Francesco Fallo Associate Professor of Medicine Department of Medicine of the University of Padova. francesco.fallo@unipd.it

Prof Fallo was a Research Associate in Pediatric Endocrinology, The New York-Hospital, Cornell Medical Center, New York (USA) from 1981-1982. In 1988-1989 he was Research Fellow in the Paracrine Biology Lab at the Endocrinology-Hypertension Division, Brigham and Women's Hospital, Harvard Medical School, Boston, USA. He is European Hypertension Specialist and official Member of Società Italiana di Endocrinologia, Società Italiana dell'Ipertensione Arteriosa, The Royal Society for Endocrinology (UK), Endocrine Society (USA), European Society of Hypertension.

Main scientific interests: Endocrine Hypertension, Pituitary and Adrenal Diseases, Endocrine Tumor with more than 250 publications as full papers.

Research Team members

Dr. Catia Pilon, PhD Dr. Riccardo Urbanet, PhD Dr. Andrea Rebellato, MD, Doctorate Student

Research Focus

The Adrenal Pathophysiology Lab is part of the Clinica Medica (3) Unit at the Department of Medicine of University Hospital of Padova, which is one of the largest Hospitals in Italy serving within the network of the Public Health Service. The mission of Clinica Medica Unit is to provide cutting edge research, from bench to bedside, for the treatment and prevention of various medical diseases. Clinical research is ongoing in the cardiovascular aspects of endocrine and metabolic disorders, obesity and endocrine tumors. An Ambulatory Clinical Center, provided with a staffed personnel designed to organize, store and analyze clinical data, is devoted to studies performed in an outpatient setting. An extensive teaching program, as part of the University of Padova-Medical School duties, comprises activities in bedside clinical skill, critical reasoning and quality improvement methods.

The Adrenal Pathophysiology Lab, staffed by a team of experienced biologists, biotechnologists and post-doc students has developed national and international links with other Research Labs having adrenal disorders as scientific interest. Major research focus is on pathophysiological and molecular mechanisms regulating adrenal steroids production, aldosterone effect and MR activation in adipose tissue, and their clinical consequences in primary aldosteronism, metabolic syndrome and cardiovascular diseases and the role of vitamin D in adrenal growth and function.

Facilities

Cell culture and animal facilities, FAC-Sort cytofluorimeter, Real-time PCR, fluorescent and optical microscopes, luminometer, spectrophotometer, microplate reader, ultracentrifuge, Sequenom, electronic cell counter, beta-counter and radioisotope laboratory. Techniques used include: classical biochemistry, radioimmunoassays, cell culture, inbreeding animals for experimental studies, molecular biology techniques.

Publications

Fallo F., Sonino N., Armanini D., Luzzi T., Pedini F., Pasini C., Mantero F.. A new family with dexamethasonesuppressible hyperaldosteronism: aldosterone unresponsiveness to angiotensin II. Clinical Endocrinology, 22:777-785, 1985

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Fallo F, Dalla Pozza A, Tecchio M, Tona F, Sonino N, Ermani M, Catena C, Bertello C, Mulatero P, Sabato N, Fabris B, Sechi LA. Nonalcoholic fatty liver disease in primary aldosteronism: a pilot study. American Journal of Hypertension, 23:2-5, 2010

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Beuschlein F, Boulkroun S, Osswald A, Wieland T, Nielsen HN, Lichtenauer UD, Penton D, Schack VR, Amar L, Fischer E, Walther A, Tauber P, Schwarzmayr T, Diener S, Graf E, Allolio B, Samson-Couterie B, Benecke A, Quinkler M, Fallo F, Plouin F, Mantero F, Meitinger T, Mulatero P, Jeunemaitre X, Warth R, Violsen B, Zennaro M-C, Strom TM, Reincke M. Somatic mutations in ATP1A1 and ATP2B3 lead to aldosterone-producing adenomas and secondary hypertension. Nature genetics, 45: 440-445, 2013

Williams TA, Monticone S, Schack VR, Stindl J, Burrello J, Buffolo F, Annaratone L, Castellano I, Beuschlein F, Reincke M, Lucatello B, Ronconi V, Fallo F, Bernini G, Maccario M, Giacchetti G, Veglio F, Warth R, Vilsen B, Mulatero P. Somatic ATP1A1, ATP2B3, and KCNJ5 mutations in aldosterone-producing adenomas. Hypertension, 2014, 63:188-95, 2014

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