

How to worm out an unexpected finding in a large adrenal

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Background/Introduction:

Echinococcosis is a parasitic infection of humans caused by the larval stage of the tapeworm *Echinococcus*. The most common species are *E. granulosus* and *E. multilocularis*. In Switzerland 10-28 new cases of echinococcosis multilocularis are reported every year. Organ involvement outside the liver and lung are rare. The adrenal gland is an uncommon site of echinococcal affection with only few cases described in the literature.

Case Report:

A 43-year-old patient presenting with right abdominal pain and weight loss was admitted to our hospital. The patient's medical history was remarkable of pulmonary sarcoidosis and a calcified liver lesion. Computed tomography and MRI showed a 7x3cm, solid inhomogeneous adrenal mass on the right side with unclear margins and central cystic areas, and two calcified liver lesions in segment V and VII as well as lymphadenopathy pericaual. The liver lesions seemed unchanged compared with CT scans 12 years ago. The patient revealed no signs or symptoms of adrenal hyperfunction. Biochemical evaluation of the adrenal mass yielded increased urinary cortisol excretion (24-h urinary free cortisol 149µg/24h; normal range 13 - 83µg/24h). Further diagnostic testing excluded pheochromocytoma and primary hyperaldosteronism. Due to the size and the radiologic characteristics of the adrenal lesion, an adrenocortical carcinoma with autonomous cortisol secretion was suspected. Differential diagnosis included metastasis, myelolipoma, tuberculosis and sarcoidosis. Surgery was performed and histological examination of the tissue revealed surprisingly echinococcosis multilocularis. Immunodiagnostic tests including Em2-Antigen were also positive. Postoperatively adequate antiparasitic therapy with Albendazol 400mg twice daily was started.

Conclusion:

This case report provides evidence that echinococcosis multilocularis can rarely mimic a solid adrenal mass. Thus, differential diagnosis of an echinococcosis has to be considered in the diagnostic workup of an adrenal mass, especially in endemic areas.

Improved glycemic control after islet transplantation vs intensive insulin treatment in patients with longstanding type 1 diabetes: A longterm follow-up

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Background:

Islet Transplantation with simultaneous (SIK) or after (IAK) kidney transplantation is an established treatment option for patients with type 1 diabetes mellitus and renal failure. Few studies have compared long-term glycemic control after islet transplantation to standard care.

Methods:

We included 24 patients with SIK or IAK at our institution and compared them with an age- and diabetes duration matched control group (70 patients) receiving standard care (intensive insulin therapy).

Results:

At baseline, age was 52.6±8.4y in the transplantation and 53.1±10.2y in the control group (p=0.96), 58.3% and 54.3% were male patients (p=0.73), diabetes duration was 38.9±10.5y and 38.3±6.4y (p=0.77) and follow-up was 4.4±2.8y and 4.4±1.2y, respectively (p=0.53). 54.2% and 28.6% of patients were treated with an insulin pump (p=0.02). The average number of islet transplantations was 2.4 (min: 1; max: 5) with an interval of 21.6±28.0 months between first and last transplantation. HbA1c levels were higher in the transplantation group than in the control group at baseline (8.3±1.4% and 7.9±1.0%, p<0.001) and significantly improved at the end of follow-up (7.0±1.0% and 7.6±0.9%, p=0.001) without a higher incidence of severe hypoglycemia (0.2±0.4/y vs 0.3±0.6/y, p=0.62). Insulin dosage, which was comparable before follow-up (0.6±0.1U/kg and 0.6±0.2U/kg, p=0.56), was significantly different thereafter (0.4±0.2U/kg and 0.6±0.2U/kg).

Conclusion:

In conclusion, this study shows that glycemic control in patients with type 1 diabetes mellitus after islet transplantation is significantly better than in a comparable control group with standard care without a higher incidence of severe hypoglycemia.

Trends in bariatric surgery in Portugal, 2000-2005

Author/Address of institution:

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Background/Introduction: Obesity has increased worldwide, and Portugal is no exception. Since bariatric surgery is the only and long-term efficient treatment for obesity, and there is no data concerning it, we intended to assess the trends in the bariatric surgery procedures and their outcomes for the period 2000-2005 in Portugal.

