

PP-D-34

DIABETES AND HYPOPITUITARISM AS IMMUNE-RELATED ENDOCRINOPATHIES ASSOCIATED WITH PEMBROLIZUMAB THERAPY IN A PATIENT WITH ADVANCED RENAL CELL CARCINOMA

<https://doi.org/10.15605/jafes.038.AFES.103>

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CASE

We report a 59-year-old Malaysian-Chinese male with bilateral renal cell carcinoma with liver metastases who developed diabetes and hypopituitarism after approximately ten months on pembrolizumab. He presented with a one-week history of lethargy, polyuria, polydipsia, and nocturia. He was admitted to a private hospital as a case of diabetic ketoacidosis and was discharged with basal-bolus insulin. Three days after discharge, he was admitted to the oncology ward for uncontrolled diabetes without ketosis. Blood tests showed high serum glucose, low morning cortisol 11 nmol/L, low ACTH and low testosterone with inappropriately normal FSH and LH. He was diagnosed with diabetes, secondary adrenal insufficiency and hypogonadotropic hypogonadism. His condition improved after administration of basal-bolus insulin and hydrocortisone. He experienced spontaneous recovery of the gonadal axis after three months.

KEYWORDS

pembrolizumab, diabetes, hypopituitarism

PP-D-35

A CASE REPORT OF DIABETIC KETOACIDOSIS IN A PREGNANT PATIENT NOT PREVIOUSLY KNOWN TO BE DIABETIC AND WITH NORMAL HbA1c LEVEL

<https://doi.org/10.15605/jafes.038.AFES.104>

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CASE

Diabetic ketoacidosis (DKA) in the pregnant population has grave effects on the fetus and mother if left untreated. It is unusual for a non-diabetic pregnant woman to develop DKA during pregnancy. This is a case of a 32-year-old Filipino gravida 3 para 2, 29 weeks and 3/7 days pregnant,

who presented with shortness of breath. Laboratory tests showed an elevated blood glucose level >600 mg/dL, high anion gap metabolic acidosis, and ketonuria, but with a normal HbA1c level. The patient was managed as newly diagnosed diabetes mellitus in severe diabetic ketoacidosis. She was started on fluid replacement, insulin therapy, and antibiotic treatment for urinary tract infections. However, due to fetal demise, she underwent induction of labor and subsequent delivery. DKA may occur in pregnant women not previously known to have diabetes and confers a high mortality risk if left undetected. Thus, a high index of suspicion is needed even if patients initially showed normal glucose tolerance or HbA1c levels.

KEYWORDS

diabetic ketoacidosis in pregnancy, newly diagnosed diabetes mellitus

PP-D-36

THE ASSOCIATION OF BLOOD PRESSURE AND END-STAGE RENAL DISEASE IN ELDERLY DIABETES PATIENTS: A NATIONWIDE COHORT STUDY

<https://doi.org/10.15605/jafes.038.AFES.105>

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INTRODUCTION

There is insufficient evidence to determine a precise blood pressure target in older adults with diabetes mellitus. In this study, we evaluated the potential relationship between blood pressure levels and end-stage renal disease (ESRD) in older diabetes patients without ESRD using a nationwide longitudinal population dataset from the National Health Information Database (NHID).

METHODOLOGY

We performed an observational retrospective cohort study including 267,156 older (≥65 years old) patients with diabetes and without ESRD from 2009 to 2018 based on the NHID. We divided the participants into eight groups based on their systolic blood pressure (SBP) and diastolic blood pressure (DBP). The primary composite outcome was ESRD.