

**15** PREMALIGNANT HISTOLOGICAL CHANGES OF THE GONADS IN INTERSEX CHILDREN WITH A Y-CHROMOSOME. Jørn Müller,  
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Intersex children with a Y-chromosome carry an increased risk of developing germ cell tumors in adulthood. Carcinoma-in-situ (CIS) of the testis and gonadoblastomas have previously been shown to precede germ cell cancer; therefore, we have investigated gonadal specimens from 17 prepubertal and pubertal individuals without any sign of tumor (12 with the androgen insensitivity syndrome (AIS), 4 with 45,X/46,XY gonadal dysgenesis (GD), and 1 with 46,XY GD), in order to establish whether such histologic changes could be detected at this age. 3 out of 8 consecutive patients with incomplete AIS, aged 2 mo, 13 yrs, and 14 yrs, respectively, showed typical CIS changes, whereas none of those with complete AIS were found to have CIS. All 4 patients with 45,X/46,XY GD (3 with male phenotype, 1 with ambiguous genitalia age 1 mo-17 yrs) had CIS in at least 1 gonad. In all instances of CIS the premalignant nature of the lesion was confirmed by DNA analysis showing aneuploidy of the CIS germ cell nuclei. The 13-yr-old individual with 46,XY GD was a phenotypically normal female who during surgery for appendicitis was shown to have a dysplastic uterus, bilateral Fallopian tubes, and bilateral gonadoblastomas. In the light of evidence that CIS and gonadoblastomas are premalignant conditions, we suggest that all intersex patients with a Y-chromosome should have a gonadal biopsy performed; the information obtained will assist in the decision regarding need for gonadectomy.

**16** INCOMPLETE MALE DIFFERENTIATION: PREDICTING THE RESPONSE TO ANDROGEN THERAPY. Leon A. Hughes and Bronwen A.J. Evans, University of Wales College of Medicine, Dept. of Child Health, Cardiff, UK.

The concentration ( $K_{dR}$ ) and binding affinity ( $R_d$ ) of the androgen receptor (AR) in normal genital skin fibroblasts (GSF) is  $775 \pm 105 \times 10^{-10}$  moles/mg DNA (mean  $\pm$  SD, n = 2) and  $0.35 \pm 0.35 \times 10^{-10}$  M respectively. Normal GSF when preincubated with 200 nM [ $\text{D}_4$ ]-DHT for 20 hr before assay show a mean 2.4-fold (range 1.5 - 5.0) augmentation in AR binding. The *in vitro* response was tested in GSF obtained from patients with: complete androgen insensitivity syndrome (CAIS, n = 2); partial AIS (PAIS, n = 0); isolated hypospadias (IH, n = 9); isolated micropenis (IM, stretched penile length < 2.5 cm, n = 8). Three with PAIS/PAIS who were AR negative, deficient or positive (but qualitatively abnormal) did not augment; 2 PAIS patients given androgen did not virilize. Another 4 patients with PAIS and a normal AR which augmented, did virilize with androgen therapy. All patients with IH and IM had a normal  $K_{dR}$  and  $R_d$  but only except one severe IH with a reduced  $K_d$  ( $2.0 \times 10^{-10}$  M). Each cell line augmented normally (range 1.9 - 2.6). General IM patients are currently receiving androgen. Preliminary results show that this *in vitro* bioassay may predict androgen responsiveness *in vivo* soon after birth in infants with severe incomplete masculinization. The test may also indicate whether some patients with mixed DA/IM may benefit from androgen therapy to promote phallic growth prior to plastic surgery.

**17** N. DAYANI\*, M. CORVOL, L. ISAGREZ\*, R. RAPPAPORT  
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SPECIFIC BINDING OF [ $\text{D}_4$ ]-17 $\beta$ -ESTRADIOL  
( $\text{D}_4$ E<sub>2</sub>) TO RABBIT CARTILAGE AT PUBERTY.

Estrogens play an important role in skeletal growth maturation, but a direct effect of these hormones or the presence of estrogen receptors in cartilage at puberty was not well documented. In the present work, E<sub>2</sub> binding was studied in cartilage from male and female rabbit at puberty. Cartilage tissue or cultured chondrocytes were homogenized in 0.6 M KCl buffer. Soluble proteins were labeled with [ $\text{D}_4$ ]E<sub>2</sub> and bound and free steroids were separated using hydroxylapatite batch procedure. Scatchard analysis showed a single class of high affinity binding sites with a  $K_p$  of 0.1 nM and a number of binding sites 100 to 1000 fmoles/mg DNA in both sexes. The specific binding was temperature and time dependent. E<sub>2</sub>, DHT, IMA competed with [ $\text{D}_4$ ]E<sub>2</sub> for binding sites, but not progesterone, dexamethasone nor 2 $\alpha$ -hydroxyestra-1,3,5(10)-trien-17 $\beta$ -ol. A slight interaction of R1881 with [ $\text{D}_4$ ]E<sub>2</sub> binding sites was observed. It can be suggested that rabbit cartilage at puberty is a target tissue for estrogens with an affinity constant of E<sub>2</sub> for its binding sites similar to those found in other target tissues. No difference between male and female specific binding was observed.

**18** NEITHER TESTOSTERONE NOR FSH ARE RESPONSIBLE FOR DECREASED PRODUCTION OF AMH BY BOVINE SERTOLI CELLS IN PRIMARY CULTURE. Bernard Vigier, Jean-Yves Picard, Jacqueline Campagne, Nathalie Josso, INSERM, Unité de Recherches de Génétique Méridionale, Paris, France.