Methods: Data from a national hospital discharge database was used. Bariatric surgery was defined by a diagnostic-related group (DRG) code 288 and/or presence of a putative bariatric intervention. Bariatric procedures were defined according to ICD-9-CM. In-hospital complications and mortality rates were also assessed.

Results: The number of patients undergoing bariatric surgery increased remarkably from 30 in 2000 to 858 in 2005, an almost 30-fold increase. Women represented over 75% of patients, and this percentage did not change during the study period. A non-significant increase in mean age from 38.0 ± 8.3 to 41.1 ± 10.8 years in 2005 was also noted. Gastric bypass and gastrojejunostomy represented 30% of procedures in 2000 but this percentage decreased to 13.7% in 2005, while gastric interventions not elsewhere classifiable increased. Total length of stay decreased from 8.4 ± 6.0 to 4.5 ± 5.9 days, and complication rates from 6.7% to 3.4% (P=NS). In-hospital mortality rates were very low and did not change during the study period.

Conclusion: The number of bariatric surgeries has increased in Portugal; the characteristics and outcomes are comparable to other countries; the differences in procedures await further investigation.

Table: characteristics and outcome of hospitalizations for bariatric surgery in Portugal, 2000-2005

	2000 (n=30)	2001 (n=61)	2002 (n=136)	2003 (n=273)	2004 (n=437)	2005 (n=858)	Test
Women (%)	25 (86.7)	49 (77.8)	119 (87.5)	240 (87.9)	419 (84.3)	751 (87.5)	7.4 ^{NS}
Age (years)	38.0 ± 8.3	43.3 ± 9.3	40.0 ± 10.1	41.8 ± 10.7	40.3 ± 10.9	41.1 ± 10.8	2.1 ^{NS}
Procedures (%)							
Gastric NEC	21 (70.0)	39 (63.9)	127 (93.4)	266 (97.4)	459 (92.4)	740 (86.2)	
Gastric Bypass	8 (26.7)	19 (31.1)	4 (2.9)	1 (0.4)	12 (2.4)	69 (8.0)	NA
Gastrojejunostomy	1 (3.3)	3 (4.9)	5 (3.7)	6 (2.2)	26 (5.2)	49 (5.7)	
Total stay (days)	8.4 ± 6.0	9.7 ± 9.0	7.2 ± 8.5	5.1 ± 4.8	5.6 ± 13.2	4.5 ± 5.9	6.8 ^{***}
Complications (%)	2 (6.7)	2 (3.2)	3 (2.2)	19 (7.0)	21 (4.2)	29 (3.4)	8.7 ^{NS}
Deaths (%)	0 (0.0)	0 (0.0)	1 (0.7)	1 (0.4)	1 (0.2)	0 (0.0)	NA
Deaths within 7 days (%)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	0 (0.0)	NA

Results are expressed as number (percentage) of subjects or as average ± standard deviation. NA, not assessable. Statistical analysis by chi-square or analysis of variance. NS, not significant; ***, p<0.001.

Trends in bariatric surgery in Switzerland, 1998-2008

Author/Address of institution:

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Background/Introduction:

Obesity has increased worldwide, and Switzerland is no exception. Bariatric surgery is the most efficient long-term treatment for obesity, but little information regarding its trends in Switzerland is available. Thus, we assessed ten-year trends (1998-2008) in bariatric surgical procedures and their complications in Switzerland using data from the hospital discharge database.

Methods:

Bariatric surgery was defined by a diagnostic-related group (DRG) code 288 and/or presence of a putative bariatric intervention. Bariatric procedures were defined according to ICD-9-CM. The Swiss Charlson Index was applied. In-hospital complications and mortality rates were also assessed.

