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OC01

ENDOVASCULAR EFFECTS OF CHRONIC SILDENAFIL TREATMENT IN MEN WITH TYPE 2 DIABETES

Giannetta¹, A.M. Isidori¹, E. Mandosi², A. Gatti³, I. Carbone³, D. Vizza⁴, V. Bonifacio¹, Morano², A. Lenzi¹
 1) Istituzione di Andrologia ed Endocrinologia, DFM - 2) Dpt Scienze Cliniche 3) Dpt Scienze Fisiologiche, Dpt Scienze Cardiovascolari e Respiratorie, Università "Sapienza" Roma, 4) Type 2 diabetes (T2DM), cardiomiopathy is characterized by an impairment of diastolic performance resulting in ventricular hypertrophy and dilatation. Heart remodelling leads to an increase in its angle of torsion, measurable by an innovative application of cine-magnetic Resonance Imaging (MRI). Cardiomiopathy in T2DM represents an ideal model of endothelial dysfunction. To evaluate the impact of phosphodiesterase 5 inhibitors (PDE5i) on cardiovascular performance in T2DM, we designed a randomized, placebo-controlled, double blind (subject/outcome assessor) study on chronic treatment (3 months) with high dose of Sildenafil (100 mg/in 3 daily doses). The study has been registered at U.S.NIH clinicaltrials.gov (identifier NCT00692237). We have enrolled 50 pericardic men (35-75 yrs), metabolically controlled; 35 subjects have already ended the study; 2 patients drop out the study (1 for dyspepsia, 1 for non-compliance). Safety monitoring was taken monthly at follow-up visits. Primary outcome is the analysis of left ventricular torsion (cineMRI) thanks to novel HARP software. Secondary outcomes include: 1) a significant improvement of heart remodelling parameter: end-diastolic volume, ejection fraction and hypokinetic areas, 2) A significant improvement of cardiovascular risk parameters: reduction of postprandial glycemia from 178±49 to 154±48; HbA1c from 7,8±1 to 7,1±0,9; waist to hip ratio and increase of HDL cholesterol from 39±7 to 43±9. 3) A significant reduction of P Selectin on activated platelet-nocytocytes interaction (cytofluorometry), serum marker of endothelial dysfunction involved in atheromatous process. 4) A significant reduction of systolic (136±12 to 121±12) and diastolic blood pressure (78±9 to 76±7) (Holter monitoring 24h). The study outcome is completed. The present study documents: a) the safety of prolonged oral sildenafil treatment on the adaptive endothelial changes affecting cardiovascular tone in T2DM; b) an improvement in metabolic parameters and anthropometric issues related to a decrease of cardiovascular risk that underlies an involvement of phosphodiesterase type 5 inhibitors on body composition and fat distribution.

OC02

ENDOTHELIAL PROGENITORS CELLS (EPC) WITH IMMUNOPHENOTYPE CD45-/CD34+CD144+ IN PATIENTS WITH ERECTILE DYSFUNCTION AND METABOLIC SYNDROME.

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Introduction and aim. The metabolic syndrome (SM) and erectile dysfunction (ED) of arterial origin share the same risk factors and physiopathological evolution. The EPCs participate to the vascular homeostasis and the endothelial repair phase, with a different capacity according to the various immunophenotypes. The endothelial immunophenotype CD45-/CD34+CD144+ characterizes a pool of advanced EPCs with repairing capability. The presence of the CD144 (VE-cadherin) indicates their capacity to favour endothelial tight junctions. Therefore, this study was undertaken to evaluate the concentration of these type of EPCs in patients with arterial ED and SM on the basis of their erectile response to treatment with iPDE5. **Materials and Methods.** Thirty patients aged 45-58 years, (mean 54) with ED and SM, established according to the ATP III criteria (1999), were treated with tadalafil (Tad, 20 mg) on demand for 3 months. After treatment, all patients underwent the IIEF-5 questionnaire to evaluate their erectile response, and expression of their circulating (CD45-/CD34+ and CD144+) EPCs by 3-color flow cytometry, following incubation with differently labelled antiCD45, antiCD34 and antiCD144 monoclonal antibodies. **Results.** The percentages of EPCs, according to the erectile response to iPDE5, are shown in the table.

IIEF score	22-25 (no ED) (n=3)	17-21 (mild) (n=7)	12-16 (mild / moderate) (n=8)	8-11 (moderate) (n=6)	5-7 (severe) (n=6)
EPCs (%)	0.33±0.15	1.27±0.40	1.88±0.26 ^a	4.07±0.63 ^{a,b}	6.05±0.50 ^{a,b,c}

^ap<0.05 vs. no ED or mild ED; ^bp<0.05 vs. mild-moderate ED; ^cp<0.05 vs. moderate ED (ANOVA followed by the Duncan's multiple range test).

Conclusion. These data suggest the presence of a compensatory mechanism attempting to overcome the endothelial dysfunction present in iPDE5 poor-responder patients. Since, recently it has been reported that the administration of an NO precursor prevents EPC apoptosis in patients with hypercholesterolemia, we speculate that this therapeutic strategy may help poor-responder ED patients with SM.

