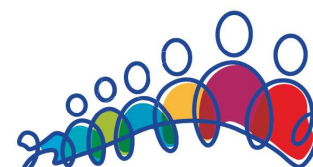


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Endocrinology Across the Life Course

*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

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10–13 May 2025, Copenhagen, Denmark

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# Conclusion

Spermidine regulates a wide range of biochemical and physiological aging processes. Its anti-aging properties is mainly through the stimulation of autophagy. Spermidine can prevent or postpone the occurrence and severity of several age-related diseases. Diet rich in spermidine and spermidine supplements can be beneficial for healthy aging and increased longevity. However, more investigations are necessary to better define the risks and benefits of long-term spermidine administration.

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# EP990

## JOINT2489

### Metabolic syndrome and cancer metabolic syndrome and cancer

Dhoha Ben Salah<sup>1</sup>, Oumaima Dimassi<sup>1</sup>, Khoulood Boujelben<sup>1</sup>, Nada Hassairi<sup>1</sup>, Faten Haj Kacem Akid<sup>1</sup>, Nadia Charfi<sup>1</sup>, Mouna Mnif<sup>1</sup>, Mohamed Abid<sup>1</sup>, Mouna Elleuch<sup>1</sup> & Nabila Rekik Majdoub<sup>1</sup>

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# Introduction

Cancer is currently one of the leading causes of mortality worldwide. The aim of our study was to describe the epidemiological and clinical profile of cancer in patients with metabolic syndrome.

# Methods

This was a retrospective study that included 16 patients with metabolic syndrome and cancer, collected between 2012 and 2021 in the Endocrinology Department of Sfax.

# Results

Our study included 16 patients with a sex ratio of 0.45. The mean age at cancer diagnosis was  $58.8 \pm 14.8$  years (range: 28–82). None of the patients had a family history of cancer. Hypertension was present in 81.3% of cases, diabetes in 62.5%, and established cardiovascular disease in 12.5%. The mean BMI was  $29.25 \pm 7.4$  kg/m<sup>2</sup> (range: 20.48–54), with obesity found in 31.3% of patients. Android obesity was present in 81.8% of women vs only 20% of men. The mean systolic blood pressure was  $139 \pm 22.52$  mmHg (range: 120–190), and the mean diastolic blood pressure was  $82 \pm 12.9$  mmHg (range: 60–110). Mean fasting blood glucose was 12.23 mmol/l, mean HDL cholesterol was  $0.97 \pm 0.34$  mmol/l, and mean triglycerides were  $2.03 \pm 1.13$  mmol/L. Among the 16 patients: 6 had breast cancer, 2 prostate cancer, 2 adrenocortical carcinoma, lung cancer, 1 renal cancer, 1 testicular cancer, 1 thyroid cancer, 1 colorectal cancer and 1 lymphoma.

# Discussion

The pathophysiological link between cancer and metabolic syndrome remains poorly understood. However, some studies implicate excessive caloric intake as a trigger for reactive oxygen species, which exert mutagenic effects.

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# EP991

## JOINT2818

### Severe form of lipodema and obesity, therapeutic challenge: report of a rare case

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# Objective

Lipodema is a systemic disease with disorganized accumulation and distribution of fat tissue, due to disturbed fat metabolism. It was first introduced as a separate clinical entity in the United States in 1940. The cause is unknown, but is believed

genetic factors to be involved. Mostly clinically misdiagnosed, it presents as lipodema, lipolymphedema, or combined with obesity.

# Case

We present a case of a 42-year-old woman introduced in the endocrinology department due to overweight with a BMI of 93.6kg/m<sup>2</sup> and disproportionate accumulation on fat tissue on both legs. It was reported present parental and twin sister obesity. All efforts for hygiene-dietary modalities were insufficient. According to the clinical findings, it is combined type 2 and 3 of lobular lipodema in stage IV, with obesity and comorbidities. Treatment with low-calorie diet, medicines and bariatric surgery was implemented. After that therapeutic and reconstructive plastic surgery was approached. Due to a weight regain, GLP1-RA was started, resulting with reduction of body weight. The overall treatment resulted with a weight loss of 91kg and a significant improvement health condition and quality of life.

# Conclusion

The etiology and pathophysiology of lipedema remain unclear. The case at hand shows that there are huge therapeutic challenges for such a complex case. We show that this kind of multidisciplinary approach is necessary and it was effective, improved the quality of life and prevented comorbidities.

# Key words

lipedema stage 4, obesity, Bariatric surgery, plastic surgery, GLP1-RA.

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# EP992

## JOINT1608

### Clinical case of hypothalamic obesity following craniopharyngioma removal

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# Introduction

Hypothalamic damage resulting from craniopharyngiomas (CP) and their treatment has been widely associated with hyperinsulinemia, increased appetite due to leptin resistance, and reduced energy expenditure, leading to diminished physical activity. Dysfunction of the hypothalamus, often accompanied by pituitary hormone deficiencies, predisposes up to 50% of affected patients to the development of hypothalamic obesity (HO), typically characterized by rapid and significant weight gain.

# Materials and Methods

In May 2020, an 18-year-old female patient S. with a body mass index (BMI) of 25.7 kg/m<sup>2</sup> underwent stalk CP resection at the N.N. Burdenko National Medical Research Center of Neurosurgery. Postoperatively, she was diagnosed with panhypopituitarism, including central diabetes insipidus, secondary hypocortisolism, hypothyroidism and hypogonadism. Hormone replacement therapy was initiated with desmopressin 0.1 mg three times daily, hydrocortisone 20 mg/day, levothyroxine 100 mg/day, and estradiol gel + dydrogesterone (1/10mg/day). In December 2020, the patient experienced a decline in health, presenting with nausea, vomiting and a decrease in sodium to 105 mmol/l (136-145mmol/L). She was urgently admitted to the intensive care unit, where rapid correction of hyponatremia led to central pontine and extrapontine myelinolysis in the context of panhypopituitarism. The patient developed bilateral supranuclear paresis of the facial, masticatory and bulbar muscles along with tetraplegia. One year later, the patient reported increased appetite and a 19 kg weight gain. Metformin therapy (1000mg/day) was prescribed. In 2022, during hospitalization at the Endocrinology Research Centre, insulin resistance was confirmed (HOMA index: 2.82), and her BMI had increased to 33.9 kg/m<sup>2</sup>. She was referred to a dietitian, who recommended a hypocaloric diet and increased physical activity. In November 2023, clinical and laboratory tests confirmed pharmacological compensation of panhypopituitarism. MRI showed no signs of CP recurrence. However, the patient experienced nocturnal awakenings to eat, leading to a diagnosis of eating disorder (ED) with pansyndromal overeating. Psychoanalogs were added to the regimen, but weight gain continued (BMI: 35.9kg/m<sup>2</sup>).

# Results

This case underscores the complexities in managing HO, where despite the optimization of hormone replacement therapy, caloric restriction, increased physical activity, and pharmacological control of the ED, the patient was unable to achieve a normal body weight.

# Conclusions

The identification of etiological factors contributing to HO, along with the development of novel or combined therapeutic strategies, could provide a