

# TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 36 • Ekim - Kasım - Aralık 2011

## 34. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi

11 - 15 Nisan 2012  
Cornelia Diamond Hotel, Antalya

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Derneğimiz, Van'da hizmet veren meslektaşlarımızın konaklama ve hizmet ünitesi olarak kullanabileceği 2 adet konteyner göndermiştir. Konteynırlar teslim edilmiş ve kullanımına başlanmıştır.

**Bilimsel Kongreler ve Uluslararası Sempozyumlar**

Ayrıntılara ve 2012 yılına ait Bilimsel Toplantı Takvimine derneğimiz internet sayfasından ([www.temd.org.tr](http://www.temd.org.tr)) ulaşabilirsiniz.

**19-22 Mart 2012**

Society for Endocrinology BES 2012  
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**11-15 Nisan 2012**

34. Türkiye Endokrinoloji ve Metabolizma hastalıkları Kongresi & Tiroid Sempozyumu, Antalya  
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**5-9 Mayıs 2012**

15<sup>th</sup> International Congress of Endocrinology jointly with the 14<sup>th</sup> European Congress of Endocrinology  
Florence, Italy,  
<http://www.ice-ece2012.com>

**23-27 Mayıs 2012**

AACE 21<sup>st</sup> Annual Scientific and Clinical Congress  
Philadelphia, PA  
<http://am.aace.com/>

**08 - 12 Haziran 2012**

72<sup>nd</sup> Scientific Sessions (2012)  
Pennsylvania Convention Center, Philadelphia, PA  
<http://www.diabetes.org/news-research/research/scientific-sessions.html>

**23-26 Haziran 2012**

ENDO 2012  
Houston, Texas  
<http://www.endo-society.org/endo/>

**08 - 12 Eylül 2012**

36<sup>th</sup> Annual Meeting of the European Thyroid Association  
Pisa, Italy  
<http://www.eurothyroid.com>

**12-15 Eylül 2012**

15<sup>th</sup> Congress of the European Neuroendocrine Association  
Vienna, Austria  
<http://www.enea2012.org/>

**19 - 23 Eylül 2012**

82<sup>nd</sup> Annual Meeting of the American Thyroid Association  
Quebec, Canada  
[www.thyroid.org](http://www.thyroid.org)

**28 - 29 Eylül 2012**

6<sup>th</sup> EUGOGO Teaching Course  
Mainz, Germany  
<http://www.eurothyroid.com>

**01-05 Ekim 2012**

48<sup>th</sup> EASD Annual Meeting  
Berlin  
<http://www.easd.org/>

**18 - 21 Ekim 2012**

12<sup>th</sup> ESE Postgraduate Course in Clinical Endocrinology  
Antalya, Turkey  
[www.temd.org.tr](http://www.temd.org.tr)

**15-18 Kasım 2012**

11. Medikal-Cerrahi Endokrinoloji Mezuniyet Sonrası Eğitim Kursu  
Cornelia Diamond Otel, Antalya  
<http://www.endokrin2012.org/>

**Literatürden Seçmeler****Association of osteopontin and tumor necrosis factor- $\alpha$  levels with insulin resistance in obese patients with obstructive sleep apnea syndrome.**

Sarac F, Basoglu OK, Gunduz C, Bayrak H, Biray Avcı C, Akcicek F.

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**Abstract**

**Objective:** The aims of this study were to compare the tumor necrosis factor (TNF)- $\alpha$  and osteopontin levels, to identify the relationship between insulin resistance (IR) and osteopontin levels in obese patients with and without obstructive sleep apnea syndrome (OSAS).

**Method:** The study population included 62 obese patients (35 males, 27 females) with OSAS and was compared with 26 obese patients (16 males, 10 females) without OSAS as a control group. Polysomnographic evaluation, spirometric tests and arterial blood gas sampling were performed on the obese patients with OSAS. Plasma levels of TNF- $\alpha$  and osteopontin were measured by enzyme-linked immunosorbent assays during the process. IR was estimated using the homeostasis model assessment (HOMA).

**Results:** Mean plasma levels of fasting glucose, insulin, HOMA, liver function test, hematocrit, leukocyte, TSH, free T4, fibrinogen, TNF- $\alpha$ , and osteopontin were similar in the 2 groups. In patients with OSAS, mean osteopontin levels were positively correlated with mean fasting insulin levels ( $r=0.306$ ,  $p=0.01$ ), HOMA ( $r=0.299$ ,  $p=0.01$ ), apnea-hypopnea index ( $r=0.377$ ,  $p=0.03$ ) and Epworth Sleepiness Scale ( $r=0.299$ ,  $p=0.01$ ). However, mean TNF- $\alpha$  levels were negatively correlated with Epworth Sleepiness Scale ( $r=-0.298$ ,  $p=0.01$ ) in the patients with OSAS.