Results:

The number of bariatric surgeries increased from 343 in 1998 to 1180 in 2008, but this increase tended to plateau in 2006-2008. Women outpaced men (1021 vs. 314 in 2008), but men had increasingly more surgery (16.9% in 1998 vs. 23.5% in 2008). Mean age increased from 37.8 ± 9.7 in 1998 to 40.7 ± 11.0 years in 2008, and the number of patients with a Swiss Charlson index ≥1 also increased. Hospital mortality rates remained stable throughout the study period, with an incidence rate <1%, while complications rate increased. Gastric bypass increased remarkably (108 in 1998 vs. 784 in 2008) while gastric NEC has having a continuous decline. Lap-band procedures started in 2006 and laparoscopic gastroenterostomy also increased.

Conclusion:

In Switzerland, in a ten-year period, the number of bariatric surgeries has increased (with a lesser degree in the last 3 years) and their types have changed. Although mortality rates are stable, the increase in complications is of concern.

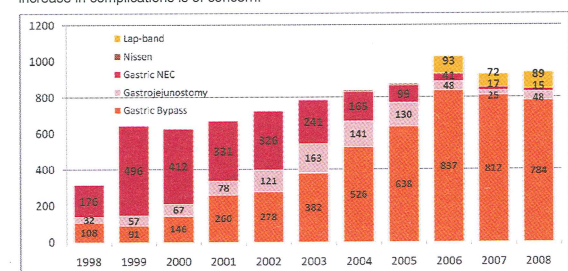


Figure: Total number of procedures by type and year.

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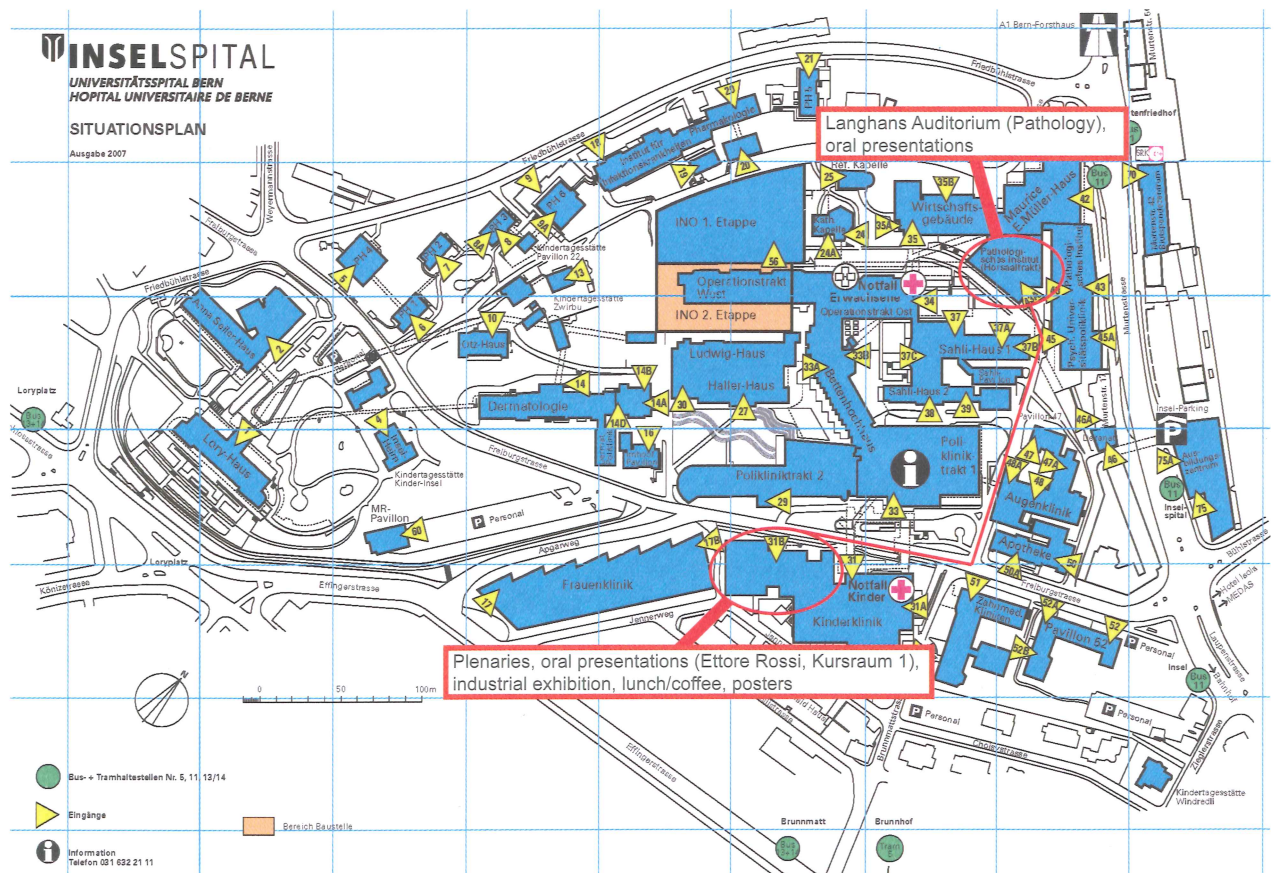
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Société Suisse d'Endocrinologie
et de Diabétologie - SSED



