autoantibodies (anti-GAD-65, anti-islet cell, IA-2, and insulin antibodies) were measured to screen for the possibility of undiagnosed LADA.

**Results:** Between June 2015 to May 2019, there were 647 DKA events of which 43 were related to SGLT-2i (Prevalence 6.64%). Canagliflozin was the most common SGLT-2i (53.5%) followed by Empagliflozin (34.9%). The most common precipitant was infection (16.3%), followed by surgery (14%). At presentation, average blood glucose was 14.95±12.51 mmol/L, pH 7.23±0.16, HCO3 12.86 ± 5.51 mmol/L, potassium 4.40±0.86 mmol/L and anion gap 22.05±5.51 mmol/L. Average HbA1c was 9.2%±2.10 and BMI was 29.34±4.49. Twenty patients had pancreatic autoantibodies testing and seven were positive (35%), most commonly anti-GAD-65 (71.4%). As a result, seven patients were diagnosed with LADA who were previously diagnosed with type-2 diabetes. Out of the 7 patients with LADA, 2 had a positive family history of type-1 diabetes.

**Conclusion:** SGLT-2i associated EuDKA could unmask undiagnosed LADA. Further studies are warranted to determine if routine pancreatic antibodies should be drawn for diabetes typing prior to prescribing or at presentation of SGLT-2i associated EuDKA.

**Adrenal**

**ADRENAL CASE REPORTS II**

**A Case of Adrenal Mass with Elevated ACTH and Cortisol in a Woman with No Cushingoid Features**  
Tara Rajiyah, MD, Susan Sam, MD.  
University of Chicago, Chicago, IL, USA.

**Bone and Mineral Metabolism**

**OSTEOPOROSIS: DIAGNOSIS AND CLINICAL ASPECTS**

**Treatment Outcomes of Intravenous Zoledronic Acid vs Oral Alendronate in Postmenopausal Women with Osteoporosis**  
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**SUN-386**

In real practice, many patients with osteoporosis are poorly compliant with oral bisphosphonate, partly due to gastrointestinal side effects and partly due to medication procedure leading to premature termination of treatment. Once yearly intravenous zoledronic acid is well tolerated; little or no gastrointestinal effects and effective drug in treatment of postmenopausal osteoporosis with favourable dosing regimen to improve compliance of patients. So this study aims to study treatment outcomes of intravenous zoledronic acid vs oral alendronate in postmenopausal women with osteoporosis. This study was a randomized open label comparative study and included 94 postmenopausal women with osteoporosis. In this study, once yearly zoledronic
Diabetes Mellitus and Glucose Metabolism

**TYPE 1 DIABETES MELLITUS**

**Relapsing Diabetic Ketoacidosis During Stepdown from Intensive Care Unit**

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**SAT-675**

**BACKGROUND:** DKA is a life-threatening and expensive complication of diabetes, costing $5.1 billion annually. Recurrent DKA accounts for ~20% of DKA admissions. Here we present 2 patients with relapsing DKA during transition from ICU to the medical floor. **CASE-1:** A 61-year-old pre-diabetic patient presented with 3-day of generalized weakness and nausea. Review of systems was positive for polyuria and polydipsia. His brother has T2D. Examination: afebrile, HR 166/min, BP 146/104mmHg, dry oropharynx. Labs: Serum glucose 689mg/dl, Na 126mmol/L, K 4.6mmol/L, Cl 103mmol/L, bicarbonate 17mmol/L, Creatinine 0.9 mg/dl, AG 22, BHB 6.98 mmol (0.0-0.89mmol), A1c 9%. Patient was admitted to ICU for DKA management. Bicarbonate improved to 20 mmol/L, so insulin drip was stopped in the ICU and patient was transferred to the medical floor. Evaluation after 6 hours showed bicarbonate of 17mmol/L and AG of 20. Of note, the decreasing bicarbonate and increasing AG, a diagnosis of recurrent DKA was made and prompt insulization was restarted. Patient responded to the regimen and was discharged home on basal-bolus two days later. **CONCLUSION:** Recurrent DKA due to abrupt cessation of IV insulin prolonged these patients’ hospitalization. The practice of overlapping IV insulin with SQ insulin for >30 min prevents dissolution of insulin action during resolution of DKA. Half-life of IV insulin is 3 min, so SQ insulin must be given before cessation of the insulin drip to prevent the relapse. Omission of this practice, as occurred in these patients unfortunately, caused relapse in DKA and prolonged hospitalization. Education of ICU staff on proper insulin management is warranted to prevent healthcare cost: the cost of a DKA hospitalization was $26,566 in 2014.

**Pediatric Endocrinology**

**ADVANCES IN PEDIATRIC OBESITY AND CANCER**

**Relationship of TSH Levels with the Components of Metabolic Syndrome in a Nationally Representative Population of Youth in the United States.**

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**OR22-04**

**Introduction:** Subclinical hypothyroidism (SH) is defined as elevated TSH with normal thyroid levels, and is often associated with obesity. SH has been linked to cardiometabolic risk factors such as abnormal lipids, elevated blood pressure, atherosclerosis and fatty liver. This study sought to elucidate the association of TSH level with the components of metabolic syndrome independent of BMI in children from the National Health and Nutrition Examination Survey (NHANES).