monitoring and dietary modifications. Her capillary blood glucose remained stable (5–7 mmol/L) on follow-up. However, weeks later, she presented again with reduced responsiveness. Investigations revealed overlapping diabetic ketoacidosis and hyperosmolar hyperglycaemic state with acute kidney injury (glucose 32 mmol/L, ketones 7.5 mmol/L, pH 7.2, HCO_3 15mmol/L, Na 162 mmol/L, urea 27 mmol/L, creatinine 309 mol/L, osmolality 362 mOsm/L). CXR showed right lower zone consolidation. She was treated with antibiotics and insulin, requiring up to 30 units per day when steroid was added for bronchospasm. After recovery and weaning of steroids, insulin was tapered off. However, she experienced further episodes of hypoglycaemia despite being off all glucose lowering medication. Diazoxide was resumed at 100 mg every other day. Family opted for nonsurgical management and she remained well with normal home glucose profile on follow up 3 months later.

CONCLUSION

This case highlights the rare but potentially life-threatening side-effect of diazoxide. The risk is heightened in the elderly, especially when confounded by renal impairment, high doses, intercurrent illness or steroid use. Awareness and vigilant monitoring are essential in the vulnerable to avoid adverse outcome.

EP_A152

THE ROLE OF DAPAGLIFLOZIN AS AN ADJUNCTIVE THERAPY IN SIADH-INDUCED HYPONATREMIA

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INTRODUCTION/BACKGROUND

Syndrome of inappropriate antidiuretic hormone secretion (SIADH) leads to impaired water excretion and dilutional hyponatremia. Sodium-glucose cotransporter 2 inhibitors (SGLT2i), which were initially developed for diabetes and heart failure, have shown promise as a novel treatment for chronic SIADH-related hyponatremia based on recent studies.

CASE

We report the case of a 66-year-old male with comorbidities of systemic lupus erythematosus, heart failure and adrenal insufficiency on steroid replacement. His heart failure medications included furosemide, spironolactone, and dapagliflozin, which was initiated in May 2024. Prior to admission, his serum sodium levels ranged from 130–135 mmol/L. During his current hospitalization, he was treated for pneumonia and incidentally noted to be hyponatremic with a sodium level of 128 mmol/L. At this point, diuretics and dapagliflozin were withheld. He responded to fluid boluses given, showing an initial improvement in his serum sodium, which then plateaued, followed by a declining trend to a nadir of 115 mmol/L. Paired serum and urine samples sent were consistent with SIADH. Hormonal workup taken showed normal thyroid and cortisol level. The patient was then given hypertonic saline to correct the initial severe hyponatremia, followed by fluid restriction and oral salt. Despite an initial improvement, this effect was not sustained, with sodium levels remaining static at 125-126 mmol/L. Dapagliflozin was then reintroduced, resulting in progressive improvement in his serum sodium, which allowed for discontinuation of oral sodium supplementation. He showed progressive clinical improvement and was discharged well with a serum sodium of 138 mmol/L.

CONCLUSION

This case illustrates the potential benefit of SGLT2 inhibitors in managing SIADH-related hyponatremia. Reintroduction of dapagliflozin led to a sustained rise in sodium levels, even after discontinuing salt supplementation. SGLT2i may enhance free water clearance and could be considered as adjunctive therapy in chronic SIADH, alongside fluid restriction and sodium supplementation.

EP_A153

UNMASKING A HORMONAL CHAMELEON: TSHoma WITH HIDDEN ACTH CO-SECRETION

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INTRODUCTION/BACKGROUND

TSH-secreting pituitary adenomas (TSHomas) are rare and often misdiagnosed due to overlapping features with primary thyroid disorders. Even rarer are plurihormonal pituitary adenomas that co-secrete TSH and ACTH. We report a unique case where initial evaluation suggested a TSHoma, with ACTH co-secretion only suspected perioperatively based on clinical features and was later confirmed histologically.

CASE

A 41-year-old woman with a two-year history of hypertension and primary infertility presented with palpitations, heat intolerance, and insomnia. She had a history of