**Conclusions:** It was observed that TNF- $\alpha$  and osteopontin levels showed no difference between obese patients with and without OSAS. However, osteopontin levels increased with fasting insulin, IR, OSAS severity, and daytime sleepiness.

**Depression, anxiety and cardiometabolic risk in polycystic ovary syndrome.**

Cinar N, Kizilarlanoglu MC, Harmanci A, Aksoy DY, Bozdog G, Demir B, Yildiz BO.

*Endocrinology and Metabolism Unit, Department of Internal Medicine, Hacettepe University School of Medicine, HacettepeAnkara, Turkey.*

**Abstract**

**Background:** Polycystic ovary syndrome (PCOS) is associated with psychological and metabolic disturbances. The aim of this study was to determine whether depression, anxiety and reduced health-related quality of life (HRQOL) are more common in women with PCOS and associated with metabolic risk.

**Methods:** The study included 226 PCOS patients and 85 BMI-matched healthy control women. All participants completed standardized questionnaires assessing depression (Beck Depression Inventory), anxiety (State-Trait Anxiety Inventory) and both depression and anxiety (Hospital Anxiety and Depression Scale and General Health Questionnaire). Patients also completed a PCOS HRQOL questionnaire. Hirsutism scores, serum androgens and lipids were obtained. All subjects underwent a standard oral glucose tolerance test.

**Results:** 28.6% of PCOS women versus 4.7% of control women had clinical depression scores indicating an 8.1-fold increased risk of depression in PCOS ( $P < 0.001$ ).

Depression and anxiety scores were higher in PCOS women than controls ( $P < 0.01$  for all subscales). Obese PCOS subjects had higher depression scores and rates than non-obese PCOS women ( $P < 0.05$ ). Depression scores were significantly correlated with insulin resistance and lipid parameters and with the number of components comprising the metabolic syndrome. Menstrual and hirsutism problems were the most serious concerns followed by emotional problems on the HRQOL.

**Conclusions:** Depression and anxiety are more common in patients with PCOS compared with healthy women. Depression in PCOS might be associated with obesity and metabolic abnormalities including insulin resistance and dyslipidemia.

**Effect of enteral versus parenteral nutrition on outcome of medical patients requiring mechanical ventilation.**

Altintas ND, Aydın K, Türkoğlu MA, Abbasoğlu O, Topeli A.

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**Abstract**

**Background:** Early enteral nutrition (EN) in patients receiving mechanical ventilation commonly has been advocated, based mainly on studies conducted in mixed populations of trauma and surgery patients. In this study, ventilator-associated pneumonia rates and outcomes were compared in mechanically ventilated medical intensive care unit (ICU) patients receiving enteral versus parenteral nutrition.

**Methods:** Patients fulfilling inclusion criteria between February 1, 2004, and January 31, 2006, were included. Patients were randomized to enteral or parenteral nutrition (PN) within 48 hours of intubation. Development of ventilator-associated pneumonia, assessment as to whether day feeding goal was attained, duration of mechanical ventilation, ICU and hospital length of stay (LOS), and mortality rates were recorded.

**Results:** Of 249 consecutive patients receiving mechanical ventilation, 71 patients were included. Thirty (42.3%) patients received EN, and 41 (57.7%) received PN. There was no difference between groups for age, sex, body mass index, and scores on the Acute Physiology and Chronic Health Evaluation II. Ventilator-associated pneumonia rate, ICU and hospital LOS, and mortality rates were similar for both groups. In the parenterally fed group, duration of mechanical ventilation was longer ( $p = .023$ ), but the feeding goal was attained earlier ( $p = .012$ ).

**Conclusions:** In mechanically ventilated patients in the medical ICU, ventilator-associated pneumonia rates, ICU and hospital lengths of stay, and ICU and hospital mortality rates of patients receiving PN are not significantly different than those in patients receiving EN, and feeding goals can more effectively be attained by PN. Yet, duration of mechanical ventilation is slightly longer in patients receiving PN.



