

ENDOCRINE INVOLVEMENT IN SYSTEMIC AMYLOIDOSIS

I.Oueslati, N.khessairi, I.Ben nacef, N.Mchirgui, K.Khiari, H. Kaaroud, N.Ben Abdallah.
Department of Endocrinology, the Charles Nicolle hospital. Tunis-Tunisia

INTRODUCTION

Systemic amyloidosis leads to functional compromise of various organs through infiltration of these tissues by amyloid protein.

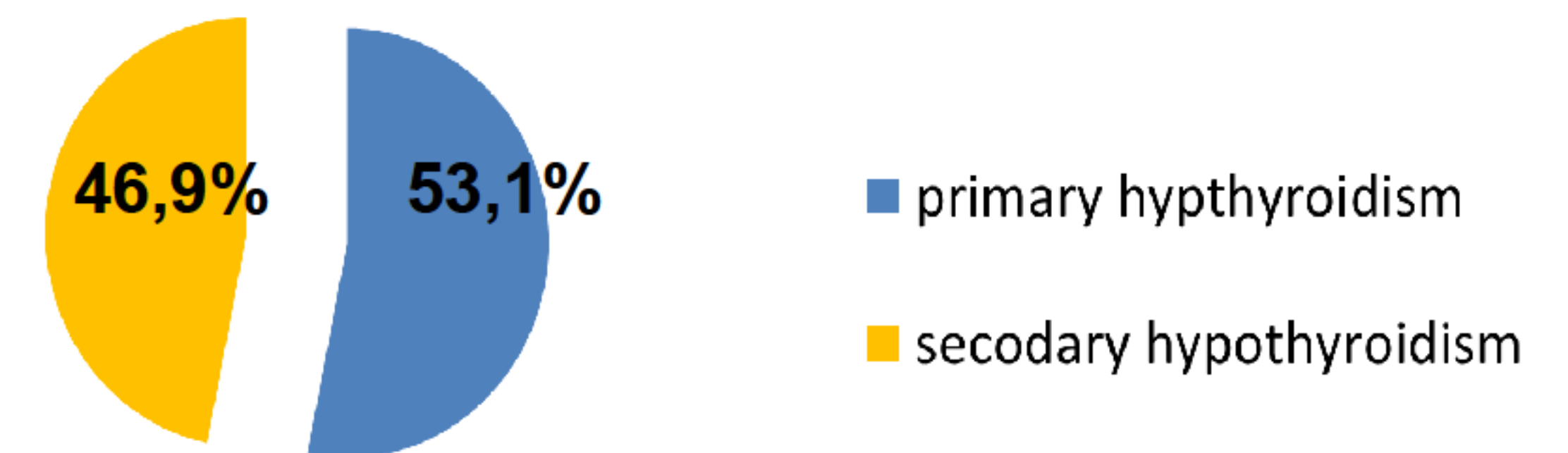
The aim of this study was to determine the endocrine disorders in patients with systemic amyloidosis.

METHODOLOGY

- Retrospective study
- Including 580 patients with renal amyloidosis confirmed by histological exam during the period from 1975 to 2006.
- 123 patients with hormonal exploration were selected (85 men and 38 women) .
- Fifty five patients had thyroid function tests.
- Sixty eight patients had adrenal function tests.
- Hypothyroidism during the end stage of renal failure is defined by a TSH > 20 mIU / ml.

