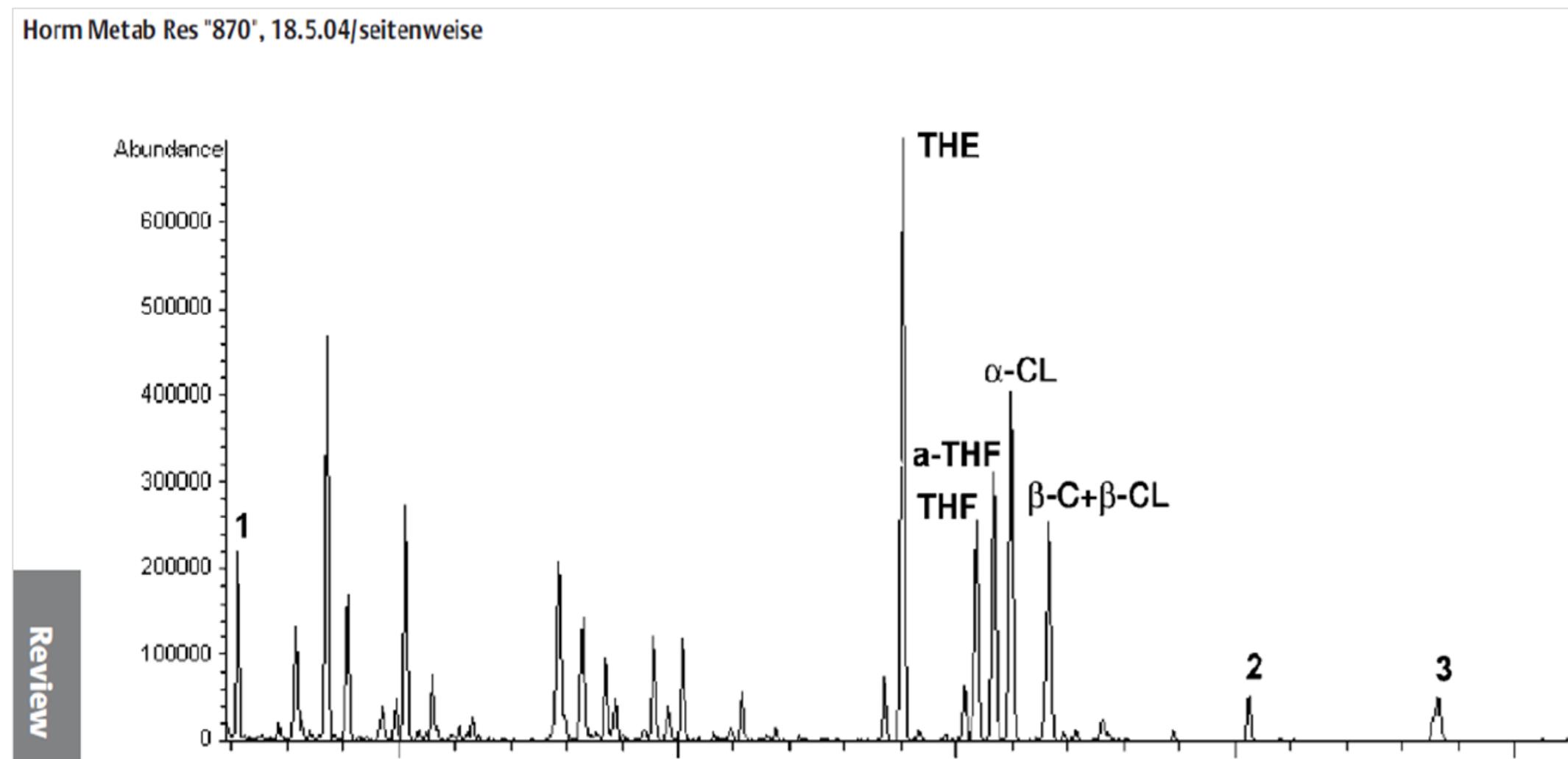


Steroid Metabolomic Signature of Liver Disease in Childhood Obesity

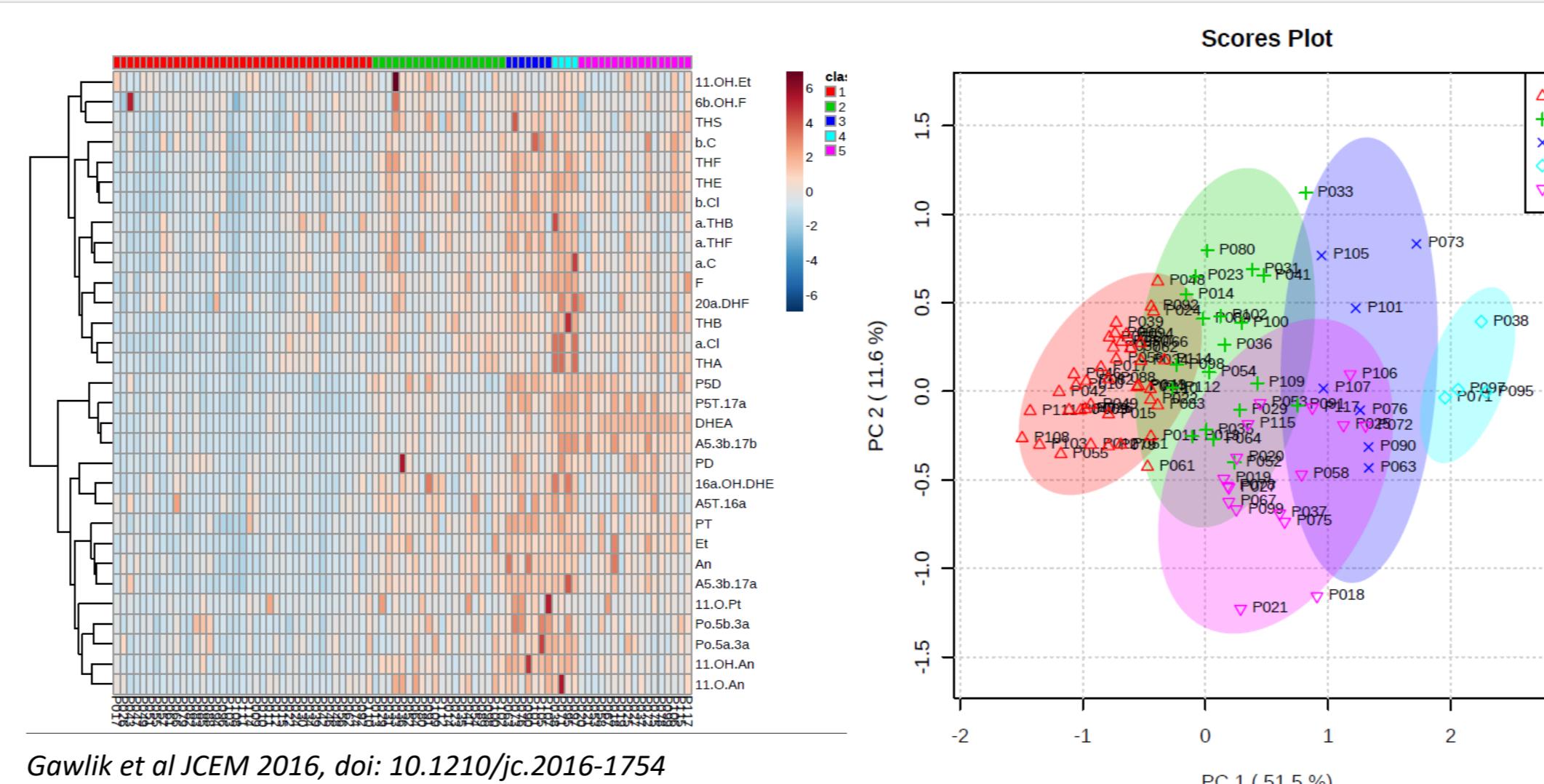
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Context



Steroid profile (chromatogram) defines a subject's steroidal fingerprint.

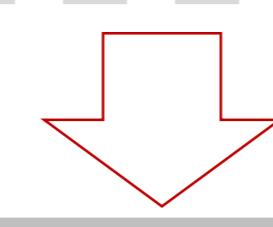


Purpose

Here, we compare the steroidal fingerprints of obese children with or without liver disease to identify the 'steroid metabolomic signature' of childhood non-alcoholic fatty liver disease.

