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03 A 06 DE SETEMBRO DE 2025 | GRAMADO (RS) | EXPOGRAMADO

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CBAEM 2025

**CONGRESSO BRASILEIRO DE ATUALIZAÇÃO
EM ENDOCRINOLOGIA E METABOLOGIA**

03 A 06 DE SETEMBRO DE 2025 | GRAMADO (RS) | EXPOGRAMADO



MENSAGEM DO PRESIDENTE

Prezados colegas,

É com grande satisfação que apresentamos os resumos aprovados para o Congresso Brasileiro de Atualização em Endocrinologia e Metabologia – CBAEM 2025, que acontece de 3 a 6 de setembro, em Gramado (RS).

Vivenciamos um evento que se consolida como o maior e mais relevante da especialidade na América Latina em 2025, reunindo especialistas e profissionais de referência para debater avanços, compartilhar experiências e refletir sobre os desafios da nossa área.

Este encontro tem um significado especial neste ano, em que o Rio Grande do Sul enfrenta as consequências das enchentes que marcaram nossa história recente. A resiliência e a solidariedade do povo gaúcho nos inspiram a transformar o CBAEM 2025 não apenas em um espaço de atualização científica, mas também em um momento de esperança, união e construção de novos caminhos.

Seguimos juntos neste marco da Endocrinologia brasileira, reafirmando o compromisso com a excelência, a inovação e a ética na prática profissional.

Sejam bem-vindos ao CBAEM 2025, à cidade de Gramado e ao estado do Rio Grande do Sul.



Mateus Dornelles Severo
Presidente do CBAEM 2025



EDITORIAL

Queridos congressistas,

É com imensa alegria que lhes dou as boas-vindas a mais esta edição do Congresso Brasileiro de Atualização em Endocrinologia e Metabologia, que se realiza na charmosa cidade de Gramado.

Na última alteração do estatuto da SBEM, foi criada a Diretoria Científica — função que tenho a honra e a responsabilidade de exercer pela primeira vez na história da nossa sociedade. Entre as atribuições desse cargo está a coordenação da Comissão Científica, responsável por elaborar a programação dos nossos congressos. Em janeiro de 2025, iniciamos essa jornada ao lado de representantes dos diferentes Departamentos da SBEM e da Regional do Rio Grande do Sul, dando os primeiros passos na construção do CBAEM-Gramado.

Foram inúmeros encontros, trocas e reflexões até que o programa ganhasse forma. Nosso objetivo central foi compor uma programação atual, abrangente e inspiradora, capaz de dialogar com toda a comunidade de endocrinologistas. Para isso, convidamos professores e pesquisadores de destaque no Brasil e no exterior, majoritariamente endocrinologistas, mas também especialistas de áreas afins, para enriquecer o conteúdo e estimular uma visão clínica mais multidisciplinar e integradora.

Vivemos um momento de profundas transformações na medicina do século XXI. Por isso, além das tradicionais e sempre relevantes atualizações em endocrinologia e metabologia, incorporamos temas contemporâneos e desafiantes, como a ética na comunicação em saúde, as oportunidades e riscos da inteligência artificial na prática médica e, sobretudo, a busca por maior equidade no acesso aos avanços que temos testemunhado em nossa especialidade.

Mas ciência também se faz em comunidade. Por isso, criamos momentos de confraternização e troca de experiências, como o “Happy Poster”, no qual poderemos valorizar nossos jovens pesquisadores, reconhecer a ciência produzida em nosso país e, ao mesmo tempo, fortalecer laços com colegas e amigos.

Agradeço, de coração, a cada membro da Comissão Científica e a todos os colegas que aceitaram nosso convite para proferir palestras, moderar mesas, avaliar trabalhos científicos e organizar atividades com residentes e ligas acadêmicas. O trabalho voluntário de cada um é o que torna nossa sociedade tão sólida e nossa especialidade tão vibrante.

Desejo que este congresso seja, para todos, fonte de aprendizado, inspiração e renovação. Que o conhecimento aqui compartilhado se transforme em benefício para os nossos pacientes — razão maior do nosso exercício profissional. E que cada um de vocês também possa desfrutar das belezas e da hospitalidade de Gramado, com suas paisagens encantadoras, sua gastronomia deliciosa e seu povo acolhedor.

Um grande abraço,



Marise Lazaretti Castro

Presidente da Comissão Científica do CBAEM 2025



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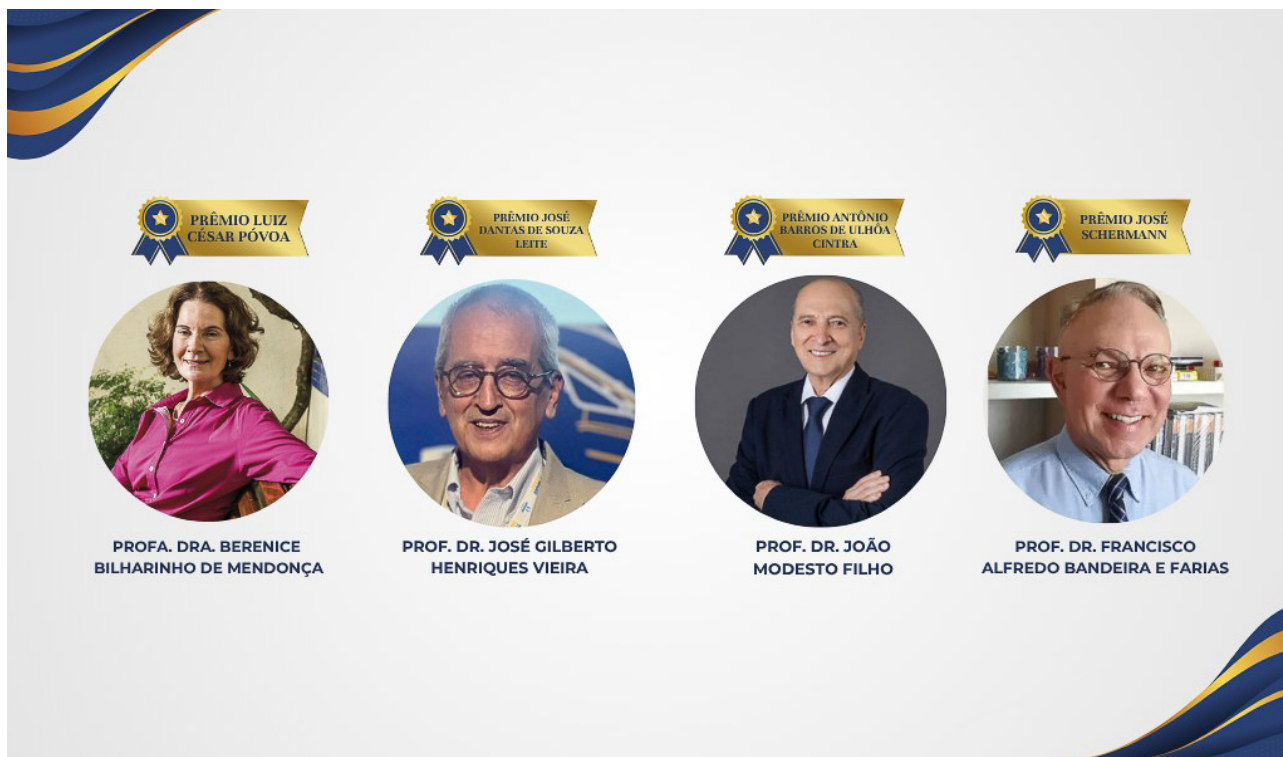
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PRÊMIOS SBEM 2025: CONHEÇA OS LAUREADOS

por Jornalismo SBEM em 23 de julho de 2025



A Sociedade Brasileira de Endocrinologia e Metabologia (SBEM) tem o prazer de anunciar os laureados dos Prêmios SBEM 2025, que reconhecem a excelência e a contribuição científica, acadêmica e assistencial de profissionais notáveis da Endocrinologia e Metabologia.

