


**Home**

Welcome

Dates & Venue

Secretariats

Scientific Program

Registration

Abstracts

About Wrocław

Accomodation

General Information

Sponsors

*Bronze Sponsor*

# Welcome to Wrocław

*„On behalf of the European Neuroendocrine Association I am pleased to invite you to Wrocław for the 18th ENEA Congress from 17 to 20 October 2018.“*

Read the welcome message >>

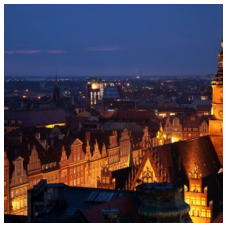
**This meeting has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) for a maximum of 22 European CME credits (ECMEC®s).**

# Congress Venue

**Faculty of Law, Administration and Economics**
University of Wrocław

Uniwersytecka 22/26
50-145 Wrocław, Poland








© EndoScience Endokrinologie Service GmbH · Contact / Legal notice · Data Privacy

**DEADLINES: Abstract submission 31.08.2018 -
Early registration 31.08.2018 - Regular registration 04.10.2018**

OK

Svetlana Vorotnikova, Larisa Dzeranova, Ekaterina Pigarova, Irina Stanoevich, Natal'ya Fedorova

[1]*Endocrinology Research Center, Moscow, Russian Federation*
[2]*Endocrinology Research Centre, Endocrinology Reasearch Centre, Endocrinology Research Centre, Moscow, Russian Federation, Moscow, Russian Federation*
[3]*Endocrinology Research Centre, Endocrinology Research Centre, Moscow, Russian Federation*
[4]*Endocrinology Research Centre*

**Introduction.** The prevalence of reproductive dysfunction among patients with acromegaly (ACRO) and Cushing's disease (CD) is high enough, and menstrual disturbances are often the first clinical symptoms.

**Objective.** The purpose of this study was to assess the functioning of the pituitary-ovarian axis by examination of key hormones.

**Methods and patients**. The study included 58 patients of reproductive age, 21 with ACRO, the average age was 36.6 ± 4.9 years and 37 patients with CD, the average age was 30.0 ± 5.9 years.

**Results.** All patients with ACRO had macroadenoma, the GH median was 15.95 [9.4, 38.5], IGF-1 703.45 [560.8, 869.4]. Amenorrhea was observed in 12 patients (42.9%), 2 presented oligomenorrhea (9.5%) and 10 had normal menstrual cycle (47.6%). Mild hyperprolactinemia was noted in 11 patients (52.4%). Median FSH was 4.0 [2.7, 4.8], LH - 2.8 [1.5, 3.8], $E_2$ - 112.1 [87.1, 153.9], inhibin B - 54, 2 [25.0, 86.2], PRL - 387.5 [109.0, 557.0]. The presence of a negative correlation between $E_2$ and IGF-1 ($r = 0.36$, $p < 0.05$) was noted. Among patients with CD, microadenoma was confirmed in 22 patients (59.5%), 7 had macroadenomas (19%), adenoma was not visualized by MRI in 8 (21.6%). Median evening level of ACTH was 47.1 [35.4, 74.7], evening cortisol - 592.0 [445.0, 847.6]. Amenorrhea was observed in 15 patients (40.5%), oligomenorrhea in 10 (27.0%), normal menstrual cycle in 11 (29.7%), menometrorrhagia in 1 patient (2.7%). Hyperprolactinemia was registered only in 9 patients (24.3%). Median FSH was 4.7 [3.3, 5.6], LH - 3.9 [2.7, 6.0], $E_2$ - 116.4 [90.2, 182.3], inhibin B – 53.4 [73.3], PRL - 351.7 [260.2, 536.1].It is an interesting fact that the level FSH had inverse relationship with cortisol and also some direct correlation between LH and inhibin B ($r = 0.40$, $p < 0.05$) was signed. Despite the lower values of FSH and LH medians in the group of patients with CD compared to ACRO, the difference did not reach statistical significance ($p = 0.09$ and $p = 0.08$, respectively).

