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Abstract Book

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Bradley Stoke
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Contact: Andrea Davis
Tel: +44 (0)1454 642247
Fax: +44 (0)1454 642222
E-mail: info@euro-endo.org
Web site: www.euro-endo.org

ECE 2010 Secretariat
BioScientifica Ltd
Euro House
22 Apex Court
Woodlands
Bradley Stoke
Bristol BS32 4JT, UK

Tel: +44 (0)1454 642240
Fax: +44 (0)1454 642222
E-mail: ece2010@euro-endo.org
Web site: www.ece2010.com

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NOVARTIS

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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) genotyping showed low percentages of rapid motile sperm (a+b) compared to wild-type eNOS (GG) ($P=0.02$) or heterozygotes eNOS (GT) genotyping ($P=0.01$). 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) genotyping ($P=0.04$).
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.

P529

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

Vladislav Volek[1], Martin Hrivnák[2] & Dalibor Ondruš[3]
[1]University Hospital of F. D. Roosevelt, Banska Bystrica, Slovakia; [2]Hospital Košice-Šaca, Košice-Šaca, Slovakia; [3]Medical Faculty, Komenius University, Bratislava, Slovakia.

The case report demonstrates 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 nor 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 virilised, 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 βHCG 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 the levels of 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
It is very important to consider testicular tumors in young patients with low LH and FSH levels, infertility and missing clinical sings of hypotestoteronemia.

P530

Congenital hypogonadotropic hypogonadism in men as a cause of estradiol deficiency

Severine Trabado[1], Luigi Maione[2], Sylvie Salenave[1], Stéphanie Baron[1], Françoise Galland[1], Antonio-Agostino Sinisi[2], Sylvie Brailly-Tabard[1] & Jacques Young[1]
[1]Univ Paris Sud 11-CHU Bicêtre-INSERM, Le Kremlin Bicêtre, France; [2]Endocrinology and Medical Andrology, Seconda Universitàdi Napoli, Napoli, Italy.

Context
Congenital hypogonadotropic hypogonadism (CHH), is a rare disorder associated with severe testosterone deficiency and with impaired bone mineral mass (BMM) acquisition and osteoporosis. Estradiol (E_2) play a major role in bone development and maintain in BMM in humans.
Objective
To evaluate in detail the degree of E_2 deficiency in adult men with CHH.
Design and patients
Using a sensitive E_2 assay, we measured serum total E_2 (TE_2) and bioavailable E_2 (BE_2) in 83 untreated CHH men (31.1±11.6 years (mean±S.D.)) comparatively to 63 similarly aged (34.0±11.4 years) normal men and to 33 subjects with Klinefelter syndrome (34.5±11.8). In these three groups we also measured SHBG and free E_2 (FE_2).
Results
In CHH men, total E_2 (7.4±4.2 vs 17.6±6.6 pg/ml in controls; mean±S.D.; $P<0.0001$) and bioavailable serum E_2 (5.1±3.5 vs 13.7±5.7 pg/ml; $P<0.0001$) as well as FE_2 (0.21±0.13 vs 0.59±0.23 pg/ml; $P<0.0001$) were very significantly lower than in normal men and than in subjects with Klinefelter syndrome (TE_2: 16.0±7.2 pg/ml, BE_2: 12.4±5.7 pg/ml and FE_2: 0.53 ±0.22 pg/ml in the later respectively; $P<0.01$). Mean (±S.D.) serum SHBG concentrations were 28.2±10.3, 40.0±24.8 and 27.4±15.1 (nmol/l) in controls, CHH and Klinefelter respectively. In CHH patients serum total E_2 was positively correlated with serum total testosterone ($r=0.35$, $P<0.03$). Finally, in CHH and normal men taken on the whole, serum TE2 levels were very positively correlated ($R=0.57$; $P<0.0001$) with serum LH levels indicating a relationship between the low E2 levels and the severity of LH-drived testosterone deficiency in CHH.
Conclusion
Our data demonstrate that hypogonadism in CHH men is a condition clearly associated with a deep E_2 deficiency. The therapeutic relevance of these results will be discussed.

P531

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

Vincenzo Rochira[1], Giulia Brigante[1], Daniele Santi[1], Lucia Zirilli[1], Chiara Diazzi[1], Gabriella Orlando[2], Cesare Carani[1] & Giovanni Guaraldi[2]
[1]Department of Medicine, Endocrinology and Metabolism and Geriatrics, University of Modena and Reggio Emilia, Modena, Italy; [2]Metabolic 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 470.9±205.5 ng/dl. Considering Endocrine Society thresholds for hypogonadism, 15.7% of patients was hypogonadic ($T<300$ ng/dl); (8% hypogonadotropic, 77.2% normogonadotropic and 14.8% hypergonadotropic). 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 hypogonadotropic, 80% normogonadotropic and 14.2% hypergonadotropic.

	Endocrine Society ($T<300$ ng/dl)	ISSAM ($T<346$ ng/dl)
Percentage of hypogonadism (*n* hypogonadic/*n* total)	15.7% (149/950)	23.7% (225/950)
LH<1.4 mUI/ml	8% (12/149)	5.8% (13/225)
1.4<LH<8.9 mUI/ml	77.2% (115/149)	80% (180/225)
LH>8.9 mUI/ml	14.8% (22/149)	14.2% (32/225)

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. Normogonadotropism 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.