### **Idiopathic hirsutism: local and peripheral expression of aromatase (CYP19A) and 5 $\alpha$ -reductase genes (SRD5A1 and SRD5A2).**

Caglayan AO, Dundar M, Tanriverdi F, Baysal NA, Unluhizarci K, Ozkul Y, Borlu M, Batukan C, Kelestimur F.  
*Department of Medical Genetics, School of Medicine, Erciyes University, Kayseri, Turkey.*

#### **Abstract**

**Objective:** To evaluate idiopathic hirsutism etiology via molecular studies testing peripheral and local aromatase and 5 $\alpha$ -reductase expression.

**Design:** Assessment of the expression of messenger RNA (mRNA) for type 1 and 2,5 $\alpha$ -reductase isoenzyme gene (SDR5A1, SDR5A2) and aromatase (CYP19A) in dermal papillae cells and peripheral blood mononuclear cells.

**Setting:** University hospital.

**Patient(s):** 28 untreated idiopathic hirsute patients and 20 healthy women (controls).

**Intervention(s):** Human skin biopsies and peripheral venous blood.

**Main outcome measure(s):** SDR5A1, SDR5A2, CYP19A gene expression in skin biopsies and peripheral blood.

**Result(s):** A statistically significant reduction of SRD5A1, SRD5A2, and CYP19A gene expression was found in the dermal papillae cells and peripheral blood mononuclear cell between the study and control group.

**CONCLUSION(S):** Further study, including protein expression and enzyme activity assays, are warranted to characterize the paradoxically low gene expression levels of local 5 $\alpha$ -reductase and aromatase in women with idiopathic hirsutism.

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### **The molecular pathogenesis and management of bronchial carcinoids.**

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#### **Abstract**

**INTRODUCTION:** In terms of well-differentiated neuroendocrine tumors (NETs), the lung is the second most common site of occurrence, after the gastro-entero-pancreatic axis, and comprises ~ 25% of all NETs which may occur in various parts of the body. Pulmonary NETs are classified into four groups including typical carcinoid tumors, atypical carcinoid tumors, small cell lung carcinoma and large cell neuroendocrine carcinomas. Among pulmonary NETs, typical and atypical carcinoid tumors of the lung are generally indolent, but do have a (albeit low) potential to metastasize. **AREAS COVERED:** The molecular biology and novel molecular pathways and drug targets in bronchial carcinoids are reviewed in this paper. A full data search is performed through PubMed over the years 2000 - 2010 with key words 'neuroendocrine tumors of the lung, bronchial carcinoid, lung carcinoid, foregut carcinoid, pulmonary carcinoid, pulmonary NETs, lung NETs, molecular biology, autoradiography, nuclear medicine, treatment'; all relevant publications are included, together with selected publications prior to that date. **EXPERT OPINION:** Although lying at the benign end of the spectrum of pulmonary NETs, bronchial carcinoids can metastasize, and the pathogenesis of these tumors is poorly understood. Several intracellular signaling pathways are under investigation to define new targets for the successful treatment of these tumors. In terms of treatment, further research should additionally focus on the already known but promising drug options.

### **High prevalence of TSHR/Gsa mutation-negative clonal hot thyroid nodules (HNs) in a Turkish cohort.**

Sancak S, Jaeschke H, Eren F, Tarcin O, Guellueoglu B, Sen LS, Sever Z, Gozu HI, Bircan R, Akalin S, Paschke R, Eszlinger M.

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#### **Erratum in**

*Horm Metab Res. 2011 Sep;43(10):e1. Ozlem, T [corrected to Tarcin, O].*

#### **Abstract**

Whereas the majority of hot thyroid nodules are caused by somatic TSH-receptor mutations, the percentage of TSH-receptor mutation negative clonal hot nodules (HN) and thus the percentage of hot nodules likely caused by other somatic mutations are still debated. This is especially the case for toxic multinodular goiter (TMNG). 35 HNs [12 solitary hot nodules (SHN), 23 TMNG] were screened for somatic TSHR mutations in the exons 9 and 10 and for Gsa mutations in the exons 7 and 8 using DGGE. Determination of X-chromosome inactivation was used for clonality analysis. Overall TSHR mutations were detected in 14 out of 35 (40%) HNs. A nonrandom X-chromosome inactivation pattern was detected in 18 out of 25 (72%) HNs suggesting a clonal origin. Of 15 TSHR or Gsa mutation negative cases 13 (86.6%) showed nonrandom X-chromosome inactivation, indicating clonal origin. The frequency of activating TSHR and/or Gsa mutations was higher in SHNs (9 of 12) than in TMNGs (6 of 23). There was no significant difference for the incidence of clonality for HNs between TMNGs or SHNs ( $p: 0.6396$ ). Activating TSHR and/or Gsa mutations were more frequent in SHNs than in TMNG. However, the frequency of clonality is similar for SHN and TMNG and there is no significant difference for the presence or absence of TSHR and/or Gsa mutations of clonal or polyclonal HNs. The high percentage of clonal mutation-negative HNs in SHN and TMNG suggests alternative molecular aberrations leading to the development of TSHR mutation negative nodules.

