ESPE 2019

19–21 September
Vienna, Austria

Variety and Variation in Paediatric Endocrinology

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The 58th Annual ESPE Meeting was held 19-21 September in Vienna, Austria.

THANK YOU FOR JOINING US IN VIENNA

It was our pleasure to welcome you to the 58th Annual Meeting of the European Society for Paediatric Endocrinology in Vienna, Austria. The theme of the meeting was "Variety and Variation in Pediatric Endocrinology" illustrating the manifold clinical pictures we face in our discipline and the due care that we have to exercise when using the term "normality".
This meeting provided clinicians and scientists with updates in the field of paedatric endocrinology and offered new insights into less familiar areas of the discipline.

ESPE would like to thank all of our attendees and contributors for making this a memorable and informative Meeting. We would also like to give a special thank you to our Programme Organising Committee (/meetings/2019/espe2019/committees/), Local Organising Committee (/meetings/2019/espe2019/committees/) and Corporate sponsors (/meetings/2019/espe2019/sponsors/). This meeting would not have been possible without their hard work and generous support.

ESPE 2019 VIDEOS

P3-248

Difficulties in diagnosing variable disorders of sexual development

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Introduction: Disorders of sexual development (DSD) include etiologically heterogeneous group of patients that have disorders of genital development. Consensus guidelines that are currently used, divide all DSD in three main groups - sex chromosomal abnormalities, XX or XY DSD, all divided in subgroups in dependence of genetics and hormonal tests. The phenotypic spectrum of external genitalia, gonads and development of Wolfian and Mulerian duct derivatives varies in all patients. Many syndromic cases stayed unclassified and without easily reached etiology.

Matherials and Methods: We describe ten patients with DSD. All patients have ambiguous genitalia with different Prader staging. Phenotypic recognition, imaging, as well as karyotypic, hormonal and biochemical tests were evaluated in all. Six of them had XY and the remaining four had XX karyotype. Additional anomalies were found in 3 patients where syndromic condition was detected.

Discussion and Conclusions: The diagnosis of represents one of the conditions in the neonatal period that need urgent diagnosis and in some cases, early treatment. In some cases the condition stayed undetected till puberty. Clinicians often face many difficulties in performing and providing all necessary genetic and laboratory tests. Clinical workout and diagnostic evaluation paths were constructed in order to facilitate gender assignment in infants as soon as possible. Some of the investigations are not easily available, they are time-consuming, also some conditions still don't have proven molecular defect. Advances in identification of the molecular and hormonal defect, as well as multidisciplinary approach improved the medical care, psycho social and ethical issues in patients with DSD.

Thyroid

P3-249

Association of Subclinical Hypothyroidism and Dyslipidemia in Children and Adolescents

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Background: Subclinical hypothyroidism (SH) is defined as elevated TSH levels while T4 or FT4 levels are normal. In adults, Subclinical hypothyroidism has been correlated to higher levels of total cholesterol, LDL, non-HDL, TG and lower levels of HDL. Correlation of higher levels of TSH and dyslipidemia in children is controversial. As a result, we designed the study to assess the relation between lipid profile components and TSH levels in children and adolescence.

Method: This cross-sectional study was performed in a growth assessment clinic in Shiraz. Children aged between 2 to 18 years that came to the clinic for routine growth assessment follow up from January till April 2018 were considered. 847 children including 366 boys and 481 girls were included. Subjects were divided into two age groups: 2-9 and 10-18 year olds. TSH levels equal or above 5 and lower than 10 mIU/mL with normal FT4 were considered as subclinical hypothyroidism.

Results: 666 children were euthyroid while 181 had subclinical hypothyroidism. Mean TC in euthyroid children was 160.50 ± 29.070 mg/dl and in SH group 161.39 ± 28.694 mg/dl (P=0.713). Mean LDL-C in euthyroid children was 90.96 ± 24.996 mg/dl and in SH group 89.10 ± 23.852 mg/dl (P=0.369). Mean HDL-C in euthyroid children was 47.94 ± 10.560 mg/dl and in SH group 49.04 ± 10.361 mg/dl. (P=0.211). Mean non HDL-C in euthyroid children was 112.56 ± 27.696 mg/dl and in SH group 112.35 ± 28.136 mg/dl. (P=0.929). Mean TG in euthyroid children was 104.98 ± 54.934 mg/dl and in SH group 113.83 ± 91.342 mg/dl. (P=0.215). There was no significant difference in mean serum TChol, LDL, HDL, non-HDL and TG levels between euthyroid and subclinical hypothyroid children and in their respective 2-9 and 10-18 year old subgroups. There was no significant difference in prevalence of any of the lipid profile dyslipidemias between euthyroid and subclinical hypothyroid children and in the subsequent age related subgroups. Adjusted for age, gender and BMI Z-score, no correlation was seen between TSH levels and any lipid profile component. (r=0.033 P=0.331 for TChol, r=0.015 P=0.657 for LDL-c, r=0.039 P=0.257 for HDL-c, r=0.020 P=0.554 for Non-HDL-c and r=0.019 P=0.584 for TG)

Conclusion: By comparing the results of this study with other studies, it is evident that lipid disorder in subclinical hypothyroid children does not have a specific pattern.

P3-250

Evaluation of Clinical, Demographic Data and Treatment Results of Cases with Graves' Disease

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Introduction: Graves' disease is the most common cause of hyperthyroidism in children and adolescents, characterized by development of stimulant antibodies against thyrotropin (TSH) receptors. Environmental and genetic factors are thought to be responsible in triggering autoimmunity.

Materials and Methods: Twenty-nine cases, with Graves' disease diagnosed in Pediatric Endocrinology clinic between January 1999 and December 2018, were included in the study. Patients demonstrating high free T3 or T4 levels and suppressed TSH levels with either thyrotropin receptor antibodies (TRAb) positivity or