left NOE without endocranial extension. Bacteriological and mycological samples were negative initially then positive for *corynebaceruim*. The patient was then put on antibiotics for 21 days with good control of her diabetes and regular local care, without any improvement. Given the slow progress, it was decided to perform deep bone biopsies which were in favor of a ACK of the CAE. The patient underwent a lateral petrectomy followed by adjuvant radiation. The evolution was favorable.
Conclusion
The place of deep biopsy in NOE is controversial, but it can sometimes support a differential diagnosis in the face of the dragging evolution of a well-monitored NOE.

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EP1132

Metabolic profile of obese tunisian adults

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Introduction
Obesity is recognized as a risk factor for cardiovascular diseases. She can be associated with cardio-metabolic diseases. The objective of our study was to determine the metabolic profile of our obese adults.
Materials and methods
This is a descriptive cross-sectional study involving obese adults consulting the service of Endocrinology of Sfax, Hedi Chaker University Hospital in 2023.
Results
We recruited 40 obese patients with an average age of 43.47+/-16.56. The sex ratio was 0.21. The average duration of obesity was 20 years +/-13.25. Average weight was 95.17 kg with a minimum of 74 kg and a maximum of 134 kg. The average body mass index was 35.96+/-5.04 kg/m^2. Twenty percent of patients had morbid obesity (BMI=40 kg/m^2). There mean systolic blood pressure was 131+/-2 mmHg with a minimum of 100 mmHg and a maximum of 170mmHg. The mean diastolic was 79.62+/-10 mmHg. The average of fasting blood sugar was 6.68+/-3.33 mmol/l. For the lipid profile, the average cholesterol total and HDL cholesterol were 4.24+/0.87 mmol/l and 1.05+/-0.19 mmol/l respectively. There average triglycerides was 1.36+/-0.46 with a maximum of 2.5 mmol/l.
Conclusions
Obesity puts you at risk of metabolic syndrome with all its harmful effects on health. There insulin sensitivity and fasting insulinemia should be part of the criteria to be assessed for define metabolic normality in obese subjects.

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EP1133

Assessment of environmental factors influencing weight behavior

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Introduction
The prevalence of overweight and obesity is risen dramatically especially among children and adolescents. Increased BMI is an independent risk factor for cardiovascular diseases, diabetes mellitus, and some types of cancers (including endometrial, breast, ovarian, prostate, liver, gallbladder, kidney, and colon). Changes in dietary and physical activity patterns are often the result of environmental and social impact. Studies carried out revealed that people globally are currently trying to lose weight.
Methods
We examine 67 patients seeking to lose weight to dietician. The mean age was 46, 5+ 8.5 years, the mean BMI 39.7+5.3 kg/m^2. 12% (8 persons) were men, 88% (59 persons) were women. We examine anamnesis of obesity, family history and comorbidity.
Results
We revealed that among men 2 participants had (25%) had the excess weight from childhood, 2 (25%) of them were stigmatized. 1 patient (12.5%) had diagnosed eating disorder, 1 patient (12.5%) - other mental disorder. 2 (25%) participants made attempts to lose weight; 50% of them used supplements and pills. 3 (37.5%) patients had cardiovascular diseases, 3 smoked, 6 of 8 persons (75 %) had obesity on maternal line, 3 (37.5%) on the paternal line. 2 respondents(25%) had diabetes mellitus in closer relatives. Among women 16 participants(27 %) had had the excess weight from childhood, 7 of them (12%) were stigmatized. 9 patients (15%) had diagnosed eating disorders, 4 patients (7%) - other mental disorders. 33 participants (56%) made attempts to lose weight; 36% of them used diet supplements and pills. 35 persons (59 %) had obesity on maternal line, 25 (42%) on the paternal line. 14 respondents (24%) had diabetes mellitus in closer relatives.
Conclusion
Family factors play a huge into transition normal weight to obesity and affecting eating disorders. ~50 % of participants had attempts to lose weight including use of supplements. Level of mental disorders and stigmatization are high.

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EP1134

Carbohydrate metabolism according to obesity phenotype

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Introduction
Diabetes mellitus is the most common disease of the 21st century. The main challenge for modern doctors is to prevent its development.
Purpose
Study the state of carbohydrate metabolism in individuals with different obesity phenotypes.
Materials and methods
We examined 96 individuals (18-64 y.) according to each obesity phenotype during 2019 - 2021 on the basis of the Vinnitsa Regional Clinical High-Specialized Endocrinological Center. An anamnesis was collected according to the FINDRISK Diabetes risk scale. Biochemical analysis was performed laboratory.
Results
Patients in the first clinical group have normal body weight, some have overweight (BMI - 24.7±4.3 kg/m^2), but the waist volume (102.45±9.63 cm in men, 88.64± 4.27 cm in women) is higher than the normative values, which is tracked in all obesity phenotypes, which may indicate insulinresistance. Violations of carbohydrate and lipid exchanges according to screening surveys in this group were not found. With normal body weight (BMI-23.7±2.44 kg/m^2), metabolic disorders are already observed in the second clinical group. According to carbohydrate metabolism data, all patients were diagnosed with prediabetes combining fasting hyperglycemia and impaired glucose tolerance (fasting glucose - 5.93±0.36 mmol/l, 2 hours after glucose - 8.45±0.27 mmol/l, HbA1c - 6.23±0.18%), and existing dyslipidemia (CL - 5.88± 0.26 mmol/l). It is worth noting that not always as we expect in obesity (BMI - 34.57±3.31 kg/m^2) there will be changes in the lipid and carbohydrate profile, demonstrating the results of the examination of the 3rd clinical group (fasting glucose - 5.23±0.17 mmol/l, glucose 2 hours after glucose - 7.4±0.32 mmol/l, HbA1c - 5.32±0.21%; CL - 4.98±0.46 mmol/l, TG - 1.32±0.14 mmol/l, LDL - 2.75±0.22 mmol/l). In patients of the 4th clinical group, metabolic disorders were detected (fasting glucose - 5.78±0.13 mmol/l, glucose 2 hours after glucose - 8.83±1.67 mmol/l, HbA1c - 5.97±0.32%; CL - 6.73± 0.21 mmol/l, TG - 2.46± 0.57 mmol/l, LDL - 4.13± 1.07 mmol/l, SAP - 145.58±19.34 mm Hg, DAP - 94.8 ±5.61 mm Hg) with obesity (BMI - 35.8 ±4.42) Given a long course without proper treatment, this can provoke diabetes mellitus.
Summary and conclusions
The results of the study will give rise to timely preventive measures aimed at combating diabetes mellitus.

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EP1135

Prevalence of sarcopenia in obese tunisian adults

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Introduction
Sarcopenia is a clinical condition defined as low skeletal muscle mass and function. It has been identified and described as a geriatric syndrome, increasing the risk of frailty, comorbidities and mortality. However, sarcopenia may arise in individuals with obesity at any age. Our objective was therefore to screen for sarcopenia in a group of obese adults.
Materials and methods
This was a descriptive cross-sectional study, carried out on 53 obese patients who consulted the Human Obesity Research Unit of the National Institute of Nutrition and Food Technology of Tunis, between November 2022 and February 2023. Screening

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