Prediabetes / Diabetes Mellitus / Hypoglycemia

CR-D-37

ERUPTIVE XANTHOMA IN A YOUNG ADULT MALE WITH SEVERE DYSLIPIDEMIA AND NEWLY DIAGNOSED TYPE 1 DIABETES

https://doi.org/10.15605/jafes.034.02.S81

Ma. Jean Capulong Linsao and Mary Jane Gutierrez-Benavidez
Department of Internal Medicine, Bulacan Medical Center, Malolos, Bulacan, Philippines

INTRODUCTION
Eruptive xanthomas are multiple, red-yellow papules that appear in crops on the extensor surface of the extremities and the buttocks and are pathognomonic skin manifestations of severe hypertriglyceridemia, especially in patients with newly diagnosed or decompensated diabetes mellitus. In the Philippines, there are no nationwide prevalence or incidence studies on Type 1 Diabetes, particularly those in association with dyslipidemia and eruptive xanthoma formation

CASE
This report provides a comprehensive view of the unusual case of an adult male, who was managed as a case Eruptive Xanthoma secondary to Dyslipidemia and Type 1 Diabetes.

CONCLUSION
This case recognizes the importance of prompt awareness and recognition of eruptive xanthoma and its association with dyslipidemia, and newly diagnosed or decompensated diabetes mellitus to help prevent its serious complications with timely evaluation and therapy, and consequently decrease morbidity and mortality.

KEY WORDS
eruptive xanthoma, dyslipidemia, type 1 diabetes mellitus

CR-D-38

DIABETIC KETOACIDOSIS (DKA)-ASSOCIATED HEMICHOREA-HEMIBALLISM IN TYPE 2 DIABETES MELLITUS: AN UNCOMMON EVOLVING CONDITION FROM NON-KETOTIC HYPERGLYCEMIA TO DIABETIC KETOACIDOSIS

https://doi.org/10.15605/jafes.034.02.S82

Yotsapon Thewjitcharoen, Nopparath Tongpoo, Veekij Veerasomboonsin, Tawee Anuntakulnatee, Soontaree Nakasatien, Sirinate Krittiyawong, Thep Himathongkam
Diabetes and Thyroid Center, Theptarin Hospital, Bangkok, Thailand

INTRODUCTION
Non-ketotic hyperglycemic hemichorea-hemiballism is a well-known phenomenon in elderly patients who have poorly controlled type 2 diabetes mellitus (T2DM), typically in female Asians. Its occurrence as an evolving condition from non-ketotic hyperglycemia to diabetic ketoacidosis (DKA) is extremely uncommon.

CASE
A 79-year-old Thai woman with T2DM was transferred from a provincial hospital to our intensive care unit with urosepsis and abnormal movements in right arm and leg for 4 days. At the referral hospital, she had been admitted with uncontrolled hyperglycemia with the similar less severe right-sided abnormal movements. A plain cranial CT revealed bilateral basal ganglion calcification without hypodense lesions. However, she was diagnosed with lacunar stroke and abnormal movements subsided with supportive treatments. Two months later, she returned to the hospital with lethargy and abrupt onset of right-sided involuntary movements. She was diagnosed with non-ketotic hyperglycemia with a plasma glucose level of 343 mg/dL and glycated hemoglobin of 9.8%. Supportive treatment with subcutaneous insulin was given but her abnormal movements worsened. On arrival at our hospital, urosepsis-precipitated DKA was diagnosed with right-sided abnormal movements that were compatible with hemichorea-hemiballism. The non-contrast cranial CT revealed slightly increased attenuation at left putamen. DKA-associated hemichorea-hemiballism was suspected and her condition slowly improved over 2 months after resolution of DKA with strict glycemic control and anti-dopaminergic medications.