PP-D-17

CHOREA HYPERGLYCEMIA BASAL GANGLIA SYNDROME: A CASE REPORT OF A RARE DIABETES COMPLICATION

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BACKGROUND
Chorea hyperglycemia basal ganglia syndrome (C-H-BG) is a rare sequelae of acute hyperglycemia with a predilection for Asians and elderly women. Cases are often misdiagnosed with the more common intracerebral hemorrhage. The purpose of this report is to present this rare condition in a relatively young Asian male and discuss the approach to such cases.

CASE
A single case of C-H-BG was closely followed and recorded.

A 53-year-old-male, Filipino, with type 2 diabetes mellitus and hypertension for more than 10 years, presented with sudden onset of hyperkinetic, involuntary, non-patterned, continuous movements of the left upper and lower extremities. Investigations revealed severe hyperglycemia (CBG 328 mg/dL; HbA1c 15.4%) without acidemia and ketonuria. Cranial computed tomography scan showed hyperdensity on the right caudate and lentiform nuclei. On cranial magnetic resonance imaging, there was T1-weighted hyperintense and T2-weighted hypointense signal involving the right putamen, globus pallidus and caudate. Cranial magnetic resonance angiography showed stenosis on the cavernous segment of the right internal carotid artery (ICA), left ICA and middle cerebral artery junction, the A1 segment of the left anterior communicating artery and proximal P2 segments of the bilateral posterior cerebral arteries. The patient was managed with a basal-bolus insulin regimen to control the blood glucose and haloperidol to manage the extrapyramidal symptoms. Consequently, there was complete resolution of the involuntary movements.

CONCLUSION
This case emphasizes the importance of early recognition of this rare diabetes complication. Manifestations of C-H-BG are debilitating but reversible through aggressive glucose control and haloperidol.

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PATIENT CHARACTERISTICS, GLYCEMIC CONTROL AND MANAGEMENT PATTERNS OF TYPE 2 DIABETES MELLITUS IN MALAYSIA

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OBJECTIVES
To highlight the real-world data on patient characteristics and management patterns among Malaysian type 2 diabetes mellitus (T2DM) patients based on the DISCOVER Global Registry.

METHODOLOGY
The DISCOVER Global Registry is a prospective, non-interventional, clinician-led study involving adults with T2DM. Data from January 2017 to May 2020 were analyzed which included demographic details, biochemical parameters, medication use and details of follow up.

RESULTS
A total of 332 patients were enrolled (51% males, mean age 50.7 years, DM duration 76 months, body mass index 29.5 kg/m^2, waist circumference 103 cm, blood pressure 132/76 mm Hg and co-morbidities (16% hypertension, 20% dyslipidemia). The mean HbA1c was 8.5%. The HbA1c value was <7% in 29% [88], 7-8% in 21% [65]) and >8% in 50% [150]. The mean fasting glucose level was 8.4 mmol/L, serum creatinine 80.5 µmol/L, eGFR 87 ml/min/1.73m^2, total cholesterol 7.7 mmol/L, triglycerides 2.2 mmol/L and low density lipoprotein 3.4 mmol/L. Majority of the patients (44% [147]) were on biguanides, followed by insulin (33% [110]), sulfonylureas (14% [47]), dipeptidyl-peptidase-4 inhibitors (8% [27]) and sodium-glucose cotransporter-2 inhibitors (6% [19]). At baseline, 36% (118) were on monotherapy, 21% (68) on dual, 14% (45) on triple, 6% (20) on quadruple therapies and 52% (171) were on cholesterol medication.

CONCLUSION
The percentage of poorly controlled DM remains high with majority of them being obese. Kidney function remains preserved while lipid levels are not on target. Metformin constitutes the most common diabetic agent used. Nearly half of patients are not on statin despite therapeutic necessities.