


### CR31 Diabetes Mellitus and diabetic ketoacidosis associated with pembrolizumab

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**KEYWORDS:** diabetes mellitus; diabetic ketoacidosis;  
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**INTRODUCTION/OBJECTIVES:** Diabetic ketoacidosis (DKA) is an acute, life-threatening complication of diabetes mellitus (DM) and is characterized by hyperglycemia, hyperketonemia and metabolic acidosis. With the increasing use of immune checkpoint inhibitors (ICIs), such as pembrolizumab in cancer therapy, it's important to understand immune-related adverse events that comes with it.

**CASE PRESENTATION:** A 63-year-old female patient with no previous history of diabetes was admitted to endocrinology department due to new-onset DM representing with DKA. She presented with nausea and vomiting, while she started to experience polyuria and polydipsia, along with some suprapubic abdominal pain two weeks prior to admission. In June 2021 she was diagnosed with a sigmoid colon adenocarcinoma which was treated surgically. In February 2022 PET CT revealed liver metastases and metastasectomy was performed. Patient relapsed and in December 2022, a month before admission, she started treatment with FOLFIRI in combination with pembrolizumab. On the day of admission laboratory findings showed blood glucose level 56.8 mmol/L, urine positive for ketones, proteins, glucose and blood, and arterial blood pH of 7.125 and bicarbonates 7.4 mmol/L. Immediately after admission, intravenous fluids and insulin administration were started, along with potassium replacement, pantoprazole and metoclopramide. After DKA was resolved, subcutaneous insulin therapy was introduced and patient underwent education on diabetes management.


**CONCLUSION:** Development of DM and DKA, as well as difficulty achieving good glycemic control can be associated with current pembrolizumab therapy. Regular blood glucose monitoring during ICIs treatment has the potential of preventing development of acute diabetic complications.

### CR32 Dressler syndrome after myocardial infarction: a case report

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**KEYWORDS:** Dressler syndrome, myocardial  
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**INTRODUCTION/OBJECTIVES:** Dressler syndrome is a rare type of secondary pericarditis that occurs after the injury of the heart by a myocardial infarction (MI), chest trauma, or heart surgery. The symptoms of Dressler syndrome usually present one to six weeks after the myocardial infarction with pleuritic chest pain, fever, dyspnoea, and ECG changes. It is estimated that only 0,1% of patients who have had acute myocardial infarction develop Dressler syndrome.

**CASE PRESENTATION:** An 82-year-old male presented to the emergency department with moderate retrosternal chest pain, dyspnoea, fatigue and fever. Three weeks prior to the admission, the patient had undergone a percutaneous coronary intervention with implantation of two drug-eluting stents in the occluded LAD artery due to anteroseptal myocardial infarction. On the day of the admission, he was subfebrile (37,7°C). Physical examination showed no abnormalities. Laboratory test indicated slight leucocytosis (9,8x10<sup>9</sup>), neutrophilia (8,77x10<sup>9</sup>) and increased CRP (48,4 mg/L). Serial high-sensitive troponin levels were elevated (100,1 and 92,2) with no significant dynamic. ECG demonstrated persistent ST elevation that was present at discharge with new inverted T waves in precordial leads. Chest X ray was normal. Transthoracic echocardiogram revealed pericardial effusion of 5 mm in diameter around the right atrium and right ventricle with fibrin deposits. Diagnosis of post-myocardial infarction pericarditis, also known as Dressler syndrome, was made. The patient was discharged with peroral colchicine therapy.

**CONCLUSION:** This case report shows that, although very rare, Dressler syndrome should be considered as a possible cause in every post-MI patient presenting with chest pain, fatigue, and signs of inflammation.