Todos já foram informados sobre a homenagem e receberão seus prêmios durante o Congresso Brasileiro de Atualização em Endocrinologia e Metabologia (CBAEM 2025), em setembro, na cidade de Gramado-RS.



CONHEÇA UM POUCO DOS LAUREADOS

Prêmio Luiz César Póvoa – Profa. Dra. Berenice Bilharinho de Mendonça



Professora Titular do Departamento de Clínica Médica da Faculdade de Medicina da Universidade de São Paulo (FMUSP), a Dra. Berenice Mendonça é uma das mais influentes endocrinologistas do Brasil e do cenário internacional. Com graduação pela Universidade Federal do Triângulo Mineiro (1973), mestrado (1981) e doutorado (1984) pela FMUSP, construiu uma carreira brilhante dedicada a assistência, ensino e pesquisa em endocrinologia do desenvolvimento.

Atua como investigadora clínica nas áreas de crescimento, puberdade, esteroidogênese, tumorigênese adrenal e gonadal, além de distúrbios do desenvolvimento sexual, campo no qual sua produção científica figura entre as 1.000 mais relevantes do mundo, segundo a plataforma Expertscape. É responsável pela estruturação e coordenação de laboratórios de referência, como o LIM/42 (Laboratório de Hormônios e Genética Molecular), o AE-06 (cromatografia e espectrometria de massa) e o GEF-08 (Sequenciamento em Larga Escala) da FMUSP.

É autora de 589 artigos científicos, com mais de 25 mil citações no Google Scholar e índice H de 83, números que a posicionam entre os 2% de pesquisadores mais citados do mundo segundo a base Scopus. Além disso, orientou mais de 50 alunos de pós-graduação e pós-doutorado, muitos dos quais hoje ocupam posições de destaque na pesquisa e na prática médica no Brasil.

Bolsista de produtividade em pesquisa nível sênior do Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), membro da Academia Brasileira de Ciências e primeira brasileira a receber o *International Excellence in Endocrinology Award* da *Endocrine Society*.

Tornou-se também a primeira pessoa a receber 2 prêmios pela SBEM, uma vez que em 2016 havia sido agraciada com o prêmio José Dantas de Souza Leite. Dra. Berenice é exemplo de excelência acadêmica, compromisso com a formação médica e impacto duradouro na Endocrinologia e Metabologia.

Prêmio José Dantas de Souza Leite – Prof. Dr. José Gilberto Henriques Vieira



Professor Afiliado da Disciplina de Endocrinologia da Escola Paulista de Medicina da Universidade Federal de São Paulo (Unifesp), o Dr. José Gilberto Vieira é um dos nomes mais respeitados da endocrinologia translacional no Brasil. Com formação sólida na EPM/Unifesp — graduação (1971), mestrado (1977) e doutorado (1984) em Endocrinologia Clínica —, realizou pós-doutorado no Massachusetts General Hospital, da *Harvard Medical School* (EUA), com bolsa da *Fogarty Foundation*, experiência que consolidou sua atuação internacional na área.

É pioneiro no desenvolvimento de ensaios laboratoriais aplicados à endocrinologia clínica, tendo contribuído significativamente para a introdução e aprimoramento de técnicas como o radioimunoensaio e a espectrometria de massas para dosagem de esteroides, hormônios tireoidianos, vitamina D e PTH. Suas contribuições viabilizaram avanços importantes tanto na pesquisa quanto na prática clínica em áreas como osteometabolismo, tireoide e neuroendocrinologia.

Com 183 artigos listados no PubMed, mais de 280 publicações no Currículo Lattes e extensa atuação como orientador e consultor científico, Dr. Vieira é reconhecido por sua capacidade de integrar ciência, diagnóstico laboratorial e formação de novos especialistas. O prêmio de 2024 representa o reconhecimento por sua dedicação à endocrinologia e metabologia brasileira.



Prêmio Antônio Barros de Ulhôa Cintra – Prof. Dr. João Modesto Filho



Com uma trajetória marcada pela dedicação ao ensino, à ética profissional e ao fortalecimento da Endocrinologia no Nordeste, o Prof. Dr. João Modesto Filho é uma das referências da especialidade. Possui graduação em Medicina pela Universidade Federal de Pernambuco (1969), especialização e doutorado em Endocrinologia e Metabologia pela Universidade de São Paulo (1973) e pós-doutorado pela Université de Nancy, na França (1990).

Atualmente, é Professor Voluntário da Universidade Federal da Paraíba (UFPB) e professor da Faculdade de Medicina Nova Esperança (FAMENE). Também atua como Segundo Secretário do Conselho Regional de Medicina da Paraíba (CRM-PB), instituição que já presidiu por três mandatos. Ao longo de sua carreira, desempenhou papel essencial na formação de médicos, na defesa da boa prática médica e na valorização da Endocrinologia e Metabologia como especialidade clínica.

Foi presidente do Congresso Brasileiro de Atualização em Endocrinologia e Metabologia (CBAEM 2023) e sempre se destacou por seu perfil conciliador, pela atuação institucional ativa e pela capacidade de inspirar novas gerações de profissionais. O prêmio reconhece sua ampla contribuição à especialidade, especialmente em sua dimensão humana, educacional e ética.



Prêmio José Schermann – Prof. Dr. Francisco Alfredo Bandeira e Farias

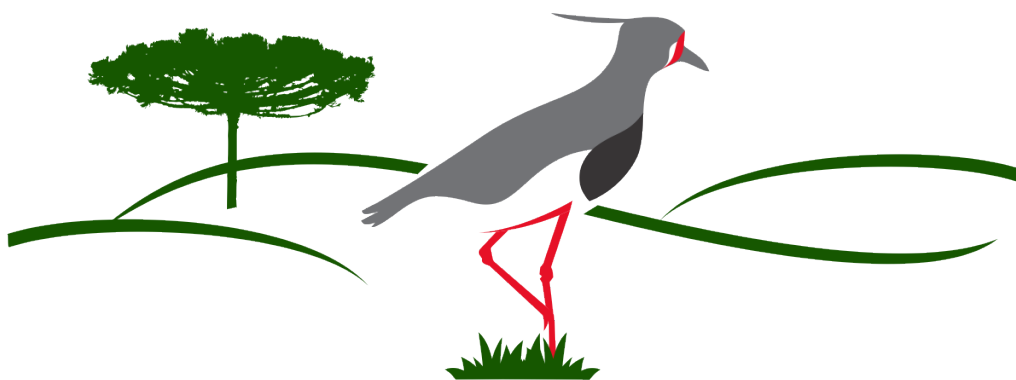


O Prof. Dr. Francisco Bandeira é reconhecido por sua expressiva contribuição científica, assistencial e acadêmica, especialmente nas áreas de metabolismo ósseo e doenças metabólicas. Possui doutorado em Ciências pela Escola Nacional de Saúde Pública da Fundação Oswaldo Cruz (Fiocruz) e realizou formação complementar como médico-pesquisador na *Sheik Rashid Diabetes Unit*, da Universidade de Oxford, no Reino Unido.