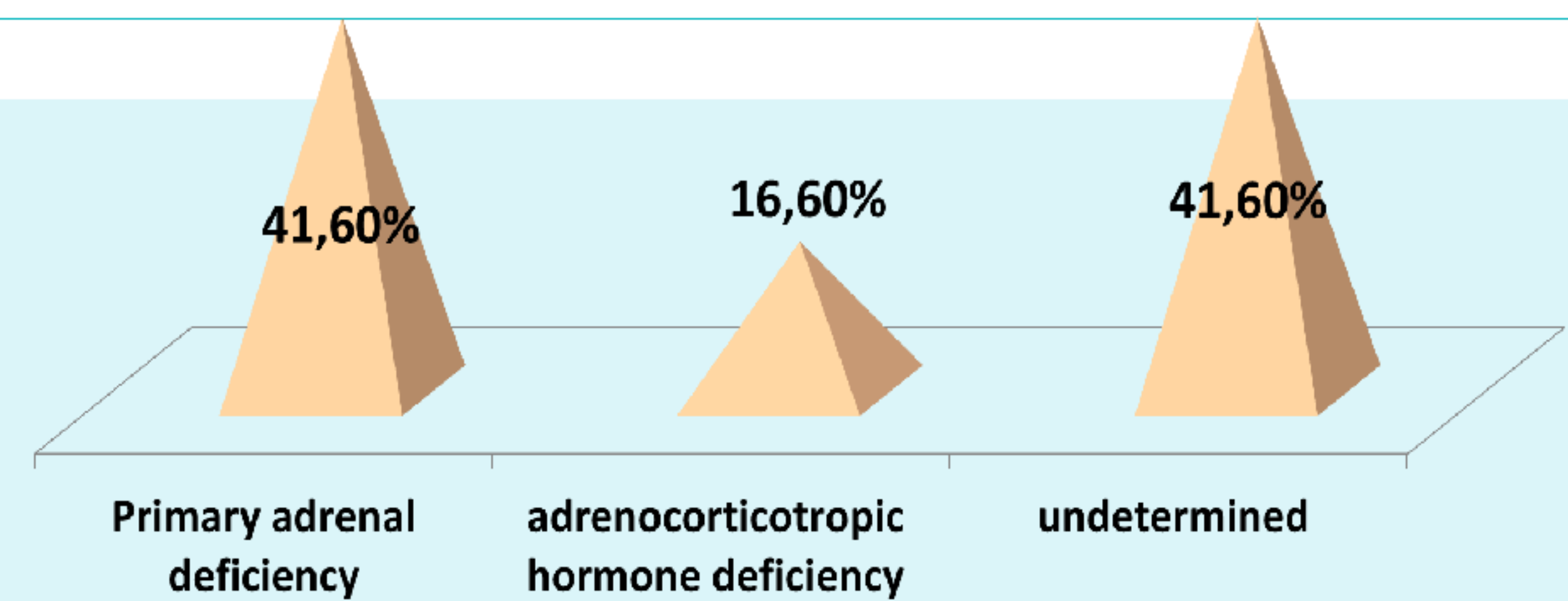
Prevalence of hypothyroidism among patients with thyroid function tests :

Thirty one patients had hypothyroidism (56,4%)



Prevalence of adrenal deficiency :

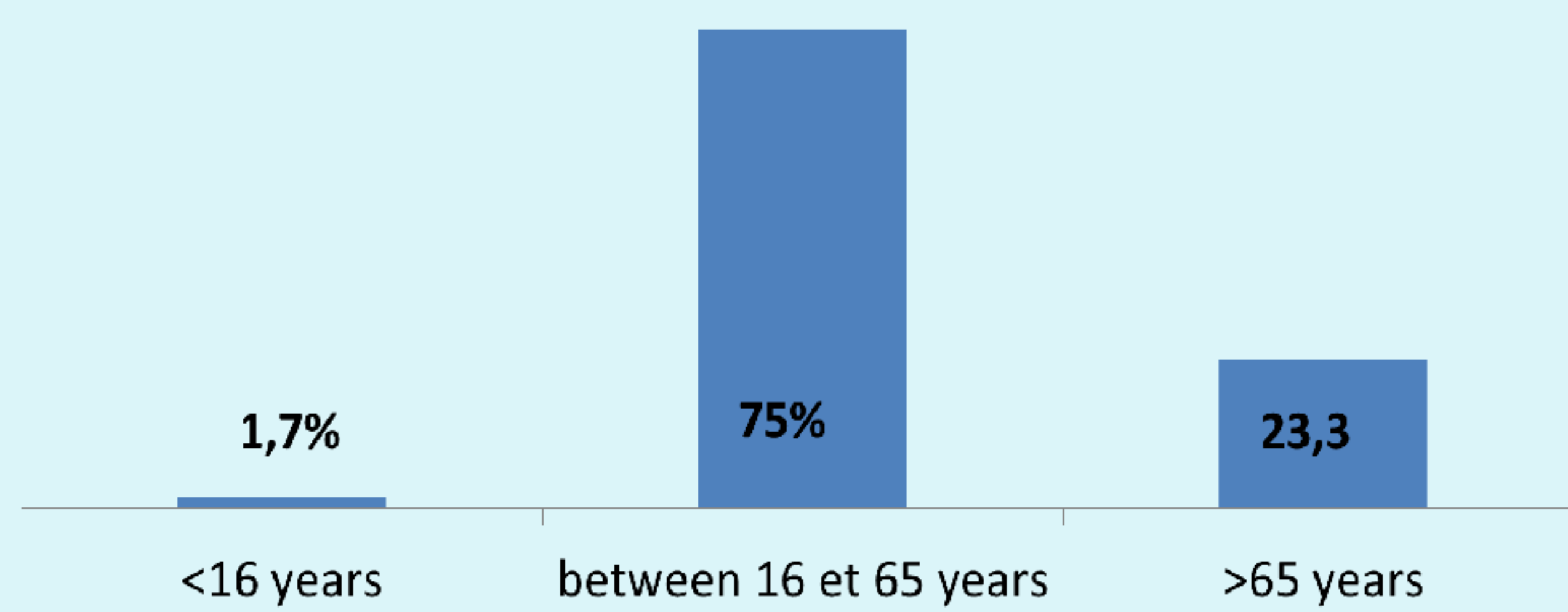
Adrenal deficiency was noted in 24 patients (35%) .



