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CASE SERIES OF 7 ADRENOCORTICAL ONCOCYTIC NEOPLASMS, A SINGLE CENTRE EXPERIENCE

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INTRODUCTION
Adrenocortical oncocytic neoplasm is an extremely rare disease, it is usually detected incidentally, and majority are benign and non-functioning.

METHODOLOGY
The demographic and clinical data of 7 patients with adrenocortical oncocytic neoplasm diagnosed and surgically treated at the department of endocrinology in Putrajaya Hospital, between January 2010 and March 2021, were retrospectively analyzed. The clinical manifestations, imaging examination, endocrine examination, types of surgery, pathological results and patient outcomes were analyzed.

RESULTS
The mean age at diagnosis was 41(18-68) years old, with female predominance (4:3), and left side dominance (6:1). In one patient, the tumour was incidentally found during staging for breast cancer. Three patients presented with flank pain. Three patients were diagnosed during evaluation for Cushing's syndrome. The cortisol and catecholamine metabolites were normal except for 3 patients with Cushing's syndrome. Four patients underwent laparoscopic resection of the tumour while the other 3 had open surgery. All surgeries were successfully performed with no complications. The median tumour size is 70 mm (30-180 mm) and the median weight of the tumour is 155.2 g (12.5-1914.3 g). The tumours exhibited the following immunohistochemical profiles: positive for vimentin n=6 (100%), synaptophysin n=5 (100%), neuron-specific enolase n=5 (100%), S-100 n=5 (60%); negative for cytokeratin n=6(83%) and chromogranin n=6 (66%). All the patients were regularly followed up. The follow-up period ranged from 3 to 136 months. The 3 patients with Cushing's syndrome had clinical and biochemical resolution during follow-up. However, 1 case had recurrent Cushing's syndrome with local and distant metastases.

CONCLUSION
The adrenocortical oncocytic neoplasms are rare and mostly benign tumours. Surgical resection is the main treatment method. Careful pathological examination and close follow-up are needed to confirm the prognosis.

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SIMILAR BUT DIFFERENT: A TALE OF 2 CASES OF EUGLYCEMIC DIABETIC KETOACIDOSIS

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INTRODUCTION
Euglycemic diabetic ketoacidosis (euDKA) is a subset of diabetic ketoacidosis (DKA) with increased anion gap metabolic acidosis and ketosis but normal or minimally elevated blood glucose. Notorious in the recent years due to its association with the increasingly popular sodium-glucose cotransporter 2 (SGLT2) inhibitors, euDKA may also be caused by other conditions. Here, we describe 2 cases of euDKA of different etiologies.

RESULTS
The first case is a 41-year-old female with poorly controlled type 2 diabetes mellitus (HbA1c 12.5%) who was on metformin and empagliflozin. She had discontinued her insulin glargine/lixisenatide injections after missing her follow-up in April 2020 due to the COVID-19 pandemic. In September 2020, she presented with 4 days of abdominal pain and persistent vomiting. She had severe metabolic acidosis (pH 6.9 and HCO3 1.4 mEq/L) with a random capillary blood glucose of 9 mmol/L. Despite fluid resuscitation, sodium bicarbonate infusion and continuous veno-venous hemofiltration (CVVH), her metabolic acidosis persisted for the next 4 days. Her serum ketone was then noted to be elevated (6.4 mmol/L). She was diagnosed with euDKA and after treatment with intravenous insulin and dextrose, it resolved. The second case is a 33-year-old female with type 1 diabetes mellitus who has had 4 prior episodes of DKA since her diagnosis in 2013. She was pregnant at 31 weeks when she presented with 2 days of poor oral intake, epigastric discomfort and vomiting. Her capillary blood glucose was 9.2 mmol/L with severe metabolic acidosis (pH 7.1 and HCO3 5.7 mEq/L) and ketosis (serum ketone was 5.1 mmol). She was diagnosed with euDKA which resolved after 16 hours of intravenous insulin and dextrose.

CONCLUSION
Aside from SGLT2 inhibitors, euDKA is also associated with other conditions such as pregnancy. High index of suspicion in normoglycemic patients is required to avoid delay in diagnosis and management.