Production of anti-Müllerian hormone (AMH) by Sertoli cells is maximal during the fetal and neonatal period, and tapers off in the course of postnatal development. To determine the factors responsible for the repression of AMH secretion after birth, Sertoli cells, isolated from immature calves, were plated in an hormonally defined medium and cultured in the presence of 0.1 mM MIX. AMH was assayed in the culture medium using a competition-type RIA capable of detecting 1.5 ng. The proportion of neosynthesized AMH was calculated by determining the amount of immunoreactive AMH unaffected by cycloheximide treatment in conditions where 92 % of protein neosynthesis is inhibited. AMH production by Sertoli cells, expressed per 24 hrs and per  $10^6$  cells, fell from 90 ng on the day following plating to 1.5 at day 7. The proportion of AMH synthesized after day 1 was 35 % on day 2 and 88 % on day 3. FSH, 2.5  $\mu$ g/ml, and testosterone, 2  $\mu$ M, were added to the culture medium on days 2 and 3, immunoreactive AMH was measured in the culture medium at day 3. Mean daily production of AMH by  $10^6$  Sertoli cells was 28.6 $\pm$ 2.6 ng in control cultures, 24.6 $\pm$ 2.8 in FSH-treated ones and 26.6 $\pm$ 3.4 after testosterone treatment. Differences were not significant by analysis of variance. In the same conditions, FSH increased cyclic AMP production approximately tenfold. Further studies are in progress to determine which factors are essential to the continued production of AMH by Sertoli cells *in vitro*.

**19** DEVELOPMENTAL PATTERN OF ANDROGEN METABOLIZING-ENZYMES AND ANDROGEN BINDING CAPACITY IN HUMAN FORESKIN FROM BIRTH TO PUBERTY. Gérard Theintz, Thierry Steiner & Pierre G. Sizonenko, Div. of Biology of Growth & Reproduction, University School of Medicine, Geneva, Switzerland.

Tissue sensitivity to circulating androgens changes during development. A study of enzymes and androgen receptors in human target tissue from birth to puberty may provide useful information concerning the relative importance of the molecular mechanisms involved. The activities of 1 $\alpha$ -hydroxysteroid dehydrogenase (1 $\alpha$ HSD), 5 $\alpha$ -reductase (R), 3 $\beta$ - and 17 $\beta$ -hydroxysteroid dehydrogenases (3 $\beta$ HSD's), as well as specific binding to androgen receptors were measured in the 800 $\mu$ g supernatant of 49 foreskin homogenates from 8 age groups: pool I, newborns; II, 6-24w; III, 6-12m; IV, 1-3y; V, 3-8y; VI, 8-14y; VII, 11-14y; VIII, >14y. The activity of 1 $\alpha$ HSD is very low at birth and then increases to reach the highest level in the older age group, whereas R shows 2 peaks of activity, one maximal at birth and another in the 3-14y age group. The activity of 3 $\beta$ HSD's appears to follow the same pattern as 1 $\alpha$ HSD. In contrast with these marked enzymatic changes, little variation is observed in the binding capacity of non nuclear androgen receptors. In conclusion, our data suggest that, during development, the regulation of androgen action in human foreskin may be more dependent on changing ratios of active [e.g. dihydrotestosterone] versus inactive [e.g. 5 $\alpha$ -androstane-3 $\beta$ -ol] metabolites than on a modification of receptor binding capacity.

**20** EFFECT OF CYPROTERONE ACETATE ON AROMATASE ACTIVITY IN CULTURED FORESKIN FIBROBLASTS: PREVENTION OF INDUCTION BY DEXAMETHASONE

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Aromatase activity of human foreskin fibroblasts (FF) can be determined by analysis of ( $\text{D}_4$ )H<sub>2</sub>O released upon conversion of (1 $\beta$ D) androstanedione(A) to estrone. FF were incubated with MEM containing (1 $\beta$ D)A(150nM) and progesterone(5 $\mu$ M) for 3h. Preincubation (37°C, 12h) of cells with 250nM dexamethasone(Dex) in medium with FBS or (Bu)<sub>2</sub>cAMP(1nM) in medium without FBS resulted in a increase in aromatase activity. When cells were preincubated with Dex and cyproterone acetate(CA), testosterone(T), dihydrotestosterone(DHP), or Estradiol(E<sub>2</sub>), CA( $10^{-6}$ - $10^{-4}$  M), T( $10^{-7}$ - $10^{-6}$  M), or DHP( $10^{-6}$  M) prevented the stimulation of aromatase activity by Dex. CA did not prevent the stimulatory effect of Dex. To examine the effect of CA, T, and DHP on the Dex-induced stimulation of aromatase activity, the ability to compete for binding to the glucocorticoid receptor (GR) was investigated. CA competed with (1 $\beta$ )Dex for binding to GR and a 50% reduction of (1 $\beta$ )Dex binding was obtained at  $10^{-6}$  M, whereas both T and DHP were not the inhibitor of glucocorticoid binding to the receptor. On the other hand, when cells were preincubated with (Bu)<sub>2</sub>cAMP and CA, T, DHP, or E<sub>2</sub>, the stimulatory effect of (Bu)<sub>2</sub>cAMP was not affected. In summary: 1) aromatase activity in FF can be induced by Dex or (Bu)<sub>2</sub>cAMP. 2) induction of aromatase activity by Dex is prevented by CA competing for binding to GR but other mechanism exists in prevention by T and DHP. 3) induction of aromatase activity by (Bu)<sub>2</sub>cAMP is not affected by CA, T, or DHP.