

started on ceftriaxone and metronidazole which were continued for a total of 10 days with clinical improvement. **Discussion:** EG results from disruption in gastric mucosa which facilitates translocation of gas-producing bacteria commonly *Klebsiella pneumoniae*, *Escherichia coli*, *Pseudomonas aeruginosa*, and *Enterobacter* subspecies. Immunosuppression with diabetes is an important underlying factor and patients are at risk even with controlled diabetes. Additionally, patients with diabetic complications like gastroparesis with frequent retching are at increased risk. Considering variable and non-specific symptoms of presentation, a high index of clinical suspicion is required for recognition as it may have a fulminant course with high mortality risk. CT scan is the imaging of choice for diagnosis. Management primarily consists of bowel rest, antibiotics and monitoring for signs of peritonitis. In the absence of complications including rupture or stricture formation, surgery is not recommended. In our case, possible gastroenteritis with subsequent vomiting and retching in the setting of underlying diabetes predisposed to the development of emphysematous gastritis. Although air in the portal venous system is associated with higher mortality, our patient was successfully managed conservatively. As the diagnosis carries a high mortality risk, early recognition is imperative for a successful outcome.

Thyroid

THYROID CANCER CASE REPORTS II

Graves' Disease and Papillary Thyroid Cancer: A Rare Clinical Case?

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Background: Nodules on the background of Graves' disease are less common among men than among women, but more than one in three patients have carcinoma. Despite the improvement of diagnostic methods, most often thyroid cancer is a random histological finding after thyroidectomy for Graves' disease. **Clinical case:** A 55-year woman complained of discomfort in the neck, sweating, irritability, palpitation. From anamnesis: in 2012 she was diagnosed with thyrotoxicosis syndrome. For 5 years, the patient was treated with thyrostatics, but when trying to reduce the dose, the syndrome of thyrotoxicosis recurred. In March 2017, the patient's condition worsened, at the time of treatment she took Thyrosol 30 mg/day. Objectively: hypersthenic body type, BMI 33 kg/m². Thyroid gland visually was increased in volume, dense with palpation, homogeneous, mobile. Elevated titer of antibodies to the TSH receptor was discovered, according to the ultrasound - increase thyroid gland 30.2 cm³, hyperechogenic formation of the left lobe 10x10x9 mm with hypoechoic rim, clear smooth contours, intranodular blood flow. As a result, the Graves' disease, goiter grade 2, manifest thyrotoxicosis was verified, surgical treatment was recommended. Thyroidectomy, histological examination was performed: Graves' disease was

confirmed, papillary microcarcinoma with metastasis to 1 regional lymph node was revealed. Diagnosed: papillary thyroid cancer I st (pT1aN1aM0x), 2 clinical group. The patient was prescribed suppressive therapy with L-thyroxine 100 µg/day, against which after 3 months TSH reached the target values (0.2–0.5 MmE/l). Taking into account the histological characteristics of the tumor, the nature and volume of the lesion, age, the patient belongs to the group of intermediate cancer risk of progression of cancer. According to scintigraphy residual functioning thyroid tissue (20x15 mm) was detected. Radioiodine therapy was carried out in a specialized hospital. Suppressive therapy of L-thyroxine 150 µg/day, target values of TSH 0.1 - 0.5 MmE/l was recommended. After 6 months, TSH reached target values, and according to the results of ultrasound of thyroid gland no data for structural relapse was found. **Conclusion:** Patients with long-existing, often recurrent Graves' disease and questionable effect of conservative therapy, in the presence of nodular formation should be assigned to the risk group for the presence of thyroid cancer and carefully examined, because the need for further surgery depends on it.

Cardiovascular Endocrinology

ENDOCRINE HYPERTENSION AND ALDOSTERONE EXCESS

Epigenetic Regulation of 11beta-Hydroxysteroid Dehydrogenase 1 and 2 Gene in Salt-Sensitive Hypertensive Rats

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Epigenetic regulation of 11beta-hydroxysteroid dehydrogenase 1 and 2 gene in salt-sensitive hypertensive rats [Objective]11Beta-hydroxysteroid dehydrogenase type1 (11-HSD1) is the modulator of glucocorticoid hormone and type2 (11-HSD2) is the modulator of mineralocorticoid hormone. We investigated the effect of high salt diet on the methylation of both enzyme gene in salt-sensitive hypertensive (SSH) rats [Methods]SSH rats were fed a high (7% NaCl) or normal (0.45%) salt chow for 4 weeks. Body weight, blood pressure, plasma and urinary aldosterone concentration and PRA were measured. DNA was extracted from kidneys and visceral fats. Bisulfite sequencing and Pyrosequencing were done for the analysis of methylation status of 11-HSD1 and 2 gene. [Results] High salt diet significantly decreased methylation ratio of 11-HSD1 gene in the visceral fats of SSH rats compared with controls (p<0.05). The methylation ratio of 11-HSD2 gene in the kidney of SSH rats was not influenced by high salt diet. [Discussion and Conclusion]11-HSD1 overexpression in visceral fats in mice was reported to show SSH. We reported decreased 11-HSD2 activity in the artery in SSH rats. In this study