**Conclusions.** Thus, the prevalence of menstrual dysfunction in patients with ACRO and CD is very high and reaches 2.1% and 70.2% respectively. Measurement of gonadotropins in the patients does not reveal pathological mechanisms of menstrual abnormalities. The frequency of concomitant hyperprolactinemia is higher in patients with ACRO than CD (52.4% vs. 24.3%). The depression of FSH secretion in women with CD is inversely correlated with the level of cortisol.

**Abstract-ID: P43**
**Withdrawn**

**Abstract-ID: P44**
**INVESTIGATION OF RELATIONSHIP OF FILAMIN-A AND BETA-ARRESTIN GENE POLYMORPHISMS WITH ACROMEGALY DISEASE**

Ayse Seda Akdemir[1], Derya Metin-Armagan[2], Özge Polat Korkmaz[3], Hande Mefkure Ozkaya[3], Pinar Kadioglu[3], Nurperi Gazioglu[4], Melek Ozturk[2]

[1]*Department of Medical Biology, Cerrahpasa Faculty of Medicine , Istanbul University-Cerrahpasa, Istanbul, Turkey*
[2]*Department of Medical Biology, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa, Istanbul, Turkey*
[3]*Department of Endocrinology and Metabolism, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa, Istanbul, Turkey*
[4]*Department of Neurosurgery, Medicine Faculty, Bilim University , Istanbul, Turkey*

Acromegaly is a disesase that occur as a result of excessive growth hormone (GH) caused by the pituitary adenomas. Somatostatin receptors (SSTR) play a role in hormone secretion and cell growth. Somatostatin analogs (SSA) show affinity to SSTR2. Some of the treated acromegaly patients shows resistance to SSA treatment. SSTR expression level is important, but insufficient for medical treatment response. The mechanisms involved in postreceptor signaling pathways or different genetic traits may play an important role. Two proteins involved in SSTR intracellular endocytotic mechanisms and signaling, Filamin-A (FLNA) and beta-arrestin, are thought to play a role in the development of pituitary adenomas and in the response to medical treatment. In this study, we aimed to investigate genotype distributions of rs782079491 in the 5'UTR region of FLNA gene, and rs34230287 in the promotor region of the beta-arrestin 2 gene SNPs in Turkish population, also the possible relationship between the beta-arrestin 2 and FLNA polymorphisms and disease risk and medical treatment response in acromegaly patients. Genotypes of 110 acromegaly patients and 99 controls were determined by RT-PCR method. The genotype distribution of FLNA was observed as NN:100%, NI and II:0% in all acromegaly patients and healthy controls. The genotype distributions of beta-arrestin 2 were found as CC:68,2%; CT:28,2%; TT:3,6% in acromegaly patients and CC:60,6%; CT:32,3; TT:7,1% in healthy controls. In all acromegaly patients, there was a significant correlation between macro/microadenoma percentages and CT+TT genotypes and T-allel (p= 0,006). The genotype distributions of acromegaly patients with good response to medical treatment were compared with the clinical data of the disease, a significant relationship was found between CT+TT genotypes and T allel and the macro/microadenoma percentages (respectively p=0,017, p=0,005) and postop 3. months GH levels (respectively p=0,011, p<0,001). In acromegaly patients with poor response to medical treatment, the end-GH levels were found higher with T-allel. (p=0,025). As a result, we showed that while there was no correlation between polymorphic genotypes of FLNA and beta-arrestin 2 genes with acromegaly disease and medical treatment response in Turkish population, there was a relationship between the clinical characteristics of the patients in the medical treatment response groups and beta-arrestin 2 polymorphism.

**Abstract-ID: P45**
**ONE-CENTRE ANALYSIS OF COST ASSOCIATED WITH ACROMEGALY MANAGEMANT IN POLAND.**

Michał Elbaum[1], Marek Bolanowski[2]

[1]*Wroclaw Medical University, Endocrinology, Diabetology, Wrocław, Poland*
[2]*Dept. of Endocrinology, Diabetes and Isotope Therapy, Medical University, Wroclaw, Poland*

Acromegaly is a rare disease resulting from growth hormone (GH) hypersecretion by pituitary adenoma. Peripheral action of GH is mediated by insulin-like growth factor-1 (IGF-1), causing acral overgrowth and metabolic complications. Medical care received by patients with acromegaly is