be related to hypothyroidism even though TSH levels did not correlate with HAART duration. We speculate that disrupted immune competence can explain the reduced prevalence of thyroid dysfunctions, which are mainly due to autoimmune disease. DOI: 10.1530/endoabs.67.O1

O2**Occurrence of second primary malignancy in medullary thyroid cancer (MTC) patients**

George Simeakis, Katerina Saltiki, Evangelia Zapanti, Evanthia Kassis & Maria Alevizaki

Endocrine Unit, Department of Clinical Therapeutics, Medical School National Kapodistrian University, Athens, Greece.

ObjectivesCoexistence of two different malignancies is frequently reported. Sometimes occurs in the context of well-established syndromes like MEN2. Rearranged during transfection (*RET*), is an oncogenic driver activated in different kinds of neoplasias such as: MTC, Differentiated Thyroid Cancer (DTC), Non-Small Cell Lung Cancer (NSCLC). We have previously reported an increased prevalence of DTC in familial MTC patients carrying the *RET* (G533C) mutation. Aim of this study was to record the extrathyroidal malignancies in MTC patients of our Unit. **Methods**

57/297 patients presented with second malignancy during a follow-up of 1–15 years. They were classified in 3 groups; Group 1: MTC+Extrathyroidal malignancy, Group 2: MTC+DTC, Group 3: MTC-alone.

Results19/57pts (Group1) were diagnosed with an extrathyroidal malignancy 2–10 years after MTC; location-type: Breast (5/19), Kidney-Bladder (3/19), Sarcoma (2/19), Lung-NSCLC (2/19), Prostate (1/19), Colon (1/19), Chronic Myeloid Leukemia (1/19). Prior to MTC, 4 patients were diagnosed with Head & Neck cancer and Melanoma. Group 2 (Concomitant MTC+DTC): 38/57pts. Group 1 patients vs Group 2 & 3 presented with worse disease stage at diagnosis ($P=0.006$).Accordingly they had more frequently lymph node infiltration ($P=0.007$), capsular & soft tissue invasion ($P=0.001$); higher pre- and post-operative Calcitonin levels were recorded in them ($P=0.028$). Tumor size was larger in Group 1 pts ($P=0.003$). C-cell hyperplasia was more frequent in Group 2 ($P=0.003$). No differences were found regarding sex, family history, multifocality or distant metastases.**Conclusions**Synchronous or asynchronous primary malignancies may occur with MTC. *RET* oncogenicity through several mechanisms (activating mutations, increased expression, risk-associated SNPs) has been proposed as a possible shared aetiopathogenic mechanism. Elucidation of the common genetic pathways possibly involved in coexistence of two phenotypically different types of malignancy could be crucial for precision medicine and tailor-made therapy.

DOI: 10.1530/endoabs.67.O2

O3**The effectiveness of different treatment regimens in patients with Graves' ophthalmopathy**

Fomina Daria

Prof. V.F. Voyno-Yasenetsky Krasnoyarsk State Medical University, Krasnoyarsk, Russia.

According to the recommendations of the European Group for the study of Graves' orbitopathy (EOP) (EUGOGO), pulse therapy with glucocorticosteroids, is the method of choice in active EOP of moderate severity or severe course. The choice of scheme depends largely on the doctor's preferences, as the comparative effectiveness of many of them remains uncertain.

Objective

To evaluate the effectiveness of various schemes of pulse therapy with methylprednisolone in patients with EOP.

MethodsThe study included 48 patients with moderate and severe forms of EOP in the active stage (CAS ≥ 3), the average age 54.77 ± 13.78 years. Patients of the 1st group ($n=4$) received methylprednisolone acetate (MP) at a dose of 1000 mg intravenously daily for 3 days. Patients of group 2 ($n=36$) received MP continuously for 5–7 days, at a dose of 1000 mg intravenously. Patients of group 3 ($n=8$) received MP at a dose of 1000 mg intravenously for 3 days, after 3 days – a repeated cycle of triple daily administration of MP at a dose of 1000 mg intravenously. The total dose of GCS in all groups did not exceed 8 g. Assessment of the degree of EOP activity was carried out on the CAS scale. Clinically significant effect was considered to be a decrease in activity on the CAS scale > 2 points. The severity of ophthalmopathy was assessed according to the EUGOGO classification. **Results**Before therapy, the median CAS in the 1st group was 5.5 points [3.5;6.75], in the 2nd group 5 points [4.2;6.1], in the 3rd group 6.5 points [6.3;9.5]. 1 week after the end of pulse therapy, the median score on the CAS scale in patients of group 1 was 3.5 [2.25;4.75], and in group 2 and 3 3.3 [2.2;4.1] and 3.1 [2.3;5.25], respectively. Significant effect was recorded in the 2nd ($P<0.05$) and 3rd ($P<0.01$) groups.**Conclusions**

There was no significant effect in patients who received intravenous injections of MP daily for three days. In the group with continuous administration of MP in a total dose of 5–7 grams there was a decrease in the activity of EOP a week after the end of therapy. In patients with high activity using of MP in intermittent mode, in a total dose of 6 grams, leads to a decrease in the activity of ophthalmopathy within a week after the end of therapy.

DOI: 10.1530/endoabs.67.O3

O4**Thyroid lymphoma in a patient presenting with severe airway compromise**Maria Stamou, Chris Richey, Joseph Watson, Chaim Rube, Andy Nguyen, Brenda Garcia, Daniel Roberts, Prudence Lam, Jeffrey Roach, Sara Barcia, Christine McLaughlin & Jessica McCannon
Mount Auburn Hospital, Harvard Medical School, Cambridge, Massachusetts, USA.**Background**

Preexisting chronic autoimmune thyroiditis is the only known risk factor for thyroid lymphomas, a rare variant of thyroid cancer. Here, we describe a male patient with previously undiagnosed Hashimoto's thyroiditis who presented with severe airway compromise due to a thyroid lymphoma.