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Abstract Book

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examine G894T SNP eNOS genotype frequencies and its potential role with sperm motility in infertile men. Through this prospective controlled study in the Andrology Unit, we have enrolled infertile (n = 70) and healthy (n = 60) men. Sperm motion kinetics assessed by computer assisted semen analysis (CASA), and allele-specific polymerase chain reaction (PCR-RFLP) to investigate the frequency of guanine (G) thymine (T) at position −894 within exon 7 of the eNOS gene.

Finding(s)

An increased frequency of the G894T eNOS (T) allele observed in asthenozoospermic patients (P = 0.02). In asthenozoospermic men, homozygotes eNOS (TT) genotype showed low percentages of rapid motile sperm (a+b) compared to wild-type eNOS (GG) (P = 0.02) or heterozygotes eNOS (GT) genotype (P = 0.01). In fertile men, wild-type eNOS showed high percentages of rapid motile sperm (a+b) compared to eNOS (TT) (P = 0.03) or eNOS (GT) genotype (P = 0.04).

Conclusion(s)

Our findings suggest that the T allele, encoding for aspartic acid, of the eNOS (Glu298Asp) gene may play a role with low sperm motility.

PS29

Infertility and low gonadotropin levels as the first sign of testicular seminoma: a case report

Vladislav Volek1, Martin Hrivnák2 & Dalibor Ondrus3

1University Hospital of F. D. Roosevelt, Banska Bystrica, Slovakia; 2Hospital Košice-Saca, Košice-Saca, Slovakia; 3Medical Faculty, Komenský University, Bratislava, Slovakia.

The case report describes a case of a 31 years old patient referred to our outpatient endocrinology clinic for suspicion for central hypogonadism. He had undergone a first line examination at a urology outpatient clinic for infertility. His semen analysis showed azoospermia, palpation of the testicles did not reveal any abnormalities. Sex hormone levels were obtained where low gonadotropin LH and FSH levels with total testosterone level within normal range were noted. Central hypogonadism as the possible reason for azoospermia and infertility was suspected.

On clinical examination the patient appeared well vitilised, gynecomastia was not noticeable. Repeated blood samples confirmed low LH and FSH levels with total testosterone level close to the upper limit of the normal range. Free testosterone level was within normal range and so were the other pituitary hormones. Our conclusion was that the patient did not have central hypogonadism and that the low gonadotropins were a normal variant. The patient was referred back to the urology outpatient clinic to search for the testicular reason for azoospermia. Ultrasound examination revealed a small tumor mass (1 cm in diameter) and high hBCG plasma levels were obtained. The patient underwent surgical removal of the right testicle. Histology revealed a seminoma of the testis.

LH and FSH levels increased slightly above the upper normal limit shortly after the surgery as levels of the HCG dropped. That is why we assume that paraneoplastic HCG acted as the dominant gonadotropin hormone in the patient and decreased the pituitary gonadotropin levels, while the testosterone level remained unchanged.

Conclusion

Is it very important to consider testicular tumors in young patients with low LH and FSH levels, infertility and missing clinical sings of hypotestosteronism.

PS31

Prevalence and characterization of hypogonadism among men with human immunodeficiency virus infection: preliminary results

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1Department of Medicine, Endocrinology and Metabolism and Geriatrics, University of Modena and Reggio Emilia, Modena, Italy; 2Medical Clinic, Infectious and Tropical Disease Unit, Department of Medicine, University of Modena and Reggio Emilia, Modena, Italy.

Introduction

Among various comorbidities of human immunodeficiency virus-1 (HIV-1) infection, male hypogonadism is very frequent with a prevalence of 19% in patients treated with highly active anti-retroviral therapy. However, literature data are still lacking and achieved by studies with <300 subjects each.

Aim of the study

Prevalence and clinical characterization of hypogonadism among a large number of men with HIV-1.

Methods

Measurement of serum total testosterone, LH and FSH in 950 outpatients aged 20-69 years (mean age 45.5 years) attending the metabolic clinic of infectious and tropical disease between 2005 and 2009.

Results

Mean serum total testosterone was 470.0 ± 205.5 ng/dl. Considering Endocrine Society thresholds for hypogonadism, 15.7% of patients was hypogonadic (T < 300 ng/dl); 8% hypogonadotrophic, 77.2% normogonadotrophic and 14.8% hypergonadotrophic. According to thresholds proposed by the International Society for the Study of the Aging Male (ISSAM) 23.7% of subjects resulted hypogonadic (T <346 ng/dl) of which 5.8% was hypogonadotrophic, 80% normogonadotrophic and 14.2% hypergonadotrophic.

Conclusions

The prevalence of hypogonadism in HIV patients is comparable to that of older healthy subjects (19.3% of hypogonadism in patients with mean age 58.7 years; Schneider, Clin Endocrinol 2009) and is higher than in the general population. Normogonadotrophic predominance in subjects with hypotestosteronemia suggests also a possible involvement of a pituitary dysfunction and/or dysregulation as the underlying cause responsible for the development of hypogonadism.

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