É Professor Associado e Livre-docente da Universidade de Pernambuco (UPE), onde também chefia a Disciplina de Endocrinologia da Faculdade de Ciências Médicas. No Hospital Agamenon Magalhães (MS/SUS/UPE), é responsável pela Divisão de Diabetes e Endocrinologia, serviço de referência na região. Sua atuação se destaca em linhas de pesquisa voltadas para diabetes, obesidade, osteoporose, sarcopenia, cirurgia bariátrica, distúrbios da paratireoide e vitamina D.

Com ampla produção científica e forte atuação na formação de especialistas, Dr. Francisco Bandeira também se destacou internacionalmente, sendo agraciado com o título de *Master of the American College of Endocrinology* (MACE) em 2021. O Prêmio José Schermann reconhece sua carreira construída com excelência, dedicação ao ensino e impacto duradouro na Endocrinologia e Metabologia brasileira.





CBAEM 2025

**CONGRESSO BRASILEIRO DE ATUALIZAÇÃO
EM ENDOCRINOLOGIA E METABOLOGIA**

03 A 06 DE SETEMBRO DE 2025 | GRAMADO (RS) | EXPOGRAMADO

PROGRAMAÇÃO



3/9/2025 (Quarta-feira)

ARENA FARROUPILHA	
08:30 às 10:00	Curso / Curso CURSO DE ATUALIZAÇÃO EM ENDOCRINOLOGIA DO EXERCÍCIO: 1ª. Parte - O que preciso saber sobre Endocrinologia do Exercício? (37) Moderador: CLAYTON LUIZ DORNELLES MACEDO - RS
	08:30 às 08:45 Quais as alterações endócrinas induzidas pelo exercício? Palestrante: ANDREA FIORETTI - SP
	08:45 às 09:00 Mitos e verdades sobre o treinamento resistido e aeróbico Palestrante: ADRIANA COGNOLATO - SP
	09:00 às 09:15 Síndrome da Deficiência Energética Relativa ao Exercício Palestrante: JOAO CARLOS RAMOS DIAS - SP
	09:15 às 09:30 Como se deve investigar um indivíduo que pretende iniciar a prática esportiva? Palestrante: ALEXIS DOURADO GUEDES - BA
	09:30 às 09:45 Como perder gordura e ganhar massa muscular com a prática de exercícios físicos? Palestrante: MARCOS OLIVEIRA - SP
	09:45 às 10:00 Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (38)
10:30 às 12:00	Curso / Curso CURSO DE ATUALIZAÇÃO EM ENDOCRINOLOGIA DO EXERCÍCIO: 2ª. Parte - Mitos e verdades sobre a suplementação para ganho de performance e otimização da composição corporal (39) Moderadora: ANDREA FIORETTI - SP
	10:30 às 10:45 Whey protein - como, quanto e quando se indica? Palestrante: LUCIANA SOUZA DE OLIVEIRA - SP
	10:45 às 11:00 HMB funciona? Palestrante: FERNANDA BRUNACCI - SP
	11:00 às 11:15 Creatina funciona? Aumenta massa magra? Palestrante: TATIANA CAMARGO PEREIRA ABRAO - SP
	11:15 às 11:30 Vale a pena usar bicarbonato e beta-alanina? Palestrante: HELOISA THEODORO - RS
	11:30 às 11:45 Devemos suplementar vitaminas no atleta recreacional e profissional? Palestrante: FULVIO CLEMO SANTOS TOMASELLI - SC
	11:45 às 12:00 Discussão
12:00 às 14:00	Simpósio Satélite / Geral Intervalo do almoço (40)
14:00 às 15:20	Painel Clínico / Congresso Manejo clínico das complicações das cirurgias bariátricas (41) Moderadora: CÍNTIA CERCATO - SP Moderador: FABIO ROGERIO TRUJILHO - BA
	14:00 às 14:15 Neuropatias Nutricionais Palestrante: LUIZ CLEMENTE ROLIM - SP
	14:15 às 14:30 Osteoporose e fraturas Palestrante: NARRIANE CHAVES PEREIRA DE HOLANDA - PB
	14:30 às 14:45 Alcoolismo e outras adições Palestrante: CAROLINA GARCIA SOARES LEAES RECH - RS
	14:45 às 15:00 Reganho de peso Palestrante: HILDENE MELO - BA
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso Adiposopatia e Doença Metabólica: O Papel da Gordura Além do Peso (42) Presidente: WELLINGTON SANTANA DA SILVA JÚNIOR - MA Palestrante: MARIO JOSE ABDALA SAAD - SP
16:00 às 16:30	Arena Científica / Geral Arena Científica - GSK: A vida a partir dos 50: que estratégias priorizar para um envelhecimento saudável? (43) Palestrante da Arena: BRUNO COLONTONI
16:30 às 18:00	Mesa redonda / Curso Osteoporose na fase inicial do climatério (44) Moderadora: MONIQUE NAKAYAMA OHE - SP Moderador: LEONARDO COSTA BANDEIRA E FARIAS - PE
	16:30 às 16:37 Tema livre
	16:30 às 16:37 1115978 - Association Between Dietary Vitamin A and Carotenoid Intake and Bone Mineral Density in Postmenopausal Women - Apresentador(a): Thaís Rasia da Silva
	16:37 às 16:40 Perguntas
	16:40 às 16:55 O diagnóstico está correto? Palestrante: CATARINA BRASIL DALVA - CE
	16:55 às 17:10 Quando a terapia hormonal é opção terapêutica? Palestrante: VICTORIA ZEGHBI COCHENSKI BORBA - PR
	17:10 às 17:25 Existe espaço para tratamento agente anabólico? Palestrante: MIGUEL MADEIRA - RJ
	17:25 às 17:40 Qual antirreabsortivo usar? Palestrante: ÉRICO HIGINO - PE
	17:40 às 18:00 Discussão