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Métabolisme et de l'Obésité
Schweiz. Arbeitsgruppe Metabolis-
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Schweizerische Gesellschaft für
Endokrinologie und Diabetologie
Société Suisse d'Endocrinologie
et de Diabétologie

Programme of the 5th Annual Meeting ASEMO-SAMO

Association Suisse pour l'Etude du Métabolisme et de l'Obésité
Schweiz. Arbeitsgruppe Metabolismus und Obesitas

(preceding the Annual Meeting of SGED)

Thursday, November 18, 2010, Inselspital Bern, Kinderklinik

Update lectures and new issues

Chairman: *Alain Golay*

9.15 – 10.00 **Overweight and obesity in Switzerland: costs and future prospects.**
Heinz Schneider, Basel

Research Communications

Chairmen: *Abdul Dulloo, Yves Schutz*

10.00 – 10.15 **Abstract 67 – PI3K γ in Non-Hematopoietic Cells Plays a Major Role in the Promotion of Obesity, Inflammation, and Glucose Intolerance**
Giovanni Solinas, Romina Marone, Barbara Becattini, Fabio Zani, Abdul G. Dulloo, Jean-Pierre Montani, Frederic Preitner, Matthias P. Wymann; Fribourg, Basel, Lausanne

10.15 – 10.30 **Abstract 1 – Skeletal muscle insulin resistance and lipotoxicity: differential effects of diacylglycerols and ceramides**
Francesca Amati, Bret H. Goodpaster; Lausanne, Pittsburgh

10.30 – 10.45 **Abstract 33 – A multifactorial approach to prevent adiposity and improve fitness in predominantly migrant preschool children: cluster-randomized controlled trial (the Ballabeina Study)**
Puder JJ, Marques-Vidal P, Zahner L, Niederer I, Bürgi F, Ebenegger V, Hartmann T, Meyer U, Schindler Ch, Nydegger A, Kriemler S; Lausanne, Basel

10.45 – 11.00 **Abstract 25 – Cardiorespiratory fitness prevents the increase in blood pressure due to body fat in adolescents**
Gisela Marcelino, João Melich-Cerveira, Fred Paccaud, Pedro Marques-Vidal; Lisbon, Lausanne

11.00 – 11.30 Break with Coffee and Juice

Chairpersons: *Kurt Laederach, Anne Laurent-Jaccard*

11.30 – 12.15 **Obesity as cancer risk factor**
André-Pascal Sappino, Geneva

12.15 – 12.45 **Bariatric surgery : the final cure for diabetes?**
Ulrich Keller, Basel

12.45 End of the scientific ASEMO meeting

12.45 – 13.45 General Assembly of ASEMO for members

Access is free.