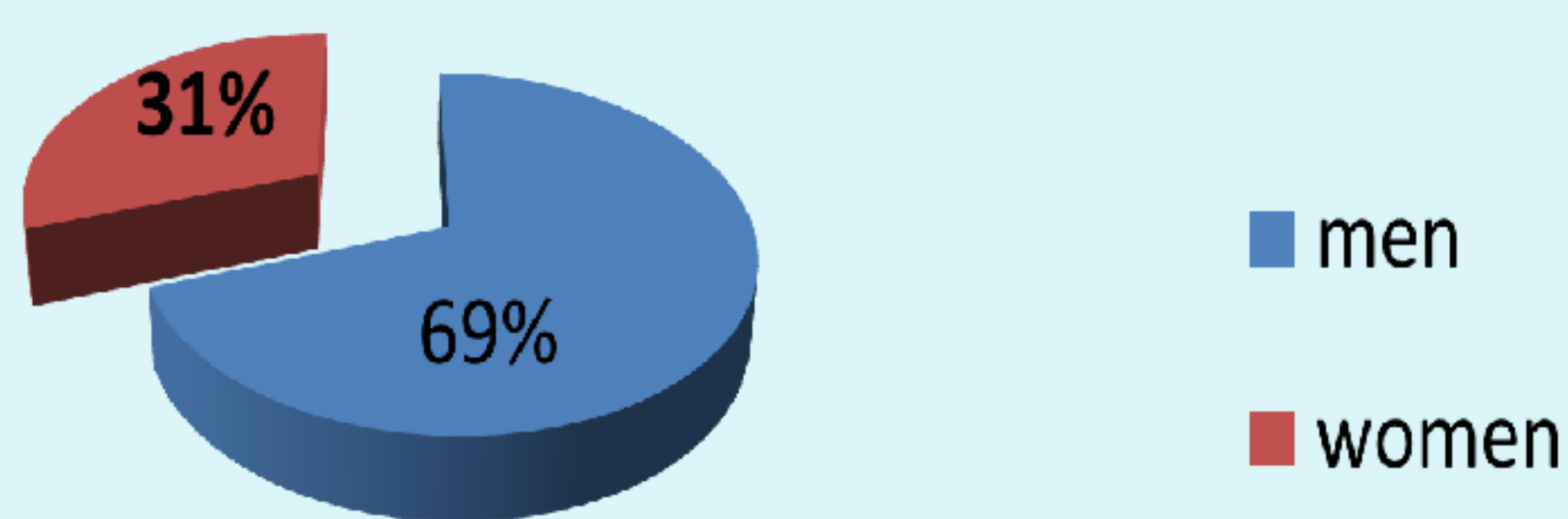
RESULTS

Patients classification according to their age :

Mean age was 49.6 ± 18 years (ranges: 12- 81 years).