SALA 01 - Pampa		
08:30 às 10:00	Curso / Curso Curso Laboratório como aliado do Endocrinologista: 1ª. Parte: Biologia molecular para o Clínico (1) Moderadora: MARIA TEREZA NUNES - SP	
	08:30 às 08:45	Conceitos básicos Palestrante: MARIA TEREZA NUNES - SP
	08:45 às 09:00	Testes genéticos no diagnóstico das endocrinopatias hereditárias Palestrante: LUCAS LEITE - SP
	09:00 às 09:15	Marcadores moleculares no diagnóstico diferencial em nódulos de tireoide Palestrante: CAROLINA FERRAZ DA SILVA - SP
	09:15 às 09:30	Diagnóstico molecular dos distúrbios de diferenciação sexual Palestrante: RAFAEL LOCH BATISTA - SP
	09:30 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (2)	
10:30 às 12:00	Curso / Curso 2ª. Parte: Interpretando as dosagens laboratoriais em Endocrinologia (3) Moderadora: MARIA TEREZA NUNES - SP	
	10:30 às 10:45	Princípios das dosagens hormonais Palestrante: AYRTON CUSTODIO MOREIRA - SP
	10:45 às 11:00	Cuidado com as Armadilhas! Palestrante: ROSA PAULA MELLO BISCOLLA - SP
	11:00 às 11:15	Testes funcionais Palestrante: FRANCISCA DELANIE BULCAO DE MACEDO - CE
	11:15 às 11:30	Espectrometria de massas na rotina - presente ou futuro? Palestrante: MARIA IZABEL CHIAMOLERA - SP
	11:30 às 12:00	Discussão
12:15 às 13:15	Simpósio Satélite / Geral Simpósio Satélite - Boehringer Ingelheim: Personalizando o manejo do Diabetes Tipo 2 na pessoa com multimorbidade: caso clínico comentado (Restrito para prescritores) (4) Palestrante do Simpósio: ANDREA CARLA BAUER - Palestrante do Simpósio: MARCELLO CASACCIA BERTOLUCI - RS Palestrante do Simpósio: MARCUS VINÍCIUS BOLIVAR MALACHIAS -	
14:00 às 15:20	Mesa Redonda/ Paineis clínicos / Congresso O que há de novo sobre Hipertensão Endócrina (5) Coordenador: CLAUDIO ELIAS KATER - SP Coordenador: LEONARDO VIEIRA NETO - RJ	
	14:00 às 14:15	Feocromocitoma: Diagnóstico Palestrante: JOSÉ VIANA LIMA JUNIOR - SP
	14:15 às 14:30	Feocromocitoma: Manejo perioperatório Palestrante: LÍVIA MARA MERMEJO - SP
	14:30 às 14:45	Investigação inicial do paciente com hiperaldosteronismo Palestrante: THAIS CASTANHEIRA DE FREITAS RESENDE - GO
	14:45 às 15:00	Hiperaldosteronismo subclínico: mito ou realidade Palestrante: ALINE BARBOSA MORAES - RJ
	15:00 às 15:20	Discussão
15:30 às 16:00	Conferência / Congresso Aplicações clínicas da dosagem do cortisol: quando dosar... e quando não dosar (6) Presidente: DANIELA ESPINDOLA - GO Palestrante: MARGARET DE CASTRO - SP	
16:00 às 16:30	Intervalo / Geral Intervalo (7)	
16:30 às 18:00	Hot Topics / Congresso Hot Topics em Endocrinologia Pediátrica (8) Moderadora: CRISTIANE KOPACEK - RS Moderador: GUIDO DE PAULA COLARES NETO - SP	
	16:30 às 16:37	1116204 - Low-dose leuporelin depot treatment for girls with central precocious puberty in Southern Brazil - Apresentador(a): Cristiane Kopacek
	16:30 às 16:37	Tema livre
	16:37 às 16:40	Perguntas
	16:40 às 16:55	Abuso de esteróides sexuais e musculação em adolescentes Palestrante: CLAYTON LUIZ DORNELLES MACEDO - RS
	16:55 às 17:10	Abuso de GH para fins esportivos em crianças e adolescentes Palestrante: FABIANO SANDRINI - PR
	17:10 às 17:25	Tratamento farmacológico de crianças e adolescentes com obesidade Palestrante: CRISTIANE KOCHI - SP
	17:25 às 17:40	Incongruência entre a sexagem e o ultrassom fetal Palestrante: GUILHERME GUARAGNA FILHO - RS
	17:40 às 18:00	Discussão

SALA 02 - Querência	
08:15 às 10:00	Curso / Curso Curso de Atualização em Endocrinopediatria: MÓDULO CRESCIMENTO (9)
	Abertura Coordenador: LUIZ CLÁUDIO GONÇALVES DE CASTRO - DF Coordenador: SONIR ANTONINI - SP
	08:20 às 08:40 Regulação Genética e Hormonal do Crescimento & Antropometria Palestrante: SONIR ANTONINI - SP
	08:40 às 09:00 Investigação Endócrina e Não-endócrina do paciente com baixa estatura Palestrante: FABIANO SANDRINI - PR
	09:00 às 09:20 Avaliação da Idade Óssea e Métodos de Predição da Estatura Adulta Palestrante: LUIZ CLÁUDIO GONÇALVES DE CASTRO - DF
	09:20 às 09:40 Tratamento com GH: Indicações, Eficácia e Monitorização Palestrante: ALEXANDER AUGUSTO LIMA JORGE - SP
	09:40 às 10:00 Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (10)
10:30 às 12:00	Curso / Curso Curso de Atualização em Endocrinopediatria: MÓDULO PUBERDADE (11)
	10:30 às 10:50 Puberdade Precoce Central Palestrante: DANIELLE DE SOUZA BESSA - CE
	10:50 às 11:10 Puberdade Precoce Periférica Palestrante: ANA PINHEIRO MACHADO CANTON - SP
	11:10 às 11:30 Puberdade Atrasada Palestrante: CRISTIANE KOPACEK - RS
	11:30 às 12:00 Discussão/encerramento
12:30 às 13:30	Simpósio Satélite / Geral Simpósio Satélite - Novo Nordisk: Essencialmente MASH: Da Síndrome Metabólica à Esteatose Hepática (Restrito para prescritores) (12) Palestrante do Simpósio: JOÃO EDUARDO NUNES SALLES - SP Palestrante do Simpósio: TATIANE EMERICH - Palestrante do Simpósio: MARIO REIS ALVARES DA SILVA -
14:00 às 15:20	Mesa Redonda/ Paineiro clínico / Congresso Mitos e verdades: discutindo os efeitos adversos das estatinas (13) Moderador: RODRIGO DE OLIVEIRA MOREIRA - MG Moderador: PAULO AUGUSTO MIRANDA - MG
	14:00 às 14:15 No músculo Palestrante: MARCIO WEISSHEIMER LAURIA - MG
	14:15 às 14:30 No SNC Palestrante: JOAQUIM CUSTODIO DA SILVA JUNIOR - BA
	14:30 às 14:45 Na glicemia Palestrante: JOSIVAN GOMES DE LIMA - RN
	14:45 às 15:00 Nos hormônios esteroidais Palestrante: RENAN MONTENEGRO JR. - CE
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso Dislipidemia além das estatinas: novas terapias (14) Presidente: MARCIO WEISSHEIMER LAURIA - MG Palestrante: MARCELLO CASACCIA BERTOLUCI - RS
18:30 às 19:30	Abertura / Geral Solenidade de abertura (169)
SALA 03 - Estância	
08:30 às 10:00	Curso / Curso Simpósio SBEM/SBD: Diretrizes no Diabetes Mellitus 2025 (15) Moderador: RUY LYRA - PE Moderador: NEUTON DORNELAS GOMES - DF
	08:30 às 08:45 Novas diretrizes de rastreamento e diagnóstico do DM 2 Palestrante: LENITA ZAJDENVERG - RJ
	08:45 às 09:00 Novos conceitos na estratificação do risco cardiovascular Palestrante: RODRIGO DE OLIVEIRA MOREIRA - MG
	09:00 às 09:15 Diabetes e insuficiência cardíaca: como tratar? Palestrante: JOÃO EDUARDO NUNES SALLES - SP
	09:15 às 09:30 Uso de GLP-1 e perda de massa muscular: qual a evidência? Palestrante: CAROLINE KRAMER - CANADA
	09:30 às 10:00 Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (16)