### Relative vitamin D insufficiency in Hashimoto's thyroiditis.

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#### Abstract

**Background:** Vitamin D insufficiency, defined as serum levels of 25-hydroxyvitamin D [25(OH)D3] lower than 30 ng/mL, has been reported to be prevalent in several autoimmune diseases such as multiple sclerosis and type 1 diabetes mellitus. The goal of the present study was to assess whether vitamin D insufficiency is also a feature of Hashimoto's thyroiditis (HT).

**Methods:** We performed a prevalence case-control study that included 161 cases with HT and 162 healthy controls. Serum levels of 25(OH)D3, calcium, phosphorus, and parathyroid hormone were measured in all 323 subjects.

**Results:** The prevalence of vitamin D insufficiency in HT cases (148 of 161, 92%) was significantly higher than that observed in healthy controls (102 of 162, 63%,  $p < 0.0001$ ). Among HT cases, the prevalence rate of vitamin D insufficiency showed a trend to be higher in patients with overt hypothyroidism (47 of 50, 94%) or subclinical hypothyroidism (44 of 45, 98%) than in those with euthyroidism (57 of 66, 86%), but the differences were not significant ( $p = 0.083$ ).

**Conclusion:** Vitamin D insufficiency is associated with HT. Further studies are needed to determine whether vitamin D insufficiency is a casual factor in the pathogenesis of HT or rather a consequence of the disease.

### Procalcitonin can be used as a marker of premature atherosclerosis in acromegaly.

Ozkan H, Celik O, Hatipoglu E, Kantarci F, Kadioglu P.

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#### Abstract

The objective of the study was to evaluate arterial morphologic changes of early atherosclerosis and changes in procalcitonin (PCT) levels in patients with acromegaly according to disease activity. Thirty-three active and 20 inactive acromegaly patients followed at Endocrinology-Metabolism out-patient clinic of Cerrahpasa Medical Faculty between 2004 and 2008 were included in the study. Twenty gender and age matched healthy subjects were included as the control group. Intima-media thickness (IMT) of the carotid arteries was measured by ultrasonography. Blood was drawn for biochemical tests and the serum concentrations of C-reactive protein (CRP) and PCT. Intergroup analysis revealed no significant differences between Growth hormone (GH), insulin like growth factor-1 (IGF-1), and IMT ( $P = 0.42$ ,  $P = 0.47$  respectively). No significant differences were found in the fibrinogen, CRP and PCT levels of the acromegaly patients and the subjects in the control group ( $P = 0.57$ ,  $P = 0.84$ ,  $P = 0.68$  respectively). In the patients with  $IMT \geq 1$  mm, PCT (0.4 [IQR: 0.4-0.55]) levels were significantly different from the patients without atherosclerosis (0.06 [IQR: 0.05-0.12],  $P < 0.001$ ). The correlation between IMT and PCT ( $P = 0.001$ ,  $r = 0.47$ ) was more significant than the correlation between IMT and CRP ( $P = 0.01$ ,  $r = 0.28$ ). There was a positive correlation between IMT and atherosclerotic risk factors such as age ( $P = 0.01$ ,  $r = 0.27$ ) and body mass index (BMI;  $P = 0.005$ ,  $r = 0.32$ ). Our results showed that PCT increases before CRP and it can be useful for the assessment of premature atherosclerosis in acromegaly as well.

### Serum vaspin levels in hypothyroid patients.

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*Department of Endocrinology and Metabolism, Hacettepe University Medical School, Sıhhiye, Ankara, Turkey.*

#### Abstract

**OBJECTIVE:** To elucidate the link between TSH and obesity, the relationship between TSH and adipocytokines were previously studied. Animal studies demonstrated a possible relationship between vaspin levels and thyroid functions. In this study, we aimed to investigate vaspin levels in hypothyroid states and its relationship with insulin resistance parameters in humans.

