



LEPTIN AND CYTOKINES ARE NOT THE BEST MARKERS FOR METABOLIC SYNDROME

García Cuartero B.(1), González Vergaz A.(2), García Lacalle C.(3), Sánchez Escudero V.(2), Sánchez Salado L.(2), Hernando de Larramendi C.(3)

(1) Pediatric Endocrinology Ramón y Cajal University Hospital, Madrid. (2) Pediatric Endocrinology _Severo Ochoa University Hospital. Leganés Madrid.
 (3) Biochemistry Department (2) Severo Ochoa University Hospital, Leganés, Madrid, Spain.

Introduction		
Leptin , some cytokines and triglycéride/cholesterol -HDL ratio	(TG/C-	

HDL ratio) are markers of insulin-resistance in children and adolescents with overweight/obesity. Due to the high prevalence of this pathology it's necessary to find and easy and better routinely marker that identify these patients in the outpatient clinic.

Previous results demonstrated that the TG/C-HDL ratio > 2 was a better predictor of metabolic syndrome (sensitivity 100%; specificity 76.7 %) than HOMA or insulin, without differences between sex and pubertal stage (p<0,0001).</p>

Objetive

Define if leptin and some cytokines are better markers of insulin-resistance than TG/C-HDL ratio in the pediatric population with overweight/obesity

Methods

➢Patients with overweight/ obesity defined by Orbegozo 2008 were included. Anthropometric variables (body mass index, waist circumference) were measured with standard methods. Sexual maturity was evaluated by Tanner staging.

>Abdominal ultrasound scan was performed to detect liver steatosis.

Biochemical data :fasting plasma glucose (FPG), 2h OGTT glucose, insulin, HOMA, lipid profile, and C-peptide were analyzed . Cut off point was considered >95th percentile of each variable. Metabolic syndrome was diagnosed according to criteria of Diabetes International Federation .

> Leptin, adiponectin and osteocalcin were analyzed by enzymoinmunoanalysis. SPSS.19 was used for statistical analysis.

Results

110 patients (2-17 years of age) were included, 40% boys and 44,6% pubertal.
 Clinical and biochemical data are represent in Table 1

Table 1: Population characteristics	Mean (Standard Deviations)	Range	There is a positive correlation between TG/C-HDL ratio and * HOMA r = 0,358 p 0.01
Age (year old)	10,01 (3,01)	2,01 - 17	♣ Leptin r = 0,301 p 0.04
Body Mass Index (Kg/m2)	27,77 (4,11)	19,4 - 36,98	Osteocalcin r = 0,287 p 0.06
Standard Deviations BMI	4,40 (1,53)	2 - 8,17	➤There is a negative correlation between TG/C-HDL
Waist Circumference (cm)	85,61 (11,08)	60,0 - 113,0	ratio and
TG/C-HDL	2,07 (1,9)	0,28 - 13,03	Adiponectin r = - 0,272 p 0.09.

 \geq Those patients (35) with TG/C-HDL ratio >2 have higher levels of leptin (p 0,02)

➢Leptin nor cytokines levels were not correlated with liver steatosis but interestingly patients with this liver disease have significant higher values of the TG/C-HDL 3.35 vs TG/C-HDL 1.5 (p 0,027).

Conclusions

>Due to differences in standard values of leptin and cytokines related to age, sex and pubertal stage, TG/C-HDL ratio>2 could be and effective and simple tool to identify the early stage of potential metabolic syndrome in overweight/obese pediatric population at any age and pubertal stage, avoiding expensive resources.



