## Dyslipidemia and Its Related Factors in Chinese Children and Adolescents with Turner Syndrome

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[Objective] To analyze blood lipid and its related factors in Chinese children and adolescents with Turner syndrome. [Methods] The untreated TS patients were divided into two groups according to age ( <11 years old and 11~15 years old) and enrolled two groups of age-matched control girls, blood lipid and the incidence of dyslipidemia were compared between the four groups, the related factors of blood lipid were also analyzed. Moreover, TS patients were divided into two groups according to karyotype, including 45, XO karyotype (55 cases) and other karyotypes (53 cases), blood lipid and the incidence of dyslipidemia in two groups were compared.

[Result] Compared to age-matched control girls, TS patients of age 11~15 years group had higher TG levels and higher incidence of hypertriglyceridemia and borderline-hypertriglyceridemia (P < 0.05) and the incidence of borderlinehypercholesterolemia was also significantly higher (P < 0.01). But there were no differences in blood lipid level, incidence of dyslipidemia and the incidence of borerline-dyslipidemia between TS patients who were less than 11 years old and agematched control girls. Total cholesterol of TS patients was negatively related to bone age (P<0.05). Triglyceride of TS patients was positively related to waist circumference (P < 0.01). TS patients of 45, XO karyotype had lower TG levels, higher HDL levels and lower incidence of low HDL, borderline-high non-HDL and borderline-hypertriglyceridemia compared with those of other karyotypes (P < 0.05).

[Conclusions] Triglyceride in TS patients of age 11-15 years were higher than the control subjects, which may be related to estrogen deficiency and chromosome karyotype.

## [References]

[1] Yan C, Wang MD. Pediatric endocrinology [M]. Beijing: People's Medical Publishing House, 2006: 348-355.

[2] Xiang W, Zhao SP. Children's dyslipidemia - basal and clinical [M]. Beijing: People's Medical Publishing House, 2001: 171-303.

[3]Lichiardopol C, Mota M. Cardiometabolic risk factors in Turner syndrome [J]. Rom J Intern Med. 2004;42(2):371-379.

[4]Ross JL, Feuillan P, Long LM, et al. Lipid abnormalities in Turner syndrome [J]. J Pediatr, 1995, 126(2): 242-245.

[5] Yan KL. The study on the chromosomal karyotypes distribbution and lipid concentrations in children with Turner syndrome [J/OL]. Zhejiang Univ, 2015: 1-17.

[6] Gravholt CH, Andersen NH, Conway GS, et al. Clinical practice guidelines for the care of girls and women with Turner syndrome: Proceedings from the 2016 cincinnati international Turner syndrome meeting [J]. Eur J Endocrinol, 2017, 177(3): G1-G70.

[7] Li H, Ji CY, Zong XN, et al. Body mass index growth carves for Chinese children and adolescents aged 0 to 18 years [J]. Chin J Pediatr, 2009, 47(7): 493-498. [8] Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, National Heart, Lung, and Blood Institute. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: Summary report [J]. Pediatrics, 2011, 128(Suppl 5): S213-256. [9] The Chinese medical association pediatrics division child care group, The subspecialty group of cardiology, society of pediatrics, Chinese medical association, carotid atherosclerosis group of Chinese medical association. Expert consensus on the prevention and control of blood lipids in children and adolescents [J]. Chin J Pediatr, 2009, 47(6): 426-428. [10]Yeşilkaya E, Bereket A, Darendeliler F, Baş F, et al. Turner syndrome and associated problems in Turkish children: a multicenter study [J]. J Clin Res Pediatr Endocrinol. 2015 Mar;7(1):27-36. [11] Schoemaker MJ, Swerdlow AJ, Higgins CD, et al. Mortality in women with turner syndrome in Great Britain: A national cohort study [J]. J Clin Endocrinol Metab, 2008, 93(12): 4735-4742.

[12] Pirgon O, Atabek ME, Oran B, et al. Atherogenic lipid profile and systolic blood pressure are associated with carotid artery intima-media thickness in children with Turner syndrome [J]. J Clin Res Pediatr Endocrinol, 2008, 1(2): 62-71.

