

separately. DNA separated from these two specimens were analyzed by PCR amplification and both were positive for BRAF mutation. External beam radiation and radioactive iodine therapy were administered after surgery. Given absence of invasion or metastasis adjuvant therapy was not initiated. His positron emission tomography, computed tomography imaging and whole-body scan has been negative for residual/ recurrent or metastatic disease. He remains disease free at 18 months after diagnosis.

Discussion:

Anaplastic thyroid cancer is a rare but highly aggressive tumor. In most cases it develops from a pre-existing well differentiated thyroid cancer. ATC incidence typically peaks at the 6-7th decade of life, predominantly in women. The median survival is between 3 to 9 months with less than 10% of patients alive 3 years after the time of diagnosis. Because of its aggressive behavior, the American Joint Committee on Cancer Staging Manual classifies all Anaplastic thyroid cancer Stage IV tumors. Surgery, chemotherapy and radiotherapy are the conventional therapeutic strategies performed in the attempt to improve survival.

However, incidental anaplastic thyroid cancer is rare variant with very few reported cases. American Thyroid Association (ATA) Guidelines for Management of Patients with ATC do not include specific recommendations for this form of ATC. There is no consensus to define best treatment approach as to whether intrathyroidal incidentally detected ATC is best treated with surgery alone, surgery followed by radiotherapy, or surgery followed by chemotherapy plus radiation therapy.

Conclusion:

Based on review of our case as well as outcomes of similar reported cases, prognosis is favorable for incidental anaplastic thyroid cancer. Hopefully, with more data from similar cases to demonstrate difference in disease free survival we should be able to define the role of chemotherapy and adjuvant therapy for incidental ATC better. The question remains open, as to whether incidental anaplastic thyroid cancer should be considered as a separate entity from aggressive form of ATC.

Adrenal

ADRENAL CASE REPORTS III

A Case of Renovascular Hypertension With Cortisol-Producing Adrenal Masses

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Renovascular hypertension (RVHT) is an important and potentially treatable form of resistant hypertension.

Hypercortisolemia could also cause hypertension and diabetes mellitus. We experienced a case wherein adrenalectomy markedly improved blood pressure and plasma glucose levels in a patient with RVHT and sub-clinical Cushing's syndrome. A 62-year-old Japanese man had been treated for hypertension and diabetes mellitus for 10 years. He was hospitalized because of disturbance in consciousness. His blood pressure (BP) was 236/118 mmHg; pulse rate, 132 beats/min; and plasma glucose level, 712 mg/dl. Abdominal computed tomography scanning revealed the presence of bilateral adrenal masses and left atrophic kidney. Abdominal magnetic resonance angiography demonstrated marked stenosis of the left main renal artery. The patient was subsequently diagnosed with atherosclerotic RVHT with left renal artery stenosis. Bilateral adrenal masses were immunohistologically identified as potential sites for cortisol overproduction. Therefore, laparoscopic left nephrectomy and adrenalectomy were simultaneously performed resulting in improved BP and glucose levels. Pathological studies revealed the presence of multiple cortisol-producing adrenal nodules and aldosterone-producing cell clusters in the adjacent left adrenal cortex. In the present case, activated renin-angiotensin-aldosterone system and cortisol overproduction resulted in severe hypertension, which was managed with simultaneous unilateral nephrectomy and adrenalectomy.

Diabetes Mellitus and Glucose Metabolism

CLINICAL AND TRANSLATIONAL STUDIES IN DIABETES

Socioeconomic Status, Literacy, and Sex Differences in the Progression of Retinopathy in Patients With Type 2 Diabetes in Tokyo, Japan

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Socioeconomic status has profound effects on glycemic control and diabetic complications in patients with type 2 diabetes. Sex differences are one of the most important factors in socioeconomic status and may vary among countries or areas. The study aim was to determine if sex differences are associated with glycemic control and diabetic complications in Tokyo, Japan, one of the most educated countries in the world. This study initially enrolled 3307 patients treated from 2017 to 2019 at the medical school hospital located in Tokyo. All enrolled patients were asked to complete behavioral and socioeconomic surveys. A total of 276 type 2 diabetic patients (175 males, age 64.1 ± 0.88 y, disease duration 15.2 ± 0.78 y, mean ± SE y; 101 females, age 64.0 ± 1.1 y, disease duration 15.6 ± 1.01 y) agreed to participate in the study. The survey questionnaire has been previously reported in detail (Patient Preference and Adherence, 10:2151-2162, 2016). The questionnaire attempted to determine estimations of risk preference regarding things like