

CR-D-47**BULLOUS PEMPHIGOID ASSOCIATED WITH SITAGLIPTIN USE: A CASE REPORT**

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Ma. Guia Estrella Dela Cruz,¹ Mark Henry Joven,² Clarisse Mendoza,³ Emmerson Gale Vista³

¹Chinese General Hospital and Medical Center, Manila, Philippines

²University of Santo Tomas Faculty of Medicine and Surgery, Manila, Philippines

³Research Institute for Tropical Medicine, Muntinlupa, Philippines

INTRODUCTION

DPP-IV inhibitors are considered one of the safest anti-diabetes drugs given its low hypoglycemic risk and neutral effects on weight. Recently, cases of bullous pemphigoid have been reported on patients with type 2 diabetes treated with DPP-IV inhibitors.

CASE

A 70-year-old Filipino male of Chinese descent presented with pruritic eczematous papular rash on both shins. Lesions progressed to blisters in the trunk and extremities. Medical history was significant for T2DM and hypertension. He was on sitagliptin 50 mg daily (started a month prior) and losartan 50 mg daily.

CONCLUSION

We present a patient with T2DM on sitagliptin who presented with bullous pemphigoid. Physicians should be aware of this association since early detection may circumvent its progression and avert complications.

KEY WORDS

sitagliptin, dpp-iv inhibitors, bullous pemphigoid

CR-D-48**L-ASPARAGINASE-INDUCED DIABETIC KETOACIDOSIS IN AN ADULT WITH ACUTE LYMPHOBLASTIC LEUKEMIA**

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Jenn Danielle Gargar, Karen Loise Lat, Henny Tannady Tan, Reynaldo Dela Fuentes Rosales

St. Luke's Medical Center Global City, Taguig City, Philippines

INTRODUCTION

The mainstay treatment for acute lymphoblastic leukemia (ALL) includes L-asparaginase, doxorubicin, vincristine, and prednisone. Hyperglycemia is common with asparaginase, with or without glucocorticoid therapy. Development of diabetic ketoacidosis (DKA) however, is rare and mostly reported in children with an incidence of 0.8%. Incidence among adults is unknown. Fourteen cases have been reported in patients below 18 years old, and only 3 occurring in 21 to 25-year-olds. This case is of a 57-year-old female with precursor B cell ALL developing DKA post 3rd cycle of L-asparaginase therapy.

CASE

Literature reviewed from 1986 to present revealed seventeen cases of DKA post L-asparaginase therapy.

CONCLUSION

This report shows that DKA from L-asparaginase occurs even in the older population. It is vital that patients with hyperglycemia and decreased sensorium receiving L-asparaginase for ALL be screened for DKA. Determination of risk factors among patients who develop DKA from L-asparaginase is important in order to prevent future incidences.

KEY WORDS

diabetic ketoacidosis, l-asparaginase, acute lymphoblastic, leukemia