classify them as per the ADA. Non-diabetic CF patients performed 3-day CGM, forced expiratory volume in the first second (FEV1), BMI and OGTT. All tests except for CGM were then reassessed after a long follow-up. The WHO's 2006 curve was used to calculate the z scores for individuals ≤19yo and WHO cut-off values for >19yo. Oral corticoid use during data collection, pregnancy and solid organ transplantation were exclusion criteria. **Results:** Thirty-nine patients were recruited and 34 completed an average of 3.1 years (±0.51) follow-up. No clinical or laboratory variables could predict diabetes progression or hypoglycemic events. The cohort had an increase in mean BMI (17.80±3.65 vs 18.36±3.49; p=0.025) and a reduction in mean FEV1 (66.91±25.79% vs 56.32±29.57%; p=0.001) between the two evaluations. Patients who developed diabetes showed statistically significant worse FEV1 in the end of the follow-up (22.67±5 vs 59.58±28.9; p=0.041), and lower BMI at both start (14.37±1.23 vs 18.13±3.65; p=0.049) and end (14.81±0.66 vs 18.71±3.46; p=0.029) of follow-up. A logistic regression of the effect of time adjusted for independent variables for progression to CFRD was conducted. A higher possibility of evolution among participants with IGT (odds ratio [OR] 21.67; 95% confidence interval [CI] 7.03-67.36; p<0.01), and a lower possibility among participants with NGT (OR 1.84; 95% CI 1.06-3.19; p=0.031). **Conclusion:** CGM was not a useful tool to predict early diabetes onset in this population with the current cut-off values. However, the IGT group seems to be the riskiest group. The CF population has particular characteristics and may not have the same diagnostic criteria for DM as the non-CF population. More studies are necessary to determine the appropriate CGM cut-off values for CFRD.

Adrenal

ADRENAL CASE REPORTS III

Challenge in Diagnosing and Treating of Mediastinal Paraganglioma

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MON-LB040

Challenge in Diagnosing and Treating of Mediastinal Paraganglioma**Background**Paragan glioma is a rare type of neuroendocrine tumor of the autonomicnervous system.[1] It is extremely rarely present in mediastinum (less than2%).[2]**Case report**We report a 43 years-old woman, she was referred to our clinic with ahistory of high blood pressure (BP) for two years, accompanied by spellsof sweating, headache, anxiety and palpitation. She was provisionaldiagnosed with essential hypertension and was on four medications onmaximum dose.The patient declined any previous surgical history, and review of systemswas unremarkable. On examination, she was conscious and alert. Her vitalsigns were within normal limit. She reported to our clinic with homereadings of BP ranging from 150-180 mmHg systolic and 90-100 mmHgdiastolic.Initial investigations of basic chemistry, renal profile, hormonal profile,aldosterone, and renin were within the normal range.Serum Normetanephrine was 800 ng/L (normal < 180 ng/L), 24 hoursurine of Normetanephrine was 5205 microgram/24 hours (normal < 600microgram/24 hours), and 24 hours urine Metanephrine was withinnormal. CT scan of the adrenal and MRI abdomen showed normal adrenalglands and no mass in the abdomen. MIBG scan was normal for the wholebody. An unusual location of the Paraganglioma was suspected, andfurther images were carried on. A CT chest showed 4x4 cm posteriormediastinal mass in area of Aortopulmonary window, adherent toposterior wall of Aorta and pulmonary artery. Positron EmissionTomography (PET) scan was done prior to the surgery.Surgical resection of the mass with reconstruction of both pulmonaryartery and pericardium was done without any complications. Moreover,histopathology confirmed the diagnosis of Paraganglioma.The patient was followed up with a CT scan six months postoperativelyas an outpatient, along with 24-hour urine Metanephrine and

Normetanephrine. All labs and imaging were normal. The patient hadanother Normetanephrine measurement twelve months later and it wasnormal. Now, she has been followed for seven years with no moresymptoms and normal BP readings. All of her antihypertensive agentswere discontinued.**Conclusion**We experience an unusual location of Paraganglioma at the mediastinum,which is representing less than 2% of all Paraganglioma. However, in thepresence of characteristic of Paraganglioma symptoms, a thoroughassessment should be carried out and such location of mediastinumshould be suspected and investigated.References:1. Institute NC. Pheochromocytoma and Paraganglioma Treatment(PDQ®)-Health Professional Version. https://www.cancer.gov/types/pheochromocytoma/hp/pheochromocytoma-treatment-pdq. Published 2019. Accessed February 1, 2020.2. Paraganglioma: An Uncommon Cause of Mediastinal Mass. -PubMed - NCBI. https://www.ncbi.nlm.nih.gov/pubmed/32000513.Accessed February 1, 2020.

Neuroendocrinology and Pituitary

CASE REPORTS IN SECRETORY PITUITARY PATHOLOGIES, THEIR TREATMENTS AND OUTCOMES

Persistent vs Recurrent Cushing's Disease Diagnosed Four Weeks Post-Partum

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SAT-LB49

Background: Cushing's disease (CD) recurrence in pregnancy has previously been described and is thought to be associated with predictable estradiol fluctuations during gestation. CD recurrence in the immediate post-partum period has been reported once, but never in a patient with documented dormant disease during pregnancy.**Clinical Case:** A 30 year old woman with recently diagnosed prediabetes presented with weight gain, dorsal hump, depression, oligomenorrhea, and lower extremity weakness.