**DESIGN:** Prospective observational study.

**METHODS:** We enrolled 27 overt hypothyroid, 33 subclinical hypothyroid and 41 euthyroid patients. We measured the body mass index (BMI), fasting glucose, fasting insulin, homeostasis model assessment of insulin resistance index (HOMA-IR), lipid profile, TSH, free triiodothyronine, free thyroxine and vaspin levels. The change in vaspin levels in 12 overt hypothyroid patients after establishment of euthyroidism was analysed.

**RESULTS:** All groups were age-matched. Overt hypothyroid group had higher BMI values ( $P < 0.05$ ) than other groups. No significant difference was observed in insulin levels and HOMA-IR among the groups ( $P > 0.05$ ). Adjusted vaspin levels for BMI and age were similar among the groups. Mean vaspin levels in overt, subclinical and euthyroid patients were  $1.20 \pm 1.17$ ,  $1.48 \pm 0.93$  and  $0.95 \pm 0.75$  ng/ml respectively ( $P > 0.05$ ). There was no significant association between vaspin levels and BMI, fasting glucose, insulin and HOMA-IR ( $P > 0.05$ ). Establishing euthyroidism in hypothyroid patients did not result in a significant change in vaspin levels (before and after treatment,  $1.35 \pm 1.06$  and  $1.25 \pm 0.68$  ng/ml, respectively;  $P > 0.05$ ).

**CONCLUSION:** We herein present novel data indicating vaspin levels are neither altered in overt and subclinical hypothyroidism nor have a relationship with features of insulin resistance in hypothyroid patients.

### **Comparison of primary octreotide-lar and surgical treatment in newly diagnosed patients with acromegaly.**

Karaca Z, Tanriverdi F, Elbuken G, Cakir I, Donmez H, Selcuklu A, Durak AC, Dokmetas HS, Colak R, Unluhizarci K, Kelestimur F.  
*Department of Endocrinology, Erciyes University Medical School, Kayseri, Turkey.*

#### **Abstract**

**Objective:** The primary aim of the study was to compare the efficacy of Oct-LAR and surgery in terms of controlling IGF-1 and GH levels and tumour volumes. The second aim was to compare two primary treatment modalities in terms of side effects such as pituitary insufficiency, cholelithiasis, metabolic parameters and the effect on quality of life (QoL).

**Design:** The study was a randomized, prospective study.

**Patients:** The 22 patients were consecutively randomized to Oct-LAR and surgical treatment groups.

**Results:** Baseline serum IGF-1 level, tumour volume and GH levels were comparable in the Oct-LAR and surgery groups. No significant differences were detected between the Oct-LAR and the surgery groups in terms of IGF-1 and GH levels at the 3rd and 6th months, but at 12th month, preglucose GH was found to be lower in the surgical treatment group. IGF-1 control and complete biochemical response rates were found to be 27% and 64%, in the Oct-LAR and surgical treatment groups, respectively. The mean percentage of tumour volume reduction was found to be 26%, 30% and 31% in the Oct-LAR group vs 64%, 74% and 79% in the surgery group at the 3rd, 6th and 12th months, respectively.

**Conclusion:** Primary surgical treatment seems to be slightly more effective than Oct-LAR in terms of biochemical response and IGF-1 control, besides tumour volume reduction, in patients with acromegaly with noninvasive tumours. Oct-LAR is associated with more side effects such as cholelithiasis and glucose metabolism disorders and is more expensive.

### **Pregnancy and pituitary disorders.**

Karaca Z, Tanriverdi F, Unluhizarci K, Kelestimur F.

*Department of Endocrinology, Erciyes University Medical School, 38039 Kayseri, Turkey. fktimur@erciyes.edu.tr*

#### **Erratum in**

*Eur J Endocrinol. 2010 Jun;162(6):1167.*

#### **Abstract**

Major hormonal changes emerge during pregnancy. The pituitary gland is one of the most affected organs with altered anatomy and physiology. The pituitary gland is enlarged as a result of lactotroph hyperplasia. Due to physiological changes in the pituitary and target hormone levels, binding globulins, and placental hormones, hormonal evaluation becomes more complex in pregnant women. As a consequence of physiological hormonal changes, the evaluation of pituitary functions in pregnant women is quite different from that done in the prepregnant state. Pituitary adenomas may cause problems by their hormone secretion that affects the mother and the fetus besides causing an increased risk of tumor growth. Furthermore, diagnosis, course, and treatment of pituitary diseases point out differences. The changes in anatomy and physiology of the pituitary gland during pregnancy are reviewed. Pituitary disorders namely Cushing's disease; acromegaly; prolactinoma; TSH-secreting, gonadotropin-producing, and clinically nonfunctioning adenomas; craniopharyngioma; and Sheehan's syndrome, which is one of the most common causes of hypopituitarism, lymphocytic hypophysitis, and hypopituitarism, in relation to pregnancy are discussed. Being aware of all this information will prevent any serious problems which mother and child will be exposed to.