	Curso / Curso Mesa redonda: Inteligência artificial: contornando riscos e usufruindo dos benefícios (17) Moderador: WALMIR COUTINHO - RJ Moderador: EDSO PERROTTI SANTOS - AL	
10:30 às 12:00	10:30 às 10:50	IA na Medicina: o que o futuro nos reserva? Palestrante: ATILA IAMARINO - SP
	10:50 às 11:10	É possível controlar os riscos? Palestrante: FELIPE GAIA DUARTE - SP
	11:10 às 11:30	Usando IA como apoio na clínica endocrinológica Palestrante: MARCIO KRAKAUER - SP
	11:30 às 12:00	Discussão
12:00 às 14:00	Simpósio Satélite / Geral Intervalo do almoço (18)	
	Prêmio / Congresso Prêmio Luiz Cesar Pova (19)	
14:00 às 15:00	14:00 às 14:10	Descrição do prêmio Apresentador: NEUTON DORNELAS GOMES - DF
	14:10 às 14:20	Apresentação do premiado Apresentadora: ANA CLÁUDIA LATRÔNICO - SP
	14:20 às 14:50	Conferência do premiado Palestrante do prêmio: BERENICE BILHARINHO MENDONÇA - SP
15:00 às 15:30	Prêmio / Geral Premiação dos Archives of Endocrinology and Metabolism (161)	
	15:00 às 15:10	Apresentação dos vencedores e entrega dos prêmios: Apresentador: CESAR LUIZ BOGUSZEWSKI - PR
	15:10 às 15:20	Prêmio Waldemar Berardinelli para melhor trabalho clínico Palestrante do prêmio: RENATA PEIXOTO - BA
	15:20 às 15:30	Prêmio Tales Martins para melhor trabalho básico/translacional Palestrante do prêmio: MARIA TERESA DE SIBIO - SP
15:30 às 16:00	Conferência / Congresso Conferência: Qual o impacto da informação na saúde? (20) Presidente: MATEUS DORNELLES SEVERO - RS Palestrante: CHLOÉ PINHEIRO - SP	
18:30 às 19:30	Abertura / Geral Solenidade de abertura (170)	
SALA 04 - Minuano		
	Curso / Curso Curso de Atualização em Endocrinologia feminina e Andrologia (DEFAT): 1º parte – Andrologia (21) Moderadora: THYCIARA FONTENELE MARQUES - CE	
08:30 às 10:00	08:30 às 08:45	Como suspeitar de hipogonadismo masculino e quais níveis de corte? Palestrante: MARCELO FERNANDO RONSONI - SC
	08:45 às 09:00	Hipogonadismo funcional x orgânico Palestrante: LUCAS BANDEIRA MARCHESAN - RS
	09:00 às 09:15	Como escolher a melhor formulação de testosterona Palestrante: ALEXANDRE HOHL - SC
	09:15 às 09:30	Seguimento e riscos da reposição de testosterona Palestrante: RENATO GALVAO REDORAT - RJ
	09:30 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (22)	
	Curso / Curso Curso de Atualização em Endocrinologia feminina e Andrologia (DEFAT): 2ª parte – Menopausa (23) Moderadora: MONICA DE OLIVEIRA - PE	
10:30 às 12:00	10:30 às 10:45	Opções da terapia hormonal Palestrante: LARISSA GARCIA GOMES - SP
	10:45 às 11:00	Quando não usar TH Palestrante: CICILIANA MAÍLA ZILIO RECH - RS
	11:00 às 11:15	Intercorrências durante o uso da TH Palestrante: RUTH CLAPAUCH - RJ
	11:15 às 11:30	Terapia não hormonal Palestrante: THYCIARA FONTENELE MARQUES - CE
	11:30 às 12:00	Discussão
12:30 às 13:30	Simpósio Satélite / Geral Simpósio Satélite - Lilly: Mounjaro® Talks - Tratamento da Obesidade – Quando Personalizar é a Nova Regra (Restrito para prescritores) (24) Palestrante do Simpósio: ANDRESSA HEIMBECHER SOARES - Palestrante do Simpósio: ROBERTO ZAGURY - Palestrante do Simpósio: ELZO MATTAR -	

Mesa Redonda/ Painei clínico / Congresso Você tem certeza de qual é o tipo de diabetes do seu paciente? (25) Moderadora: LUCIANA ROESCH SCHREINER - RS Moderador: ALBERTO DA SILVA DIAS FILHO - GO	
14:00 às 15:20	14:00 às 14:15 Diagnóstico no adulto com peso normal: MODY? LADA? Palestrante: FERNANDO DE MELLO ALMADA GIUFFRIDA - BA
	14:15 às 14:30 Diabetes duplo Palestrante: JOÃO EDUARDO NUNES SALLES - SP
	14:30 às 14:45 Diabetes na criança/adolescente com obesidade Palestrante: BALDUINO TSCHIEDEL - RS
	14:45 às 15:00 Diabetes no idoso Palestrante: SILMARA APARECIDA DE OLIVEIRA LEITE - PR
	15:00 às 15:20 Discussão
Conferência / Congresso Evolução do tratamento da deficiência do hormônio de crescimento (26) Moderador: FABIANO SANDRINI - PR Palestrante: MARGARET BOGUSZEWSKI - PR	
15:30 às 16:00	
16:00 às 16:30 Intervalo / Geral Intervalo (27)	
Mesa redonda / Congresso Complicações infecciosas no diabetes (28) Moderador: SÉRGIO LERIAS DE ALMEIDA - RS Moderador: RUY LYRA - PE	
16:30 às 18:00	16:30 às 16:37 Tema livre
	16:30 às 16:37 1115833 - Impact of Educational Interventions on the Proportion of Capillary Ketone Testing and Diabetic Ketoacidosis Diagnosis in Critical Care Units: A Pre-Post Study - Apresentador(a): Milton Costa Santana Filho
	16:37 às 16:40 Perguntas
	16:40 às 16:55 Fisiopatologia do risco para infecções no diabetes Palestrante: MAURICIO KRAUSE - RS
	16:55 às 17:10 Prevenção com imunizações Palestrante: LETÍCIA SCHWERZ WEINERT - RS
	17:10 às 17:25 iSGLT2 e as infecções urinárias e genitais - por que ainda representam manejo inadequado? Palestrante: ANGELA DE AZEVEDO JACOB REICHELT - RS
	17:25 às 17:40 Infecções virais Palestrante: SAULO CAVALCANTI DA SILVA - MG
	17:40 às 18:00 Discussão
SALA 05 - Coxilha	
Curso / Curso Curso SBEM/ABRASSO sobre Atualização em metabolismo Ósseo: 1ª parte – Osteoporose (29) Moderador: FRANCISCO BANDEIRA - PE	
08:30 às 10:00	08:30 às 08:50 Investigação diagnóstica, densitométrica e o FRAX Brasil 2.0 Palestrante: HENRIQUE PIEROTTI ARANTES - MG
	08:50 às 09:10 Cálcio, vitamina D e bisfosfonatos Palestrante: ERIK TROVÃO DINIZ - PE
	09:10 às 09:30 Denosumabe, teriparatida e romosozumabe Palestrante: MAYRA MACENA GOMES - SP
	09:30 às 10:00 Discussão
10:00 às 10:30 Intervalo / Geral Intervalo (30)	
Curso / Curso Curso SBEM/ABRASSO sobre Atualização em metabolismo Ósseo: 2ª parte – Distúrbios da Paratiroide (31) Moderador: FRANCISCO BANDEIRA - PE	
10:30 às 12:00	10:30 às 10:50 Diagnóstico diferencial de hipercalcemias Palestrante: MAISA MONSEFF - PR
	10:50 às 11:10 Manejo clínico e cirúrgico do hiperparatireoidismo primário Palestrante: MONIQUE NAKAYAMA OHE - SP
	11:10 às 11:30 O que há de novo no manejo clínico do Hipoparatiroidismo? Palestrante: SERGIO SETSUO MAEDA - SP
	11:30 às 12:00 Discussão
12:00 às 14:00 Simpósio Satélite / Geral Intervalo do almoço (32)	
Simpósio / Congresso Simpósio SBEM/FEBRASGO: Temas atuais em Infertilidade (33) Moderadora: POLI MARA SPRITZER - RS Moderador: EDUARDO PANDOLFI PASSOS - RS	
14:00 às 15:20	14:00 às 14:20 Endometriose e infertilidade: o que o endocrinologista precisa saber Palestrante: ALEJANDRO MANZUR - CHILE
	14:20 às 14:40 Preservação de gametas em diferentes contextos: quem, como e quando? Palestrante: EDUARDO PANDOLFI PASSOS - RS
	14:40 às 15:00 Sexualidade no casal infértil: sexo com hora marcada? Palestrante: CARMITA ABDO - SP
	15:00 às 15:20 Discussão