OC03

TESTOSTERONE AMELIORATES SEXUAL AND METABOLIC PROFILE IN ANIMAL MODEL OF METABOLIC SYNDROME

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 Metabolic syndrome (MetS) includes abnormalities (hyperglycaemia, hypertension, lipidaemia, visceral obesity) associated to an increased cardiovascular risk. MetS is associated to hypogonadism and erectile dysfunction (ED). ED is a sentinel sign of aortic cardiovascular disease. To clarify the pathogenetic relationship among MetS, hypogonadism and ED we developed an animal model of MetS. Male adult rabbits fed a high-fat diet (HFD) for 12 weeks, with or without testosterone (T) supplementation. They were compared to control rabbits (fed a standard chow). A subgroup of these control rabbits received also a single injection of Triptorelin pamoate, that has been described to induce a hypogonadotropic hypogonadism. HFD rabbits showed MetS features (significant increase of glycaemia, cholesterol, triglycerides, visceral fat, and arterial pressure). HFD induced a steatohepatitis (histological studies), characterized by an increase of inflammatory markers genes (qRT-PCR for TNF α , MCP1, IL6 and COX2) and increase of PPAR γ and adiponectin and a reduction of PPAR α gene expression in testis. HFD induced also hypogonadotropic hypogonadism, with significant reduction of LH, LH plasma level, testis and seminal vesicle weights. HFD reduced gene expression of steroidogenic enzymes (3beta-HSD, STAR, CYP17A1) in testis. HFD induced corpora cavernosa (CC) hypo-responsiveness to acetylcholine and a hyper-responsiveness to the nitric oxide (NO) donor SNP respect to controls. These effects were comparable to those observed in CC from Triptorelin-induced hypogonadal rabbits, while prevented by T. HFD determined a net reduction of electrical field (EF)-relaxation in CC. The relaxant response to sildenafil and vardenafil was abolished in control rabbit CC and restored by T. These results suggest that HFD impairs the eGMP/PDE5 activity due to androgen deprivation. Indeed HFD, as well as triptorelin, significantly reduced PDE5 and eNOS gene penile expression (qRT-PCR), which was restored by T. In HFD animals T restored sex accessory gland weight, and significantly reduced the HFD-induced visceral obesity, partially ameliorating also the metabolic profile. We next evaluated GnRH immunostaining in hypothalamic section. We found that HFD dramatically reduced GnRH immunopositivity respect to control and, that did not restore it. In conclusion, we developed an animal model of MetS associated to hypogonadotropic hypogonadism, ED, and unresponsiveness to PDE5 inhibitors. We found that T supplementation is able to partially revert this phenotype.

OC04

OXIDATIVE SPERM DNA DAMAGE AND SPERM DNA FRAGMENTATION: IS THERE ANY RELATIONSHIP WITH DIFFERENT SEMEN LEUCOCYTES POPULATIONS IN EJACULATES FROM SUBFERTILE COUPLES?

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Phagocytosis of foreign infectious agents by polymorphonuclear (PMN) granulocytes in the accessory glands and by activated macrophages (M ϕ) in the epididymis is suggested to lead to generation of reactive oxygen species (ROS) with a detrimental effect on sperm functions. We analysed the association among the number of seminal PMN, M ϕ and activated M ϕ , levels of DNA 8-hydroxyguanosine (8-OHdG), a sensitive biomarker of oxidative DNA damage, the number of sperm with fragmented DNA, and routine sperm parameters. Flow cytometric analysis of round cells expressing CD14 (marker of M ϕ) and HLA-DR (marker of activated M ϕ), and of sperm with DNA fragmentation (TUNEL assay) was applied to 100 ejaculates from the male partner of subfertile couples. The level of 8-OHdG in sperm DNA was determined by an ELISA commercial kit and data were compared with routine semen parameters and number of peroxidase-positive cells (PMN). We found a significant correlation between the peroxidase positive PMN and both the CD14+ (r=0.66; p<.0001) and the HLA-DR+ (r=0.63; p<.0001) cells. Moreover, CD14+ and HLA-DR expressing cells were strongly correlated to each other (r=0.86; p<.0001). No differences neither in the routine semen parameters nor in the 8-OHdG levels were found out between samples with a lower (<0.5 x 10⁶/mL) and those with a higher (>0.5 x 10⁶/mL) round cells number but in the latter the percentage of sperm with fragmented DNA was significantly higher. Interestingly, the correlation analysis showed also a significant association of TUNEL test with the peroxidase+ (r=0.33; p=0.03), CD14+ (r=0.33; p=0.03) and HLA-DR+ (r=0.38; p=0.0007) cells. Our results showed that activated M ϕ are detectable in same ejaculates without overt leukocytospermia, confirming our previous observations and they correlate with sperm DNA fragmentation. A prolonged interaction between sperm and activated M ϕ in the epididymis, probably triggered by a chronic inflammation, might result in a nuclear damage. Most intriguingly, this study demonstrated that apparently normal ejaculates can actually have a damaged DNA, a condition which might reduce the fertility potential.