### **Effect Of G2706A and G1051A polymorphisms of the ABCA1 gene on the lipid, oxidative stress and homocystein levels in Turkish patients with polycystic ovary syndrome.**

Karadeniz M, Erdoğan M, Ayhan Z, Yalcin M, Olukman M, Cetinkalp S, Alper GE, Eroglu Z, Tetik A, Cetintas V, Ozgen AG, Saygili F, Yilmaz C.

*Department of Endocrinology, Sifa University, Health Application and Research Center, Izmir, Turkey. muammermd@hotmail.com.*

#### **Abstract**

**Background:** Obesity, insulin resistance and hyperandrogenism, crucial parameters of Polycystic ovary syndrome (PCOS) play significant pathophysiological roles in lipidemic aberrations associated within the syndrome. Parts of the metabolic syndrome (low HDL and insulin resistance) appeared to facilitate the association between PCOS and coronary artery disease, independently of obesity. ABCA1 gene polymorphism may be altered this components in PCOS patients. In this study, we studied 98 PCOS patients and 93 healthy controls. All subjects underwent venous blood drawing for complete hormonal assays, lipid profile, glucose, insulin, malondialdehyde, nitric oxide, disulfide levels and ABCA genetic study.

**Results:** In PCOS group fasting glucose, DHEAS, 17-OHP, free testosterone, total-cholesterol, triglyceride, LDL-cholesterol and fibrinogen were significantly different compare to controls. The genotype ABCA G2706A distribution differed between the control group (GG 60.7%, GA 32.1%, AA 7.1%) and the PCOS patients (GG 8.7%, GA 8.7%, AA 76.8%). The frequency of the A allele (ABCAG2706A) was higher in PCOS patients than control group with 13,0% and 23,2%, respectively. In this study, the homocystein and insulin levels were significantly higher in PCOS patients with ABCA G1051A mutant genotype than those with heterozygote and wild genotypes.

**Conclusions:** We found higher percentage of AA genotype and A allele of ABCA G2706A in PCOS patients compare to controls. The fasting insulin and homocystein levels were significantly higher in PCOS patients with ABCA G1051A mutant genotype than those with heterozygote and wild genotypes.

**A novel echocardiographic marker in hypertensive patients: is diastolic dysfunction associated with atrial electromechanical abnormalities in hypertension?**

Yavuz B, Deniz A, Ertugrul DT, Devenci OS, Yalcin AA, Ata N, Kucukazman M, Dal K, Tatal E.

*Department of Cardiology, Keçioren Teaching and Research Hospital, Ankara, Turkey. byavuzmd@gmail.com***Abstract**

Atrial arrhythmias are common problems in hypertensive patients. Atrial electromechanical delay (AEMD) can be used to evaluate development of atrial arrhythmias. The authors aimed to assess inter- and intra-AEMD in hypertensive patients. The study population consisted of 200 medically treated hypertensive patients and 151 normotensive controls. Inter-AEMD and intra-left AEMD were measured from parameters of Doppler tissue imaging. There were 72 (36%) hypertensive patients with diastolic dysfunction, 128 (64%) patients without diastolic dysfunction, and 151 healthy controls. Inter-AEMD (59 ms [36-104 ms] vs 42 ms [36-68 ms] vs 46 ms [30-82 ms]) was significantly higher in hypertensive patients with diastolic dysfunction compared with patients without diastolic dysfunction and controls. Our data demonstrated that inter-AEMD is longer in hypertensive patients with diastolic dysfunction. It may be suggested that diastolic dysfunction is associated with atrial electromechanical abnormalities, which can be associated with atrial fibrillation in hypertension.

**Yayınlar**

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## Duyurular

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## Kitap Bölümleri

*Prof. Dr. Okan Bülent Yıldız*

Hirsutism

*Oxford Textbook of Endocrinology and Diabetes Second Edition.*

*Dr. Derun Taner Ertuğrul*

Recent Advances in the pathogenesis, Prevention and Management of Type 2 Diabetes and its complications.

*Diabetic Nephropathy; clinical Characteristics and treatment Approaches.*

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