CR-D-41

EUGLYCAEMIC DIABETIC KETOACIDOSIS (DKA) IN A 21-YEAR-OLD PATIENT ON SGLT-2 INHIBITOR

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Khai Tong Tan
Mount Elizabeth Medical Centre, Singapore

INTRODUCTION
A 21-year-old lady with Type 2 Diabetes Mellitus for 2 years was on Empagliflozin, Linagliptin and Metformin for 10 months. She developed Euglycaemic Ketoacidosis after voluntarily going on a low carbohydrate diet for 3 days.

CASE
The patient was diagnosed to have Type 2 Diabetes Mellitus in 2016. She was well but not compliant with diet control. In Dec 2018, she was noted to have HbA1c of 9.3% and fasting Triglyceride was 13.06 mmol/L. For 3 days she decided to have a strict low calorie and low carbohydrate diet. She developed nausea and vomiting and was found to be in ketoacidosis. Euglycaemic Ketoacidosis was confirmed by blood glucose of 6.3 mmol/L; urine ketone positive 3+; blood ketone high; lactic acid normal; bicarbonate less than 10 mmol/L. She recovered after treatment with dextrose / insulin infusion.

CONCLUSION
More vigilance is required for patients on SGLT-2 inhibitors who may have to undergo fasting or periods of reduced food intake eg after surgery or procedures.

KEY WORDS
ketoacidosis, sglt-2 inhibitor, diet

CR-D-42

A SUCCESSFULLY TREATED CASE OF HYPEROSMOLAR HYPERGLYCEMIC STATE WITH RHABDOMYOLYSIS IN AN OBESE YOUNG MAN

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Kyujin Kim
Endocrinology Department, Che Ju Halla General Hospital, Korea

INTRODUCTION
Rhabdomyolysis is a syndrome caused by muscle breakdown which releases intracellular contents into the bloodstream. Rhabdomyolysis can be a life-threatening condition causing acute kidney injury and hyperosmolar hyperglycemic state in a diabetic patient.

CASE
A 30-year-old Korean male presented to the emergency department with bilateral lower extremity weakness and mental status changes. He had been recently experiencing fatigue, polyuria and polydipsia, as well as 6 kg weight loss over the past 3 days (120 kg, BMI 40.6). He was admitted to our intensive care unit due to impression of hyperosmolar hyperglycemic state combined with acute kidney injury.

CONCLUSION
Obese men with uncontrolled diabetes mellitus can be prone to rhabdomyolysis combined with a hyperosmolar hyperglycemic state. Delayed detection can be fatal, and timely renal replacement therapy can result in an excellent prognosis. Therefore, it is crucial for clinicians to detect and treat such patients as soon as possible to avoid impairing their renal function.

KEY WORDS
hyperosmolar hyperglycemic state, rhabdomyloysis, renal replacement therapy