

PP-D-34

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

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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

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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

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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.

RESULTS

During a median follow-up of 7.26 years, the incidence rate of ESRD was 2.03 per 1,000 person-years. In multivariable Cox proportional hazard modeling, the risk of the primary outcome was lowest in groups with an SBP of 100–119 mmHg and DBP of <80 mmHg. In a subgroup analysis according to the use of hypertension medication, there was a significant difference in DBP (p for interaction = 0.026) but no difference in SBP (p for interaction = 0.247). The risk of ESRD was the lowest in patients with an SBP of 110–129 mmHg taking hypertension medication and the highest in the group with an SBP of ≥ 160 mmHg.

CONCLUSION

Maintaining blood pressure at less than 120/80 mmHg might prevent progression to ESRD in older diabetes patients without cardiovascular disease.

KEYWORDS

hypertension, end-stage renal disease, systolic blood pressure, diastolic blood pressure, pulse pressure

PP-D-37

DIABETIC FOOT ULCER WITH TUBERCULOSIS INFECTION

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CASE

Diabetic foot ulcer (DFU) is one of the most common diabetes complications that increases morbidity, mortality and treatment costs while reducing the quality of life as well. We describe a case of a non-healing foot ulcer caused by Mycobacterium tuberculosis in a 52-year-old Indonesian male with known diabetes where the diagnosis was not suspected initially. Despite the administration of culture-guided antibiotics, the wound did not improve and always appeared wet. The patient eventually received anti-tuberculosis drugs, causing a dramatic improvement in the wound. Diabetes mellitus is indeed a disease that can alter the host's immunity and lead to increased susceptibility to several diseases, including tuberculosis. In TB-endemic countries, tuberculosis should be considered as a differential diagnosis in DFUs that do not improve despite culture-guided antibiotic treatment.

KEYWORDS

diabetic foot ulcer, non-healing wound, tuberculosis

PP-D-38

DIABETIC EMERGENCIES: COMBINED HYPEROSMOLAR HYPERGLYCEMIC STATE AND DIABETIC KETOACIDOSIS

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CASE

There is no currently accepted definition for patients presenting with a combination of hyperglycemic hyperosmolar state and diabetic ketoacidosis. An overlap of both entities is associated with greater mortality than isolated HHS or DKA. We describe a case of a 69-year-old Filipino male with type 2 diabetes and dementia who presented with mixed HHS and DKA. The patient was tachycardic and tachypneic with dry oral mucosa and poor skin turgor associated with metabolic acidosis, ketonuria, elevated osmolarity, and anion gap. Non-adherence to insulin with concomitant atypical antipsychotic medication use may have precipitated the condition. Fluid repletion, insulin therapy, and correction of hyperosmolarity and acidosis resulted in the recovery of the patient without complications. This case highlighted the importance of defining management strategies for mixed types of diabetic emergencies to prevent mortality and morbidity.

KEYWORDS

type 2 diabetes, diabetic ketoacidosis, hyperosmolar hyperglycemic state, overlap

PP-D-39

CLINICAL RESULTS OF LONG-TERM LOBEGLITAZONE ADD-ON THERAPY IN TYPE 2 DIABETES

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INTRODUCTION

Considering the pathophysiology of type 2 diabetes, a metformin and DPP-4 inhibitor combination is the usual initial treatment option to relieve insulin resistance and improve insulin secretory dysfunction. Adding thiazolidinedione (TZD) was the next best step for delaying the progression of diabetes by preserving pancreatic beta cell function compared to sulfonylurea before launching of SGLT2 inhibitor. Lobeglitazone is another TZD launched in this country in 2016. This study wanted to determine the long-term effects of lobeglitazone when added to metformin and DPP-4 inhibitor combination therapy.