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Poster presentations

Friday, 19 November, 12.15 – 14.00

Ettore Rossi and U1

CLINICAL

- 2 **Case report of an incidentally discovered TSH-secreting pituitary adenoma**
Claudine A. Blum, Isabelle Suter, Luigi Mariani, Henryk Zulewski (Basel)
- 4 **Evaluating the Cost-Effectiveness of Self-Monitoring of Blood Glucose in Type 2 Diabetes Patients on Oral Anti-Diabetic Agents: A Long-Term Modeling Study in Switzerland**
M. Brändle, W.J. Valentine, G. Goodall, R.F. Pollock (St. Gallen, Basel)
- 5 **Pituitary apoplexy – a series of five cases**
Lukas Burget, Stefan Fischli, Isabelle Simon-Vermot, Christoph Henzen (Luzern)
- 6 **Adherence to type 2 diabetes treatment recommendations issued by the Swiss Society for Endocrinology and Diabetes: a critical appraisal**
Konstantin Burgmann, Sandra A. Fatio, Beat Jordi, Jonas Rutishauser (Biel)
- 8 **Burden of disease attributable to obesity and overweight in Switzerland**
Carol Davin, Peter Vollenweider, Gérard Waeber, Fred Paccaud, Pedro Marques Vidal (Lausanne)
- 9 **Hyperthyreose und pulmonale Hypertonie**
Dürst Urs Niklaus, Binz Katharina, Brunschwig Thierry, Engel Hermann (Zollikon, Zürich)
- 10 **Relationship between adiposity, physical (in)activity, media use and eating habits in preschool children with degree of hyperactivity**
Vincent Ebenegger, Simone Munsch, Pedro-Manuel Marques-Vidal, Andreas Nydegger, Jérôme Barral, Tim Hartmann, Susi Kriemler, Jardena J. Puder (Lausanne, Basel)
- 13 **Challenges in the diagnosis of late dumping syndrome in patients post-bariatric surgery**
Lucie Favre, François Pralong, Nelly Pitteloud, Vittorio Giusti
- 14 **Diffuse nesidioblastosis with hypoglycemia mimicking an insulinoma: a case report**
Chiara Ferrario, Deplhine Stoll, Maurice Matter, Jardena Puder (Lausanne)
- 15 **Malignant pheochromocytoma treated with sunitinib – a case report**
Stefan Fischli, Marie-Thérèse Henzi, Thilo Zander, Christoph Henzen (Luzern)
- 17 **Insulinoma in childhood – prone to be misdiagnosed**
T. Gozzi Graf, M. Brändle, Th. Clerici, D. l'Allemand (St. Gallen)
- 18 **Testis developmental genes expression in cryptorchid boys risking azoospermia**
F. Hadziselimovic, N.O. Hadziselimovic, P. Demougin, E.J. Oakeley (Liestal, Basel)
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- 24 **Trends in bariatric surgery in Switzerland, 1998–2008**
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- 26 **Overweight and obesity are unevenly distributed among migrants in Switzerland**
Pedro Marques-Vidal, Peter Vollenweider, Gérard Waeber, Fred Paccaud (Lausanne)
- 27 **Thyroid surgery in eastern Switzerland: who operates, how often and how radically?**
C.F. Maurus, W. Kolb, N. Kalak, Th. Clerici (St. Gallen)
- 28 **Body image and desire to change weight in the adult Portuguese population**
João Melich-Cerveira, Gisela Marcelino, Fred Paccaud, Pedro Marques-Vidal (Lisbon, Lausanne)
- 29 **Prevalence of childhood obesity in Switzerland depends on the definition applied**
João Melich-Cerveira*, Puder Jardena*, Gisela Marcelino, Vincent Ebenegger, Iris Niederer, Flavia Bürgi, Susi Kriemler, Pedro Marques-Vidal (Lisbon, Lausanne, Basel)
*both authors contributed equally
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João Melich-Cerveira, Gisela Marcelino, Fred Paccaud, Pedro Marques-Vidal (Lisbon, Lausanne)
- 34 **Heart failure as presenting sign of panhypopituitarism in a child with a microdeletion including the LHX-4 Gene**
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- 36 **A first approach towards a food monitoring system for diabetes diet management**
Luca Scarnato, Elena Daskalaki, Peter Diem, Stavroula Mouggiakakou (Bern)
- 37 **Prospective assessment of three frequently used blood glucose meters in clinical routine**
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- 40 **Symptomatic hypocalcemia with low PTH related to severe hypomagnesemia
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