Diagnostic tests were consistent with CD. Results included: three elevated midnight salivary cortisols: 0.33, 1.38 and 1.10 ug/dL (<0.010 - 0.090); 1-mg dexamethasone suppression test (DST) with cortisol 14 ug/dL (<1.8); elevated 24-hr urine cortisol 825 ug/24 hr (6-42); and ACTH 35 pg/mL (7.2-63.3). MRI of the pituitary gland revealed a left 4mm focal lesion. After transsphenoidal resection (TSA), day 1, 2, and 3 morning cortisol values were 18, 5, and 2 ug/dL, respectively. Pathology did not show a definitive pituitary neoplasm. She was rapidly titrated off hydrocortisone (HC) by six weeks post-resection. Her symptoms steadily improved. She resumed normal menses and conceived unexpectedly around 3 months post-TSA. She complained of severe fatigue in her late 2nd trimester. Given low 24-hr urine cortisol of 15 ug/24 hr at 36 weeks gestation, she was started on HC. She was induced at 40 weeks gestation for oligohydramnios and subsequently delivered a healthy baby boy. HC was discontinued immediately after delivery. Around four weeks post-partum she developed symptoms concerning for CD. Diagnostic tests showed elevated midnight salivary cortisol of 0.206 and 0.723 ug/dL and 24-hour urine cortisol of 400 ug/24 hr. MRI pituitary illustrated a 3mm adenoma in the left posterior gland which was thought to represent growth of residual tumor not clearly seen on post-op MRI. During repeat TSA, a discrete lesion was found and resected. Pathology confirmed corticotroph adenoma with MIB-1 < 3%. Post-operative day 1, 2, and 3 cortisol levels were 26, 10 and 2.8 ug/dL, respectively. She was tapered off HC within one month. Her symptoms improved only slightly and she continued to report weight gain, muscle weakness, and fatigue. Three months after repeat TSA, biochemical data showed 1 out of 2 midnight salivary cortisols elevated at 0.124 ug/dL and elevated urine cortisol of 76 ug/24 hr. MRI pituitary demonstrated a 3 x 5 mm left enhancement, concerning for residual or enlarged persistent tumor. **Conclusion:** We describe the first report of recurrent CD that was quiescent during pregnancy, and subsequently diagnosed in the immediate post-partum period. Treatment options for persistent or recurrent CD include aggressive surgical resection, radiation and/or medical therapy. In the context of additional family planning for this otherwise healthy, reproductive-age woman, ideal management options remain uncertain.

Reproductive Endocrinology

FEMALE REPRODUCTION: BASIC MECHANISMS

A Longitudinal Cohort Study of Serum Decorin Levels in Normal and Preeclamptic Pregnant Women

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MON-LB5

A Longitudinal Cohort Study of Serum Decorin Levels in Normal and Preeclamptic Pregnant Women

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Background: Decorin (DCN) is a leucine-rich proteoglycan that regulates diverse cellular processes such as organization and stability of extracellular matrix, extracellular signaling by the maintenance of surface receptors and growth factors and enzymes activities. Additionally, DCN is an important mediator of inflammation, angiogenesis, trophoblast migration, placentation, tumor growth and autophagy. **Objective:** We aimed to evaluate DCN serum levels throughout gestation in a longitudinal cohort study in normal and preeclamptic pregnant women. **Methods:** In this nested case-control study design within a prospective cohort of 450 pregnant women, 50 healthy and 20 preeclamptic pregnant women were followed during each pregnancy trimester and three months post-partum. Likewise, healthy non-pregnant women in the follicular and luteal phase of their menstrual cycle were included (n = 20). Serum DCN concentrations were measured by ELISA. **Results:** In healthy non-pregnant women, DCN levels did not differ significantly between the two stages of the menstrual cycle. On the other hand, serum DCN levels decreased significantly in both healthy and preeclamptic pregnant women in each trimester of pregnancy when compared to non - pregnant women ($p < 0.001$) and were re-established three months post-partum ($p < 0.001$). Moreover, serum DCN levels were significantly lower in the second trimester of gestation in normal pregnant women ($p < 0.05$). On the other hand, serum DCN was significantly higher in preeclamptic compared to healthy pregnant women in the third trimester of pregnancy ($p < 0.01$). **Conclusion:** The present study found that DCN serum levels decreased significantly throughout pregnancy in healthy and preeclamptic pregnant women. Thus, low levels of DCN may play crucial physiological and pathological roles during pregnancy. DCN has been shown to inhibit different growth factors such as vascular endothelial growth factor (VEGF), transforming growth factor-beta (TGF-β) and platelet-derived growth factor (PDGF). Hence, low levels of DCN during pregnancy might play a critical role in the control of angiogenic process.

Tumor Biology

ENDOCRINE NEOPLASIA CASE REPORTS III

Hyperaldosteronism From Adrenal Adenoma in a Young Patient.

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