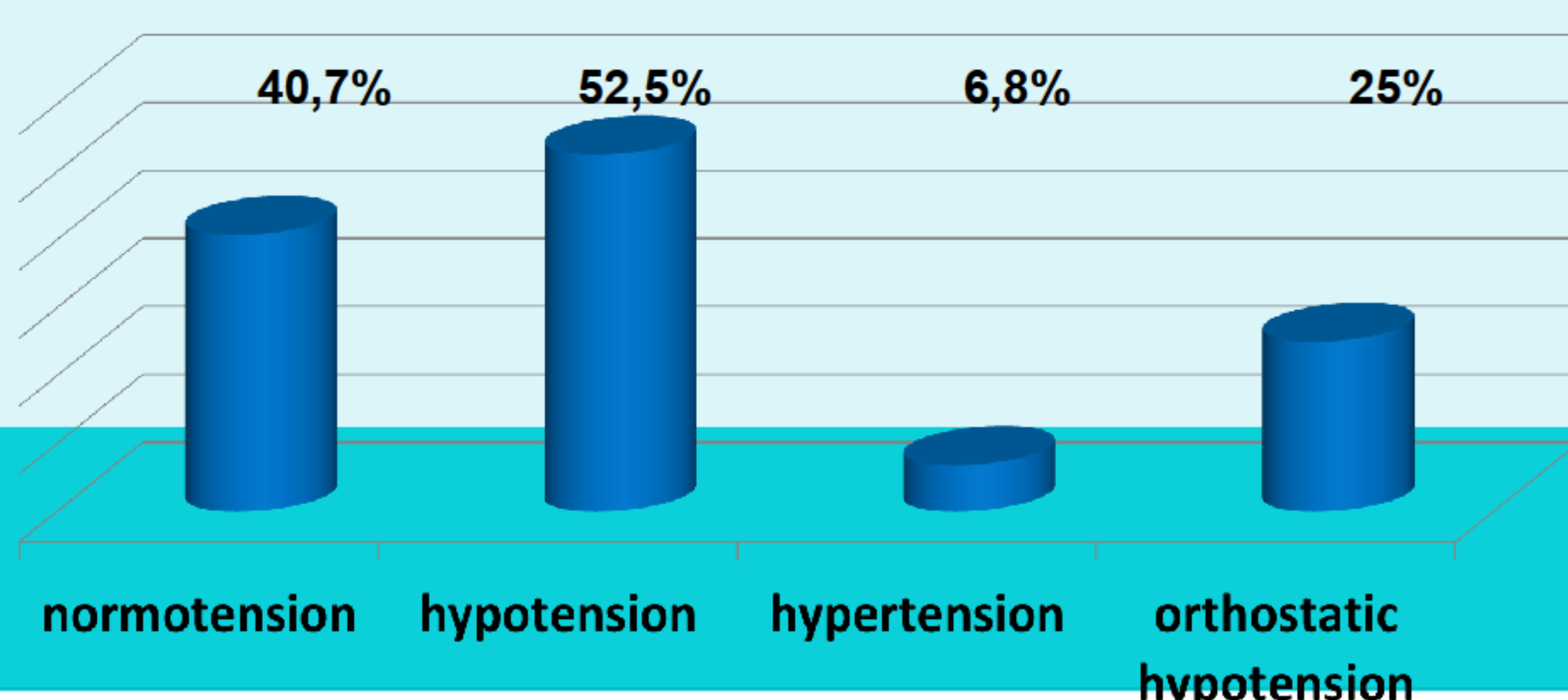
Patients classification according to their sex :



Clinical signs:

Signs	%
Edema lower limb	85.7%
Hepatomegaly	19.3%
Splenomegaly	7.4%
Hypoacusis	30.9%
Diarrhea	49%
Macroglossia	47.3%

Patients classification according to their blood pressure :



Comparison of clinical and para clinical signs:

	Hypothyroidism	Euthyroidism	Adrenal Deficiency	Eucortisolism
Age	49,89	56,92	50,59	44,57
Body Mass Index (Kg/m2)	22,67	23,86	21,75	21,76
Macroglossia	40%	41,2%	-	-
Hypoacusis	27,3%	30%	-	-
Systolic Pressure (cmHg)	117,59	115,65	111, 93	109,43
Diastolic Pressure (cmHg)	67,78	70	67,42	66,57
Orthostatic hypotension	16,7%	20%	29 %	27,27 %
Edema	76%	76,2%	27/31	30/33
Goiter	27,3 %	29,4 %	-	-
Diarrhea	41,26	46,67	45,45 %	56,25 %
Nephrotic syndrome	80,8%	70,8%	-	-
Typing AA	90,5%	76,5%	90,9 %	91,67 %

CONCLUSION

Endocrine disorders such as hypothyroidism and adrenal deficiency were frequent in renal amyloidosis. However their diagnosis was difficult because there was no difference in clinical signs between renal amyloidosis and endocrine disorders : there were frequent common signs for example orthostatic hypotension, edema, macroglossia.

In this study, we haven't found any correlation between clinical and paraclinical signs in both group: Hypothyroidism group vs euthyroidism Adrenal deficiency group vs eucortisolism.

Therefore their screening is necessary for an early treatment to improve patient's prognosis.

