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medication and insulin regimen was started. Patient was discharged with intensive lifestyle changes recommendation and orders for rheumatologic and hypercoagulable state work up, 2 weeks after discharge. At one month's follow-up, the patient was found with improved HgbA1C levels, controlled hypertension, and 10-pounds weight loss. Rheumatologic and hypercoagulable work up grossly unremarkable. Patient with 4 out of 5 criteria from the NCEP ATP3 for diagnosing metabolic syndrome.

Discussion and Learning Points: Several elements of the pathophysiology of metabolic syndrome may lead to vascular endothelial dysfunction and vascular inflammation, that could result in the development of atherosclerotic cardiovascular disease, increasing the risk of heart disease and stroke even in young patients. In cases with similar presentations, it is essential to rule out cardioembolic and hypercoagulable states as possible etiologies of acute stroke. Metabolic syndrome should be strongly considered as a direct cause, once work up is completed. Further advice regarding aggressive lifestyle changes and treatment of the individual risk factors should be directly assessed.

345 - Submission No. 1374

PRIMARY HYPERPARATHYROIDISM AND SYSTEMIC LUPUS ERYTHEMATOSUS: A COINCIDENCE OR AN ASSOCIATION?

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Case Description: A 65-year-old patient was followed up in Internal Medicine department for late-onset systemic lupus erythematosus (SLE) at the age of 62 years. The diagnosis was established according to the SLICC criteria in the presence of evocative cutaneous and articular signs associated with positive antinuclear antibodies and native anti-DNA antibodies. The patient presented with hypercalcemia at 3 mmol/l with hypophosphatemia at 0.68 mmol/l.

Clinical Hypothesis: Concomitant hyperparathyroidism and SLE was suspected.

Diagnostic Pathways: The parathyroid hormone level was elevated at 169.9 pg/ml. The rest of biological investigations was normal. Regarding the impact of hypercalcemia, she reported significant asthenia and chronic constipation. Renal ultrasonography had objectified kidneys of chronic nephropathy with bumpy contours. Osteopenia was objectified by bone densitometry. Cervical ultrasonography revealed an 18.5x9 mm lower left parathyroid nodule. Thus, the diagnosis of primary hyperparathyroidism (PHP) associated with SLE was retained.

Discussion and Learning Points: The association between SLE and endocrinopathies, in particular, autoimmune diseases, is frequent. However, its association with PHP was rarely described through

less than ten cases reported in the literature. Pathophysiological links between these two pathologies are possible but have so far been poorly defined.

346 - Submission No. 2169

PERSONALIZED APPROACH TO THE MANAGEMENT OF PATIENTS WITH TYPE 2 DIABETES AND COMORBIDITIES

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Background and Aims: Type 2 diabetes mellitus (T2D) is a common disease with a steady upward trend. A combination of T2D and other diseases of internal organs, lead to the increase in the overall risk of cardiovascular events and premature death. Objective. To develop a personalized approach to the management of patients with T2D with comorbid pathology and choice of appropriate management plan according to the current guidelines.

Methods: Standard clinic-laboratory methods were used for diagnosis. Groups were formed for patients with T2D and renal diseases, cardio-vascular diseases. Data evaluation was performed with the standard statistical methods.

Results: Study population consisted of 65 participants, 29 males and 36 females, mean age 65.19 (±10.6). All participants had T2D and renal disease, of which 30 (46.15%) participants had pyelonephritis, 35 (53.84%) had diabetic renal disease. Cardiovascular disease: 31 (47.69%) – ischemic heart disease. 39 (60%) – arterial hypertension. 30 patients (experiment group) were given selective and reverse sodium-glucose inhibitor cotransporter type 2 dapagliflozin. The positive effect of dapagliflozin on the course of the disease was noted in patients of the experimental group, namely: slowing the progression of nephropathy, reduction of albuminuria; reduction and / or stabilization of blood pressure, weight loss. Adverse events, including cardiovascular events, were not observed.

Conclusions: The results of the study indicate a significant contribution of early diagnosis of complications and concomitant pathology in patients with type 2 diabetes mellitus improving the prognosis and quality of life of patients, important for preventing the progression of complications and the development of cardiovascular events.

347 - Submission No. 2071

UNCOMMON CASE OF VITAMINE D OVERDOSING

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Case Description: We describe a case of 54 – year woman admitted for symptomatic hypercalcemia. After a thorough investigation, the