15:30 às 16:00	Conferência / Congresso Hiperparatiroidismo primário: o estado da arte (34) Presidente: MARISE LAZARETTI CASTRO - SP Palestrante: FRANCISCO BANDEIRA - PE
16:00 às 16:30	Intervalo / Geral Intervalo (35)
16:30 às 18:00	Mesa redonda / Congresso Como conduzir os casos de abuso de esteroides anabolizantes? (36) Moderador: RICARDO OLIVEIRA - RJ Moderadora: ANDREA FIORETTI - SP
	16:30 às 16:37 Tema livre
	16:30 às 16:37 1115705 - Evaluation of body recomposition induced by testosterone undecanoate administration in male and female Wistar rats. - Apresentador(a): Guilherme Carvalho Serena
	16:37 às 16:40 Perguntas
	16:40 às 17:00 Abordagem endócrina no homem e na mulher Palestrante: ALEXIS DOURADO GUEDES - BA
	17:00 às 17:20 Abordagem cardiovascular Palestrante: ANDERSON DONELLI - RS
	17:20 às 17:40 Abordagem psicológica/psiquiátrica Palestrante: CARLA BICCA - RS
	17:40 às 18:00 Discussão



4/9/2025 (Quinta-feira)

Área de Pôster	
Sessão / Congresso Happy Poster (Happy Poster) (167)	
18:00 às 19:00	DEFAT Visitador(a) de Pôster: CÍCILIANA MAÍLA ZILIO RECH - RS
18:00 às 19:00	DEFAT Visitador(a) de Pôster: THYCIARA FONTENELE MARQUES - CE
18:00 às 19:00	DEFAT Visitador(a) de Pôster: MARCELO FERNANDO RONSONI - SC
18:00 às 19:00	DEFAT Visitador(a) de Pôster: LUCAS BANDEIRA MARCHESAN - RS
18:00 às 19:00	DEFAT Visitador(a) de Pôster: FÁBIO COMIM - MG
18:00 às 19:00	Endocrinologia do Exercício Visitador(a) de Pôster: JOAO CARLOS RAMOS DIAS - SP
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: ANA PINHEIRO MACHADO CANTON - SP
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: ALEXANDER AUGUSTO LIMA JORGE - SP
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: CRISTIANE KOPACEK - RS
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: GUILHERME GUARAGNA FILHO - RS
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: FABIANO SANDRINI - PR
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: LUIZ CLÁUDIO GONÇALVES DE CASTRO - DF
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: PAULO FERREZ COLLETT SOLBERG - RJ
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: SUZANA NESI FRANCA - PR
18:00 às 19:00	Endocrinologia Pediátrica Visitador(a) de Pôster: SONIR ANTONINI - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: SERGIO SETSUO MAEDA - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: LIVIA MARCELA DOS SANTOS - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: MONIQUE NAKAYAMA OHE - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: MANUELA ROCHA BRAZ - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: GUIDO DE PAULA COLARES NETO - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: FRANCISCO JOSE ALBUQUERQUE DE PAULA - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: REGINA MATSUNAGA MARTIN - SP
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: MARIA LÚCIA FLEIUSS DE FARIAS - RJ
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: CATARINA BRASIL DALVA - CE
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: LEONARDO COSTA BANDEIRA E FARIAS - PE
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: BÁRBARA CAMPOLINA CARVALHO SILVA - MG
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: CAROLINA AGUIAR MOREIRA - PR
18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: VICTORIA ZEGHBI COCHENSKI BORBA - PR

18:00 às 19:00	18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: MIGUEL MADEIRA - RJ
	18:00 às 19:00	Metabolismo Osseo e Mineral Visitador(a) de Pôster: FRANCISCO BANDEIRA - PE
	18:00 às 19:00	Obesidade Visitador(a) de Pôster: ALEXANDRE HOHL - SC
	18:00 às 19:00	Obesidade Visitador(a) de Pôster: CÍNTIA CERCATO - SP
	18:00 às 19:00	Obesidade Visitador(a) de Pôster: FABIO FERREIRA DE MOURA - PE
	18:00 às 19:00	Obesidade Visitador(a) de Pôster: GLAUCIA CARNEIRO - SP Visitador(a) de Pôster: MARIA EDNA DE MELO - SP
	18:00 às 19:00	Obesidade Visitador(a) de Pôster: HILDENE MELO - BA
	18:00 às 19:00	Obesidade Visitador(a) de Pôster: JACQUELINE RIZZOLLI - RS
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: ANDRÉ GONÇALVES DA SILVA - PI
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: ANDRÉ GUSTAVO DAHER VIANNA - PR Visitador(a) de Pôster: SÉRGIO LERIAS DE ALMEIDA - RS
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: ANGELA DE AZEVEDO JACOB REICHELT - RS
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: BALDUINO TSCHIEDEL - RS
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: CRISTIANE BAUERMANN LEITAO - RS
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: DENISE FRANCO - SP
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: EDSON PERROTTI SANTOS - AL
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: EMERSON CESTARI MARINO - PR
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: FERNANDO DE MELLO ALMADA GIUFFRIDA - BA
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: FERNANDO VALENTE - SP
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: FILIPE DIAS DE SOUZA - SP
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: LETÍCIA SCHWERZ WEINERT - RS
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: MARIA IZABEL CHIAMOLERA - SP
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: JOÃO ROBERTO MACIEL MARTINS - SP
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: PATRICIA DE FÁTIMA DOS SANTOS TEIXEIRA - RJ
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: JOSE MIGUEL DORA - RS
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: CLEO OTAVIANO MESA JUNIOR - PR
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: ROSA PAULA MELLO BISCOLLA - SP
	18:00 às 19:00	Dislipidemia Visitador(a) de Pôster: JOANA RODRIGUES DANTAS - RJ
	18:00 às 19:00	Dislipidemia Visitador(a) de Pôster: MARIA HELANE COSTA GURGEL - CE
	18:00 às 19:00	Dislipidemia Visitador(a) de Pôster: MARCIO WEISSHEIMER LAURIA - MG
	18:00 às 19:00	Dislipidemia Visitador(a) de Pôster: LUCIA HELENA OLIVEIRA CORDEIRO - PE
	18:00 às 19:00	Dislipidemia Visitador(a) de Pôster: JOAQUIM CUSTODIO DA SILVA JUNIOR - BA
	18:00 às 19:00	Dislipidemia Visitador(a) de Pôster: RENAN MONTENEGRO JR. - CE

