Hospital in Lima Perú. Ulcers with clinical signs of infection (erythema, edema, pain, purulent exudate) according Infectious Diseases Society of America clinical practice guideline were included[1]. Wounds with only skin involvement were excluded. On admission, specimens for culture were obtained after cleansing and debriding of the wound. Samples were promptly sent to the microbiology laboratory for culture using appropriate transport media. Bacterial identification and antibiotic susceptibility testing were performed using the VITEK® 2 automated system (BioMérieux Laboratory, Argentina). Multidrug-resistant organisms were identified according to the recommendations of International Expert Proposal[2]. Prevalence ratios derived from bivariate analysis are given with their 95% CI, which was performed to study factors associated with the presence of multidrug-resistant bacteria; and a multivariate analysis with a lineal model to associated variables found in the bivariate analysis. This study has the approval of the Research Ethics Committee of the María Auxiliadora Hospital.

Results Among 153 selected subjects, 75% were male, with an average age of 59 yo, 70% had ≥10 years of diabetes duration and only 16% had HbA1C <7%. A frequency of 85% of patients with MDRO infection was found and was associated with minor amputation RP 1.18 (95% CI 1.01-1.44) and with hospitalization time of ≥ 28 days RP 1.21 (95% CI 1.03-1.30).

Conclusion. 6 of 7 patients have MDRO infection among patients with diabetic foot ulcers and are associated with the occurrence of minor amputation and hospitalization time ≥ 28 days.

References

1. Lipsky BA, *et al*. 2012 Infectious Diseases Society of America clinical practice guideline for the diagnosis and treatment of diabetic foot infections. Clin Infect Dis. 2012;54(12):e132-73.

2. Magiorakos AP, *et al*. Multidrug-resistant, extensively drug-resistant and pandrugresistant bacteria: an international expert proposal for interim standard definitions for acquired resistance. Clin Microbiol Infect. 2012;18(3):268-81.

Neuroendocrinology and Pituitary

CASE REPORTS IN SECRETORY PITUITARY PATHOLOGIES, THEIR TREATMENTS AND OUTCOMES

An Asynchronous Double Growth Hormone Secreting Pituitary Adenoma as a Cause of Rapid Tumor Regrowth After Initially Successful Surgery

Malgorzata Trofimiuk-Muldner, MD,PHD[1], Kluczynski Lukasz, MD[1], Grzegorz Zielinski, MD, PhD[2], Grzegorz Sokolowski, MD, PhD[1], Maria Maksymowicz, MD, PhD[3], Monika Pekul, MD, PhD[3], Alicja Hubalewska-Dydejczyk, MD, PhD[4].

[1]Department of Endocrinology, Jagiellonian University Medical College, Krakow, Poland, [2]Department of Neurosurgery, Military Institute of Medicine, Warsaw, Poland, [3]Department of Pathology and Laboratory Diagnostics, M. Skłodowska-Curie Memorial Cancer Centre and Institute of Oncology, Warsaw, Poland, [4]Department of Endocrinology, Jagiellonian University Medical College, Krakow, Poland.

SAT-265

Background. Double pituitary adenomas are a rare entity, which requires clinical attention and a careful follow-up. Case report. A 37-year-old man presented with left-sided painful gynecomastia. He denied typical symptoms of excessive growth hormone (GH) secretion and did not show any acromegalic features. Due to low testosterone and LH levels with mild hyperprolactinaemia, the patient was referred to pituitary MR, which revealed an 11x13 mm right-sided sellar tumor. An increased IGF-1 was noted subsequently (1482 ng/mL; N 109-284 ng/mL), together with the lack of GH suppression in OGTT. Transphenoidal resection of pituitary tumor performed in 2012 led to biochemical (IGF-1 260 ng/mL, GH 0.08 ng/mL) and radiological remission of the disease. A histopathology report revealed a densely granulated somatotropic pituitary adenoma with mild nuclear atypia, expressing somatostatin receptors [sstr2A (+), sstr5 (+/-)]. Due to gradually increasing IGF-1 levels (with low, although rising, GH values ranging from 0.07 to 0.92 ng/mL) in subsequent years, OGTT was repeated in 2015, showing appropriate GH suppression. In 2016, however, acromegaly recurrence was confirmed both biochemically (increasingly high IGF-1 - 664 ng/mL - and unsuppressed post-OGTT growth hormone) and in MR imaging. The patient was reoperated in June 2017. The second histopathology reported an oncocytic somatotropic acidophil stem cell pituitary adenoma with Ki-67 >3% and mitotic figures. Subsequent anterior pituitary lobe insufficiency (adrenal, thyroid and gonadal axis) was found and adequately treated. Complete tumor removal was confirmed by MR performed three months after repeated surgery, as well as a low GH level (0.97 ng/mL), although accompanied by borderline IGF-1 values (277 ng/mL). Eighteen months after surgery, the recurrence of acromegaly was again confirmed, with adenoma regrowth and increased GH (2.31 ng/mL) and IGF-1 (474 ng/mL) levels. Octreotide LAR was started (despite retina wrinkling which was observed when lanreotide was administered before the first surgery), which led to a normalization of GH (0.96 ng/mL) and IGF-1 levels (152 ng/mL), as well as partial pituitary tumor regression after six months therapy. Conclusion. In a case of GH-secreting pituitary adenoma recurrence after apparent successful surgery, a double pituitary tumor with more aggressive histology should be considered.

Diabetes Mellitus and Glucose Metabolism

CLINICAL AND TRANSLATIONAL GLUCOSE METABOLISM AND DIABETES

Quality of Life in a Pragmatic Trial of a Type 1 Diabetes Adolescent Transition Program

Joseph MWS Leung, MD[1], Naseem Y. Al-Yahyawi, MD[2], Heywood S. Choi, MD[3], Laura L. Stewart, MD[1], Tricia S. Tang, PhD[1], Shazhan Amed, MD, MScPH[1].

[1]The University of British Columbia, Vancouver, BC, Canada, [2]King Abdulaziz University, Jeddah, Saudi Arabia, [3]Abbotsford Regional Hospital, Abbotsford, BC, Canada.

MON-631

Introduction: Adolescents with type 1 diabetes (T1D) experience ongoing deterioration in their glycemic control as they transition to young adulthood.[1] Several trials have evaluated possible transition interventions to ameliorate the care gap between pediatric and adult services in