[13] O'Gorman CS, Syme C, Lang J, et al. An evaluation of early cardiometabolic risk factors in children and adolescents with Turner syndrome [J]. Clin Endocrinol (Oxf), 2013, 78(6): 907-913.

[14] Akyurek N, Atabek ME, Eklioglu BS, et al. The relationship of periaortic fat thickness and cardiovascular risk factors in children with Turner syndrome [J]. Pediatr Cardiol, 2015, 36(5): 925-929.

[15]The Pubertal Study Group of the Society of Pediatric Endocrinology and Genetic Disease, Chinses Medical Association. Secondary sexual characteristics and menses in urban Chinese girls [J]. Chin J Endocrinol Metab, 2010, 26(8): 669-675.

[16] Eissa MA, Mihalopoulos NL, Holubkov R, et al. Changes in Fasting Lipids during Puberty [J]. J Pediatr. 2016 Mar;170:199-205.

[17] Sánchez-Rodríguez MA, Zacarías-Flores M, Castrejón-Delgado L, et al. Effects of Hormone Therapy on Oxidative Stress in Postmenopausal Women with Metabolic Syndrome [J]. Int J Mol Sci. 2016 Aug 24;17(9). pii: E1388.

[18] Kodama M, Komura H, Kodama T, et al. Effect of estrogen replacement therapy on bone and cardiovascular outcomes in women with turner syndrome: a systematic review and meta-analysis[J]. Endocrine. 2017 Feb;55(2):366-375

[19] Langrish JP, Mills NL, Bath LE, et al. Cardiovascular effects of physiological and standard sex steroid replacement regimens in premature ovarian failure [J]. Hypertension, 2009, 53(5): 805-811.

[20] Sullivan SD, Sarrel PM, Nelson LM. Hormone replacement therapy in young women with primary ovarian insufficiency and early menopause [J]. Fertil Steril. 2016 Dec;106(7):1588-1599.

[21]Anna Ruszala, Malgorzata Wojcik, Agata Zygmunt-Gorska et al. Prepubertal ultra-low-dose estrogen therapy is associated with healthier lipid profile than conventional estrogen replacement for pubertal induction in adolescent girls with Turner syndrome: preliminary results [J].J Endocrinol Invest. 2017 Aug;40(8):875-879. [22] Torres-Santiago L, Mericq V, Taboada M, et al. Metabolic effects of oral versus transdermal 17beta-estradiol (E(2)): A randomized clinical trial in girls with Turner

syndrome [J]. J Clin Endocrinol Metab, 2013, 98(7): 2716-2724.

[23] Ostberg JE, Attar MJ, Mohamed-Ali V, et al. Adipokine dysregulation in turner syndrome: Comparison of circulation interleukin-6 and leptin concentrations with measures of adiposity and C-reactive protein [J]. J Clin Endocrinol Metab, 2005, 90(5): 2948-2953.

[24] Van PL, Bakalov VK, Bondy CA. Monosomy for the X-chromosome is associated with an atherogenic lipid profile [J]. J Clin Endocrinol Metab, 2006, 91(8): 2867-2870. [25] Wilkins JF. Genomic imprinting and methylation: Epigenetic canalization and conflict [J]. Trends Genet, 2005, 21(6): 356-365.

[26] Carr MC, Hokanson JE, Zambon A, et al. The contribution of intraabdominal fat to gender differences in hepatic lipase activity and low/high density lipoprotein heterogeneity [J]. J Clin Endocrinol Metab, 2001, 86(6): 2831-2837.

[27] Huang P, Zhang LB, Lu ZJ, et al. Dyslipidemia and its influence factors of blood lipid in people with routine physical examination in Guangxi [J]. Journal of Guangxi Medical University, 2017, 34(12): 1781-1784.

[28] Alvarez-Nava F, Lanes R, Quintero JM, et al. Effect of the parental origin of the X-chromosome on the clinical features, associated complications, the two-year-response to growth hormone (rhGH) and the biochemical profile in patients with turner syndrome [J]. Int J Pediatr Endocrinol, 2013, 2013(1): 1-7.





