

Diffuse Large B-cell Lymphoma and Grade 3A Follicular Lymphoma with high proliferative index (Ki67 70%). Immunohistochemistry excluded carcinoma, meningioma and pituitary tumor. PET-CT and bone marrow aspirate confirmed the diagnosis of PPL without metastasis.

After 3 cycles of chemotherapy (Methotrexate, Rituximab, Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone), significant decrease in the size of the lesion was noted on repeat MRI. Only mild asymmetric soft tissue thickening remained noticeable over the left sella and cavernous sinus. Cranial nerve deficits had since completely resolved. Glucocorticoid replacement was continued in the meantime while awaiting the completion of chemotherapy.

Conclusion
PPL may present in a similar manner as pituitary apoplexy. Absence of typical imaging characteristics of apoplexy in patients with rapid symptom progression and CN involvement should alert clinicians to consider alternative diagnosis including aggressive neoplastic, inflammatory and infective lesions.

Thyroid

BENIGN THYROID DISEASE AND HEALTH DISPARITIES IN THYROID I

The Influence of Thyroid Autoimmunity on Pregnancy Outcome in Infertile Women

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SAT-433

Background: Women with subclinical hypothyroidism (SCH) and thyroid autoimmunity (TAI) reportedly have high risks of miscarriage and preterm birth. Infertile women undergoing assisted reproductive technology (ART) are recommended for levothyroxine (L-T4) supplementation to maintain TSH levels below 2.5 mIU/mL according to ATA guideline; however, insufficient evidence exists to determine whether L-T4 treatment for infertile women with TSH levels between 2.5 and 5.0 mIU/mL. **Objective:** To clarify the influence of TAI on pregnancy in infertile women under L-T4 treatment to maintain TSH levels below 2.5 mIU/mL, and to compare its influence depending on fertility treatments. **Methods:** A total of 595 infertile women who visited a fertility clinic between January 2013 and December 2015 were prospectively recruited to this study. Five patients with Graves' disease were excluded and remained 590 women were included in the analysis. Infertile women with TSH levels above 2.5 mIU/mL were treated with L-T4 followed by evaluation of fertility status and pregnancy outcomes. Factors affecting pregnancy were analyzed statistically depending on fertility treatments. Written informed consent was obtained from all patients, and the study protocol was approved by the Ethics Committee. **Results:** The proportion of SCH and thyroid peroxidase antibodies (TPOAb) positivity was 19.6% and 10.4%, respectively. Women who did not become pregnant

were older than those who became pregnant ($p=0.003$), but no influence of thyroid-associated factors on pregnancy was confirmed. Pregnancy outcome contrarily showed that women who had a miscarriage were older ($p<0.001$) and higher TPOAb titers ($p=0.038$) than those who had a live birth. In addition, higher age (OR 26.4, $p<0.001$) and high TPOAb titer (OR 11.8, $p=0.043$) were decided as risk factors for miscarriage through multiple logistic regression analysis. Among women who treated with intrauterine insemination, TPOAb titers were higher in women who had a miscarriage than in those who had a live birth ($p=0.040$). We further focused on the difference between ART methods including in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI). Women undergoing IVF had higher TPOAb titers in women who had miscarriage than those who had a live birth ($p=0.023$), but in women undergoing ICSI there was no association between TPOAb titers and pregnancy outcome. **Conclusion:** Infertile women with high TPOAb titers are susceptible to miscarriage despite appropriate L-T4 treatment. The influence of TPOAb titers as well as TPOAb positivity on pregnancy should be considered, when undergoing fertility treatments.

Diabetes Mellitus and Glucose Metabolism

DIABETES COMPLICATIONS I

Risk Factors Associated with 30-Day and 90-Day Readmission in Persons with Diabetic Foot Ulcers

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SAT-628

Background Diabetic foot ulcers (DFU) are the leading cause of lower-extremity amputations among patients with diabetes (DM)¹. 15% of patients with DM develop DFU, with the potential for progression to osteomyelitis or gangrene with suboptimal glycemic control. Repeated readmissions are not only a negative prognostic indicator for these patients, but also contributes to increasing healthcare costs.

Areas of Uncertainty Previous studies have examined associations among demographics, comorbidities and DFU, and the value of Hemoglobin A1c (HbA1c) and C-reactive protein (CRP) as a prognostic indicator and monitoring tool for progression and regression, respectively^{3,4}. However, no studies to date have examined medical or pharmaceutical factors contributing to 30-day and 90-day readmission.

Methods A retrospective chart review was conducted examining 397 patients with type 2 diabetes readmitted for