Material & Method

117 consecutive series of obese patients (BMI>97%)



Exclusion criteria: aged <8 years, patients with syndromic obesity, chronic diseases or during pharmacotherapy

85 patients with non-syndromic obesity (43 girls/F) 14.4 ± 2.3 yrs (8.5-18 yrs)

Clinical / Chemical Phenotype: age; sex; BMI, z-score BMI (IOTF); ALT (s); abdomen US (hepatic steatosis features)

liver disease (L1) - 22 patients (7F/22M)

as assessed by sonographic steatosis (S+) and/or elevated liver enzymes (ALT+)

14.4 years

2.82

N

mean age
z-score BMI

no liver disease (L0) – 63 patients (36F/27M)

no sonographic steatosis (S-) and no elevated liver enzymes (ALT-)

14.1 years

2.67

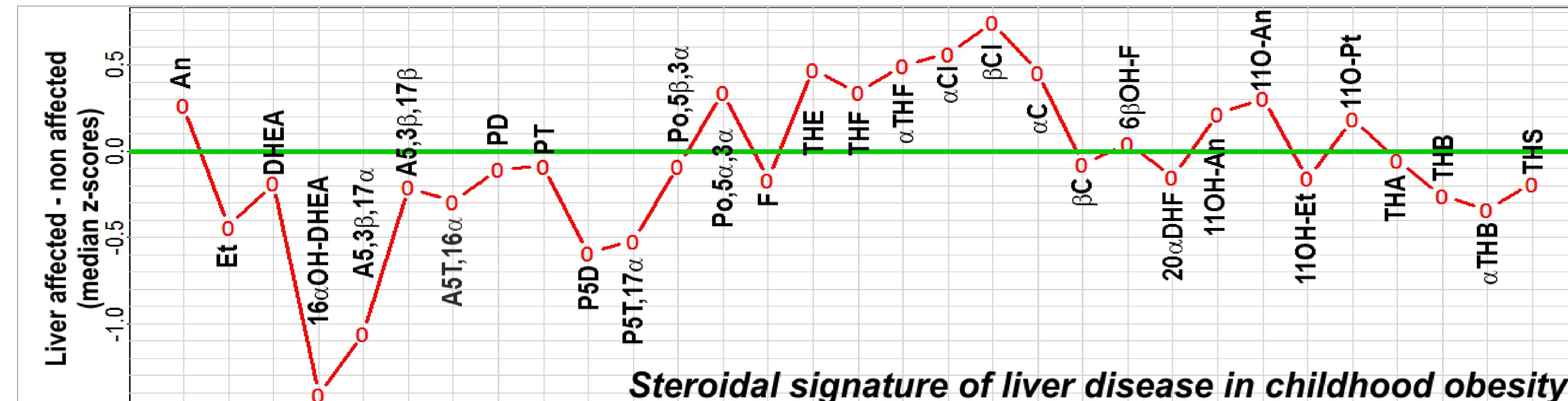
p>0.05

Steroidal "fingerprint" : samples from 24-h urinary collection

31 steroid metabolites were quantified by gas chromatography-mass spectrometry (GC-MS)

Quantities were z-transformed based on sex & age

The steroidal signature of the liver disease was generated as a difference of median profiles of L1 and L0 groups



Results

Urinary steroid metabolites	comparison	p
(THE+THF+αTHF)/PT	L1 > L0	0.029
(THF+αTHF)/THE	L1 < L0	0.01
α-cortolone	ALT+ > L0 or S+	0.03
An/Et	ALT+ > ALT-	0.001
F, THF, αTHF, α-C, THE, α-Cl, β-Cl DHEA, 16α-OH-DHEA, A5T-16α P5T-17α; THA, THB, αTHB (THE+THF+αTHF)/PT (THE+THF+αTHF)/Po5α3α	L1 ^H >L1 ^L (PCA)	<0.05 <0.001

L1- patients with liver disease; L0- patients without liver disease, L1^H – subgroup of L1 with the extremely high elevation of all steroid metabolites (z-score >2SD); L1^L – subgroup of L1 with the lowest concentration of steroid metabolites; PCA – principal component analysis



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Conclusion

These findings suggest decreased hepatic reduction of cortisone to cortisol in liver steatosis, which is compensated by activation of HPA axis and increased adrenal cortisol generation. It may provide ways for personalized medicine in obese children with liver disease.