ARENA FARROUPILHA	
08:30 às 10:00	Mesa redonda / Congresso Atualização no diagnóstico e manejo da DRC no paciente com diabetes (88) Moderador: JOÃO ROBERTO DE SÁ - SP Moderador: MARCIO WEISSHEIMER LAURIA - MG
	08:30 às 08:37 1115159 - Mapping the impact: prevalence of diabetic renal disease and retinopathy in Brazil - Apresentador(a): Georgia Chichelero
	08:30 às 08:37 Tema livre
	08:37 às 08:40 Perguntas
	08:40 às 08:55 Métodos de avaliação da filtração glomerular Palestrante: SANDRA SILVEIRO - RS
	08:55 às 09:10 iSGLT2 no DM1 Palestrante: WELLINGTON SANTANA DA SILVA JÚNIOR - MA
	09:10 às 09:25 Finerenona: como usar e para quem? Palestrante: LUIS HENRIQUE SANTOS CANANI - RS
	09:25 às 09:40 Como reduzir desfechos ao longo do espectro da DRC Palestrante: FERNANDO GERCHMAN - RS
	09:40 às 10:00 Discussão
10:00 às 10:30	Arena Científica / Geral Arena Científica - GSK: Riscos invisíveis: Um papo sobre qualidade de vida e herpes zoster (166) Palestrante da Arena: LUIZ TURATTI Palestrante da Arena: FABIANO MOULIN
10:30 às 12:00	Mesa redonda / Congresso Temas Quentes em Diabetes (89) Moderadora: ANGELA DE AZEVEDO JACOB REICHELT - RS Moderador: LUIS HENRIQUE SANTOS CANANI - RS
	10:30 às 10:37 1116006 - Voice-Based Virtual Assistant Improves Glycemic Control in Older Adults with Type 2 Diabetes: A Secondary Analysis of the IVAM-ED Randomized Clinical Trial - Apresentador(a): Lucas S. Matzenbacher
	10:30 às 10:37 Tema livre
	10:37 às 10:40 Perguntas
	10:40 às 10:55 Peculiaridades da fisiopatologia e do diagnóstico do DM1 no idoso Palestrante: SILMARA APARECIDA DE OLIVEIRA LEITE - PR
	10:55 às 11:10 Uso de Agonistas do receptor do GLP-1 no preparo de procedimentos cirúrgicos, exames contrastados e endoscópicos Palestrante: FERNANDO VALENTE - SP
	11:10 às 11:25 Mudanças no tratamento do Diabetes e Obesidade: Para onde vamos? Palestrante: MARIA EDNA DE MELO - SP
	11:25 às 11:40 Aspirina, novos antiagregantes e anticoagulantes no paciente com DM tipo 2 – Quando e como? Palestrante: NELSON RASSI - GO
	11:40 às 12:00 Discussão
12:00 às 14:00	Simpósio Satélite / Geral Intervalo do almoço (90)
14:00 às 15:20	Painel Clínico / Congresso Endocrinopatias raras: um olhar diferenciado ao longo da vida (91) Moderadora: NATHALIA LISBOA ROSA ALMEIDA GOMES - MG Moderadora: MARGARET BOGUSZEWSKI - PR
	14:00 às 14:20 Um olhar diferenciado sobre indivíduos com DDS 46,XY ao longo da vida Palestrante: BERENICE BILHARINHO MENDONÇA - SP
	14:20 às 14:40 Paciente com displasias esqueléticas: quando suspeitar e investigar? Palestrante: LUIZ CLÁUDIO GONÇALVES DE CASTRO - DF
	14:40 às 15:00 Tumores neuroendócrinos: como estruturar um raciocínio diagnóstico? Palestrante: JOSÉ VIANA LIMA JUNIOR - SP
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso GH nas Neoplasias (92) Presidente: MÔNICA GADELHA - RJ Palestrante: CESAR LUIZ BOGUSZEWSKI - PR
16:00 às 17:00	Simpósio Satélite / Geral Simpósio Satélite - Nestlé: Qual é o impacto da nutrição em pacientes em uso de análogos de GLP-1? (93) Palestrante do Simpósio: ROBERTO ZAGURY -

Simpósio / Congresso Simpósio: Diversidade, Equidade e Inclusão na Endocrinologia: reconhecendo e combatendo estigmas para melhorar a vida de nossos pacientes (165) Moderadora: LUCIANA MATTOS BARROS OLIVEIRA - BA		
17:00 às 18:00	17:00 às 17:15	Lições da experiência de 30 anos convivendo com pessoas de baixa estatura Palestrante: MANUEL HERMINIO OLIVEIRA - SE
	17:15 às 17:30	Combatendo a desinformação e o preconceito ao redor do Climatério Palestrante: THYCIARA FONTENELE MARQUES - CE
	17:30 às 17:45	Acesso a medicamentos em Endocrinologia: da inovação à universalização Palestrante: BRUNO LEANDRO DE SOUZA - PB
	17:45 às 18:00	Discussão e Comentários finais
Lounge da SBEM		
Sessão / Geral Café com diversidade (173)		
16:00 às 16:30	16:00 às 16:30	1116172 - Clinical, metabolic, and cardiovascular risk profile of transgender women over 50 years of age with gender-affirming surgery followed at a University Hospital in southern Brazil Apresentador(a): Larissa Horos Bueno
	16:00 às 16:30	1115676 - Family planning and reproductive health among transgender people undergoing gender affirming hormone therapy: perceptions, barriers and gaps in inclusion Apresentador(a): Sávio Carvalho Gomes
	16:00 às 16:30	1116005 - Investigating Body Image Satisfaction and Its Sociodemographic Correlates in Trans Women on Hormone Therapy Apresentador(a): Sávio Carvalho Gomes
	16:00 às 16:30	1115533 - Symptoms of Anxiety and Depression in Transgender Individuals Undergoing Hormone Therapy: Impact of Multidisciplinary Follow-Up in a Public Outpatient Clinic in Southern Brazil Apresentador(a): Lucas Vasconcelos Leitão Moreira
SALA 01 - Pampa		
Mesa redonda / Congresso Atualização em Síndrome dos Ovários Policísticos (48) Moderadora: LARISSA GARCIA GOMES - SP Moderadora: DOLORES PEROVANO PARDINI - SP		
08:30 às 10:00	08:30 às 08:37	Tema livre
	08:30 às 08:37	1115964 - Gut Microbiota and Polycystic Ovary Syndrome: Implications for the Gut-Ovary Axis and Endocrine-Metabolic Dysfunction - Apresentador(a): Paloma Cestari ' Tuzaki
	08:37 às 08:40	Perguntas
	08:40 às 08:55	Potenciais biomarcadores Palestrante: FERNANDO REIS - MG
	08:55 às 09:10	O que fazer quando o contraceptivo hormonal não é uma opção? Palestrante: POLI MARA SPRITZER - RS
	09:10 às 09:25	Complicações metabólicas e cardiovasculares Palestrante: FÁBIO COMIM - MG
	09:25 às 09:40	E como fica a SOP na pós-menopausa? Palestrante: ALEJANDRO MANZUR - CHILE
	09:40 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (49)	
Mesa redonda / Congresso Complicações Endócrinas dos Imunoterápicos (50) Moderadora: MARIA CAROLINE ALVES COELHO AMARAL - RJ Moderadora: VANIA DOS SANTOS NUNES NOGUEIRA - SP		
10:30 às 12:00	10:30 às 10:37	Tema livre
	10:30 às 10:37	1115626 - Temozolomide in Metastatic Pheochromocytoma and Paraganglioma: A Case Series from a Tertiary Center in Brazil - Apresentador(a): Tobias Skrebsky de Almeida
	10:37 às 10:40	Perguntas
	10:40 às 10:55	Tireoide Palestrante: FERNANDA ACCIOLY DE ANDRADE - RJ
	10:55 às 11:10	Adrenal Palestrante: LEONARDO VIEIRA NETO - RJ
	11:10 às 11:25	Hipófise Palestrante: MANOEL RICARDO ALVES MARTINS - CE
	11:25 às 11:40	Metabólicas Palestrante: PAULO AUGUSTO MIRANDA - MG
	11:40 às 12:00	Discussão

