Prediabetes / Diabetes Mellitus / Hypoglycemia

CR-D-37

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

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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

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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.

CONCLUSION
This case highlights the importance of considering: diabetic Striatophaty or hyperglycemia-induced hemichorea hemiballisim syndrome could be developed in both non-ketotic and ketotic conditions.

KEY WORDS
diabetic ketoacidosis, hemichorea, hemiballism

CR-D-39

SCROTAL PYOCELE ASSOCIATED WITH SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2i): THE NEED FOR HIGH INDEX OF SUSPICION

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INTRODUCTION
Recent data showed that SGLT2i is linked with Fournier gangrene. Scrotal pyocele is a rare clinical condition often commonly associated with acute epididymo-orchitis. Previous evidence suggested potential risk of serious genitourinary infection in patients using SGLT2i. however, scrotal pyocele associated with SGLT2i has never been reported.

CASE
A patient with poorly-controlled type 2 DM on SGLT2i presented with acute scrotal pain.

CONCLUSION
Although rare, SGLT2i may result in serious genitourinary infection including scrotal pyocele. Clinicians must take great care when prescribing SGLT2i to elderly male patients with pre-existing hydrocele. Treatment requires broad-spectrum antibiotics and emergent surgical consultation to prevent testicular damage or Fournier gangrene.

KEY WORDS
SGLT2i, scrotum, pyocele, urinary tract infection

CR-D-40

QUADRUPLE TROUBLE: NUTRITIONAL MANAGEMENT OF A MULTIPLE GESTATION PREGNANCY IN A FILIPINO PRIMIGRAVID

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INTRODUCTION
Nutritional requirements among pregnant women vary according to pre-pregnancy bodyweight, BMI, trimester, and number of fetuses. Those bearing multiples require additional calories to promote adequate growth and development, and prevent pregnancy complications. We report the nutritional management of a 29-year-old Filipino primigravid bearing quadruplets on her 24th week age of gestation, admitted for preterm labor.

CASE
The patient was referred to Endocrinology service for sugar control while on dexamethasone therapy for fetal lung maturation, and nutritional upbuilding. She had histories of twin pregnancies from both her and her husband's sides of family. No family history of diabetes, PCOS, and glycosuria noted, nor was she overweight or obese on her pre-pregnant state. Only dexamethasone was noted as a medication the patient had that could affect carbohydrate metabolism.

CONCLUSION
The nutritional recipe prescribed was 3500 kcal daily with 40% carbohydrates, 40% protein, and 20% fat, achieving adequate interval growths for the foetuses. Multivitamin supplements were also given daily. Infants were delivered live at 31 weeks AOG, with birth weights 1100 g, 640 g, 720 g, and 835 g, respectively, all small for gestational age.

KEY WORDS
prediabetes / diabetes mellitus / hypoglyvemia