before GH replacement. Complete information on all MetS components were collected. MetS was defined according to the National Cholesterol Education Program’s Adult Treatment Panel III (NCEP) and the International Diabetes Foundation (IDF). The prevalence of MetS was calculated, and associations were assessed between baseline variables and MetS.

Results

MetS was present in 14.9% (NCEP) and 31.8% (IDF) of our patients, lower than data from KIMS analysis (43.1%) and similar from the normal population (20-30%). The prevalence of MetS components (NCEP) were: waist circumference 36.5%, HDL 45%, triglycerides 54.8%, hyperglycemia 4.3% and hypertension 14%. No childhood-onset patient fulfilled the definition of MetS, while 23.3% of adult-onset patients were diagnosed. The prevalence was higher in women (25.8±8.5%, non-statistically significant) Mean age and GHD duration before GH treatment were similar among MetS and no-MetS patients; MetS patients had higher glycemia (P=0.005), triglycerides (P<0.001), waist circumference (P<0.001), lower HDL-cholesterol BMI (P=0.001), and were shorter (P=0.034) than no-MetS patients.

Conclusion

The prevalence of MetS in our GHD patients were lower than KIMS study. That could be influenced by a lower age in our patients (13 years younger). However, we should diagnose and treat MetS components as they could contribute to the increased risk of cardiovascular morbidity and mortality found in GHD patients.

Declarations of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

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P1515

Familial central diabetes insipidus with extremely high water intake E. Pigarova, L. Rozhinskaya, L. Dziarziana, T. Zenkova & A. Tsiakpav Endocrinology Research Centre, Moscow, Russia, Federation.

Water intake in central diabetes insipidus (CDI) usually falls in range of 3-20 l a day. Intake of more than 20 l is regarded as physiologically unnecessarily even in the absence of antidiuretic hormone. We describe a family with 8 members suffering from autosomal recessive form of CDI due to mutation C106Y (cadeno number is given for prepronovosporhin) is AVP gene. In all family members disease was presented in neonatal or early childhood. It is remarkable that without desmopressin the water intake/output ranges from 30 to 34 l a day and is up to 3-4 l on 0.8 mg of oral desmopressin.

Declarations of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

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P1516

Visceral adiposity index is associated with insulin sensitivity and adipokine levels in newly diagnosed acromegalic patients A. Cinelli, F. Minozzi, V. Verzagi, A. Galluzzo & C. Giordano Dipartimento Biomedico di Medicina Interna e Specialistica (Di.Bi.M.E.S), University of Palermo, Palermo, Italy.

Background

The Visceral Adiposity Index (VAI) has been suggested as a new gender-specific marker of visceral adipose dysfunction, strongly associated with insulin sensitivity in patients with cardio-metabolic risk.

Aims

To test VAI in active acromegaly for the assessment of disease-associated metabolic risk evaluating its association with hormonal data, adipokine levels, insulin sensitivity and secretion parameters in a cohort of 27 subjects (15 M, 12 F; mean age 54.9 years).

Methods

Glucose, HbA1c, nadir and AUC of GH during OGTT, AUC of C-peptide (CP) during a mixed-meal tolerance test (MMTT), M value during an endoglycemic hyperinsulinaemic clamp, leptin, adiponectin, TGF-α, IL-6 were evaluated in newly diagnosed patients grouped into those with normal (Group A, No 15; 55.3%) and high VAI (Group B, No 12; 44.5%).

Results

VAI value was positively correlated with age of patients (P=0.048), basal, nadir and AUC of GH (P=0.003; 0.007 and 0.002, respectively), IRG1 (P=0.001), TGF-α (P=0.010) and negatively with adiponectin (P<0.001). Group B showed 1) significantly higher levels of basal GH (P=0.018), AUCGH (P=0.047), IRG1 (P=0.047) and AUCCP (P=0.018); 2) significantly lower M value (P<0.001) and adiponectin levels (P<0.001); 3) higher prevalence of systolic blood pressure (P=0.006) and impaired glucose tolerance (P=0.001).

Conclusions

In active acromegaly, VAI appears to be independently associated with hormonal parameters, insulin sensitivity and secretion indexes, adiponectin and TGF-α levels. Therefore, VAI could be used as a new easy tool in daily clinical practice for the assessment of metabolic risk associated with active acromegaly.

Declarations of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

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P1517

Isolated diabetes insipidus happened during premenopausal solution ten years after J. Ory General Hospital, Vesoul, France.

Pathologies of pituitary gland are often revealed by diabetes insipidus. Etiologies are, in first, tumors, inflammatory and granulomatous diseases after, but stay idiopathic in 24% of French study, 52% of Italian study and 23% of Frenchian study.

Case report

Mxs A, 53 years old, consulted in 1998 because polyuria-polydipsia, without diabetes mellitus. She is hospitalized during 2 days and hydric restriction test shows the organic reality. The others neuro-endocrine explorations stays unproductive, without confirmation of appearance of monophasy. The brain and hypophysis examination by CT scan is found normal. The MRI shows pituitary stalk “thick”, but lightly...And, haemorragic perturbation, or inflammatory syndrome, or osteo-arthritis pain, or cardiovascular or nephrologic perturbation don’t exist, and treatment by Mifinstir has permitted to get back stabilized health status. The next MRI controls, executed at 6 and 24 months later, are perfectly stable, and so is clinical status. During 2008, Mxs A., consults because bursy Kurdish fever and asthenia. Physical examination permits to discover bilateral lida pain, erythemomus lesions on the neck and thorax. Cereusness biopsy, myelogram and bone biopsy permit to obtain diagnosis of Erdheim Chester syndrome, it’s to any non Langerhans histioctyosis which aims are cardiovascular system, central and peripheralnerve system and the bone.

The initial having few symptoms situation can explain the time for diagnosis establishment. Nevertheless, in the beginning of the story, it was not justified to propose chemotherapy and supervision stayed justified.

Declarations of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

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