

CONCLUSION

This case highlights the importance of considering: diabetic Striatophaty or hyperglycemia-induced hemichorea hemiballism 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 fetuses. 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 / hypoglycemia