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

https://doi.org/10.15605/jafes.038.AFES.106

Puspito Dewi,[1] Hemi Sinorita,[2] Heni Retnowulan,[2] Rizka Humardewayanti[2]
[1]*Faculty of Medicine Gadjah Mada University, Yogyakarta, Indonesia*
[2]*Dr. Sardjito General Hospital, Yogyakarta, Indonesia*

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

https://doi.org/10.15605/jafes.038.AFES.107

Josephine Khaye Doydora and Emilia Patriana
Maria Reyna Xavier University Hospital, Cagayan de Oro, Philippines

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

https://doi.org/10.15605/jafes.038.AFES.108

Yonghyun Kim and Donghyun Shin
Bundang Jesaeng Hospital, Seongnam, South Korea

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.