Endocrine Abstracts

May 2025 Volume 110
ISSN 1479-6848 (online)

Joint Congress of the European Society for Paediatric Endocrinology (ESPE) and the European Society of Endocrinology (ESE) 2025: Connecting Endocrinology Across the Life Course

10–13 May 2025, Copenhagen, Denmark

Connecting Endocrinology Across the Life Course
Joint Congress of ESPE and ESE 2025
Copenhagen, Denmark. 10-13 May 2025

ESPE
European Society for Paediatric Endocrinology

European Society of Endocrinology

published by
bioscientifica

Online version available at
www.endocrine-abstracts.org

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Results
Among 178 patients with GO, the mean age was 44.9 ±14.9 years. Bilateral GO was most common (72.5%), followed by unilateral (17%) and unilateral-to-bilateral (10.5%). Asymmetric GO was observed in 30.9% of bilateral cases. GO onset was often concurrent with GD, with female predominance (72.5%). Mild GO was present in 48%, while 52% had moderate to severe forms. Local treatment was effective for mild cases, while 80% of moderate/severe cases responded positively to intravenous glucocorticoids. Hypothyroidism was a significant risk factor for GO activation.
Conclusion
Clinical management should prioritize the overall presentation of GO, emphasizing individualized treatment approaches. Hypothyroidism was identified as a key risk factor for GO activation, highlighting the need for careful thyroid function management to mitigate disease progression.

DOI: 10.1530/endoabs.110.EP1466

EP1467

JOINT3766

Prevalence of thyroid nudules in children with idiopathic prcocious puberty or early and fast puberty

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Background and Objectives
The aim of the study is to investigate the prevalence of thyroid nodules in children and adolescents with idiopathic central precocious puberty or early and fast puberty.
Methods
From 2020 to 2024, 645 children were diagnosed idiopathic central precocious puberty or early and fast puberty in our center, and accepted thyroid ultrasound examination were enrolled in our study. Results of ultrasound inspections as well as thyroid function were analyzed, and compared with 314 children who had underlying thyroid diseases.
Results
Among 645 children with idiopathic central precocious puberty or early and fast puberty, 254 (39.4%) had thyroid nodules, however, only 85 (27.1%) thyroid nodules were detected in 314 children with underlying thyroid diseases ($P < 0.05$). In children with idiopathic central precocious puberty or early and fast puberty, thyroid nodules were mostly bilateral (70.4%), only 29.6% were unilateral. Ti-RADS showed that 174 cases were grade 1, 60 cases were grade 2, 3 were grade 3, 1 grade 4 and 1 grade 5. Thyroid function was normal, no hyperthyroidism or hypothyroidism was observed. anti-Thyroid antibodies were negative.
Conclusion
Unexpectedly detected thyroid nodules were more than expected in children with idiopathic central precocious puberty or early and fast puberty. The nodular were mostly bilateral. Thyroid ultrasound may be considered in such children and furthe investigations are needed.
Key words
thyroid, central precocious puberty, early and fast puberty, children.

DOI: 10.1530/endoabs.110.EP1467

EP1468

JOINT741

Influence of aromatase inhibitors on thyroid function in postmenopausal women with early-stage breast cancer: a prospective controlled study

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Purpose
Aromatase inhibitors are frequently used in adjuvant therapy for both early- and advanced-stage breast cancer. While the common side effects of these treatments are well-documented, their impact on thyroid function has not been systematically assessed and remains unclear. This study aimed to evaluate thyroid function in postmenopausal women with estrogen receptor-positive early-stage breast cancer one and two years after starting aromatase inhibitors.
Methods
This prospective controlled study involved 59 postmenopausal women with early-stage breast cancer and 39 healthy controls. All participants underwent chemotherapy and were treated with aromatase inhibitors, with 35 patients also receiving locoregional radiotherapy. The primary outcomes included the evaluation of thyroid hormones and thyroid-binding globulin post-chemotherapy, as well as at one-year and two-year follow-ups after initiating aromatase inhibitors. Secondary outcomes included thyroid autoantibodies and body mass index.
Results
No significant differences in thyroid parameters were observed between patients and healthy controls before chemotherapy. During treatment with aromatase inhibitors, free thyroxine levels increased at both follow-up visits ($P < 0.01$) and total thyroxine levels increased at the two-year visit ($P = 0.02$). In contrast, triiodothyronine levels decreased at both visits ($P < 0.01$ and $P = 0.03$). There were no changes in thyroid-stimulating hormone or thyroid-binding globulin, but albumin levels increased after one year ($P < 0.01$). Weight changes were insignificant, and the prevalence of autoimmune thyroiditis was low (≤15%). No differences in thyroid function were detected between women treated with locoregional radiotherapy and those who were not.
Conclusions
This study suggests that, despite statistically significant changes in peripheral thyroid hormones, no obvious clinically important effects were observed in patients with early-stage breast cancer during the two years of treatment with aromatase inhibitors. These changes were not associated with thyroid autoimmunity, non-thyroidal illness, radiotherapy, or high-dose corticosteroids. To our knowledge, this study provides the longest follow-up of thyroid hormones and thyroid-binding globulin in this specific patient group, focusing on the effects of aromatase inhibitors on thyroid function. Further research is needed to understand better the long-term impact of aromatase inhibitors on thyroid function in this population.

DOI: 10.1530/endoabs.110.EP1468

EP1469

JOINT1768

Thyroid hormone levels and echocardiographic changes in subclinical hypothyroidism: a correlation study

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Objective
Overt hypothyroidism has been linked to alterations in cardiac output and diastolic dysfunction. Moreover, subclinical hypothyroidism (SCH) exhibits changes in echocardiographic parameters when compared to healthy individuals. This study investigates the correlation between thyroid hormone values and echocardiographic parameters in patients diagnosed with SCH.
Methods
In fifty-four patients with newly diagnosed ScH who met the criteria for levothyroxine treatment, blood tests and echocardiographic studies were conducted at enrollment and again after five months of maintaining a euthyroid state.
Results
TSH negatively correlated with EF, E/A, GLS, S/TDI (r=-0.15, r=-0.14, r=-0.26, r=-0.22, $P < 0.05$, respectively), and positively correlated with E/e 'sep. ($r = 0.14$, $P < 0.05$). FT4 negatively correlated with E/e'sep., IVRT, MPI (r=-0.17, r=-0.21, r=-0.19, $P < 0.05$, respectively), and positively correlated with E/A, GLS, S/TDI ($r = 0.18$, r=-0.18, $r = 0.19$, $P < 0.05$, respectively). FT3 negatively correlated with A dur (r=-0.39, $P < 0.01$), and positively correlated with EF and s/d ($r = 0.18$, $r = 0.22$, $P < 0.05$). Using a general linear model with univariate analysis, we found that TSH had a statistically significant independent influence on EF, LVEDd, IVRT, MPI, GLS, and S/TDI. FT4 significantly influenced EF, LVEDd, LVEDvol, E/A, A dur, Ar dur, MPI, GLS, s/d, and S/TDI, while FT3 had a significant impact on EF, LVEDd, IVCT, MPI, and GLS ($P < 0.05$). After substitution therapy, there was a statistically significant improvement in parameters indicating diastolic dysfunction (A dur: 112.18±17.2 vs. 107.25±14.4 msec and E/e' sep.: 7.62±2.29 vs. 6.60±2.06, $P < 0.01$), as well as in global and longitudinal left ventricular function (MPI: 0.47±0.08 vs. 0.43±0.07 and GLS: -19.55±2.3 vs. -20.07±2.7, $P < 0.05$).