12:15 às 13:15	Simpósio Satélite / Geral Simpósio Satélite - Novo Nordisk: Debate: Onde está a conexão dos valores de médicos e pacientes no tratamento com semaglutida (Restrito para prescritores) (51) Palestrante do Simpósio: RODRIGO DE OLIVEIRA MOREIRA - MG Palestrante do Simpósio: BRUNO HALPERN - SP Palestrante do Simpósio: EDUARDO GOMES LIMA -	
14:00 às 15:00	Debate / Congresso Todo paciente com hipertensão arterial deve ser investigado para hiperaldosteronismo primário? (52) Moderadora: FLAVIA AMANDA COSTA BARBOSA - SP	
	14:00 às 14:20	SIM Palestrante: MADSON QUEIROZ ALMEIDA - SP
	14:20 às 14:40	NÃO Palestrante: MIGUEL GUS - RS
	14:40 às 15:00	Discussão
15:00 às 16:00	Debate / Congresso Devemos manipular a maturação esquelética para ganho extra de altura final em paciente saudável? (53) Moderador: ALEXANDER AUGUSTO LIMA JORGE - SP	
	15:00 às 15:20	A FAVOR Palestrante: SUZANA NESI FRANCA - PR
	15:20 às 15:40	CONTRA Palestrante: PAULO FERREZ COLLETT SOLBERG - RJ
	15:40 às 16:00	Discussão
16:00 às 16:30	Intervalo / Geral Intervalo (54)	
16:30 às 18:00	Mesa redonda / Congresso Novos insights sobre as ações dos hormônios: rompendo paradigmas (55) Moderador: LUCAS LEITE - SP Moderador: MARIO JOSE ABDALA SAAD - SP	
	16:30 às 16:37	Tema livre
	16:30 às 16:37	1115615 - Reduced Urine Free Cortisol, Serum 11β-hydroxyandrostenedione, and 11-ketotestosterone in Adults With ACTH-Dependent Cushing Syndrome Following Once-Daily Oral Atumelant (CRN04894): Interim Results From a Phase 1b/2a Open-Label Study - Apresent
	16:37 às 16:40	Perguntas
	16:40 às 16:55	Hormônio de Crescimento Palestrante: JOSÉ DONATO JUNIOR - SP
	16:55 às 17:10	Miocinas: Ações autócrinas e endócrinas Palestrante: MARIA TEREZA NUNES - SP
	17:10 às 17:25	Ocitocina Palestrante: LUCAS DE OLIVEIRA ALVARES - RS
	17:25 às 18:00	Discussão
SALA 02 - Querência		
08:30 às 10:00	Mesa redonda / Congresso Desafios no tratamento da osteoporose: falha terapêutica, tratamento sequencial e uso do anabólico, duração do tratamento (56) Moderador: MIGUEL MADEIRA - RJ Moderador: HENRIQUE PIEROTTI ARANTES - MG	
	08:30 às 08:37	Tema livre
	08:30 às 08:37	1115742 - An alert on the gender gap in hip fractures and DXA screening in Brazil: DATASUS from 2008 to 2022 - Apresentador(a): Isabela Januário
	08:37 às 08:40	Perguntas
	08:40 às 08:55	Quando é o momento de trocar de medicamentos? Palestrante: BÁRBARA CAMPOLINA CARVALHO SILVA - MG
	08:55 às 09:10	Quando usar anabólico? Palestrante: JOAO LINDOLFO CUNHA BORGES - DF
	09:10 às 09:25	Terapia sequencial Palestrante: FRANCISCO JOSE ALBUQUERQUE DE PAULA - SP
	09:25 às 09:40	Por quanto tempo tratar? Palestrante: MARIA LÚCIA FLEIUSS DE FARIAS - RJ
	09:40 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (57)	

Mesa redonda / Congresso Doenças ósseas raras: O que o Endocrinologista precisa saber (58) Moderadora: GUIDO DE PAULA COLARES NETO - SP Moderadora: REGINA MATSUNAGA MARTIN - SP	
10:30 às 10:37	Tema livre
10:30 às 10:37	1116318 - Assessment of bone microarchitecture in patients with 21-Hydroxylase Deficiency by High-Resolution peripheral Quantitative Computed Tomography (HRpQCT) - Apresentador(a): Luiza Gross
10:37 às 10:40	Perguntas
10:30 às 12:00	10:40 às 10:55 Abordagem clínica da osteogênese imperfeita: experiência com a rede nacional de doenças raras Palestrante: TÊMIS MARIA FÉLIX - RS
10:55 às 11:10	Manejo da Doença de Paget: Uma experiência nacional Palestrante: LUIZ HENRIQUE MACIEL GRIZ - PE
11:10 às 11:25	Fosfatase alcalina baixa: como investigar? Palestrante: GUIDO DE PAULA COLARES NETO - SP
11:25 às 11:40	Melhorando a estatura na Acondroplasia Palestrante: VANESSA RADONSKY - SP
11:40 às 12:00	Discussão
12:30 às 13:30	Simpósio Satélite / Geral Simpósio Satélite - LIBBS: Rompendo barreiras na individualização da terapia hormonal da menopausa. Como escolher a TH ideal para minha paciente? (Restrito para prescritores) (59) Palestrante do Simpósio: CRISTIANO ROBERTO GRIMALDI BARCELLOS - SP Palestrante do Simpósio: LUCIANO POMPEI -
Mesa Redonda/ Painel clínico / Congresso Abordagem das Dislipidemias em situações especiais (60) Moderador: FERNANDO GERCHMAN - RS Moderadora: LUCIA HELENA OLIVEIRA CORDEIRO - PE	
14:00 às 14:15	No diabetes com doença cardiovascular: quanto mais baixo melhor? Palestrante: RUY LYRA - PE
14:00 às 15:20	14:15 às 14:30 No paciente com HIV Palestrante: LUCIA HELENA OLIVEIRA CORDEIRO - PE
14:30 às 14:45	No usuário de anabolizantes Palestrante: JOAO CARLOS RAMOS DIAS - SP
14:45 às 15:00	Na infância Palestrante: JOANA RODRIGUES DANTAS - RJ
15:00 às 15:20	Discussão
15:30 às 16:00	Conferência / Congresso Miocinas e a regulação da massa magra: um futuro caminho na prevenção da sarcopenia? (61) Presidente: MARIA TEREZA NUNES - SP Palestrante: CLAYTON LUIZ DORNELLES MACEDO - RS
16:00 às 16:30	Intervalo / Geral Intervalo (62)
Mesa redonda / Congresso Tireoide e gestação (63) Moderadora: MARIA IZABEL CHIAMOLERA - SP Moderador: LEONARDO BARBI WALTER - RS	
16:30 às 16:37	Tema livre
16:30 às 16:37	1116023 - Hyperthyroidism in Pregnancy: Maternal Characteristics and Perinatal Outcomes - Apresentador(a): Giovana Schlichta Adriano Kojima
16:37 às 16:40	Perguntas
16:30 às 18:00	16:40 às 16:55 Iodo e selênio na gestação, suplementar ou não? Palestrante: PATRICIA DE FÁTIMA DOS SANTOS TEIXEIRA - RJ
16:55 às 17:10	Inimigo oculto: disruptores endócrinos e gestação Palestrante: MARIA IZABEL CHIAMOLERA - SP
17:10 às 17:25	O que fazer na gestante com anticorpos positivos? Palestrante: CLEO OTAVIANO MESA JUNIOR - PR
17:25 às 17:40	Peculiaridades dos testes de função tireoidiana durante a gestação Palestrante: ROSA PAULA MELLO BISCOLLA - SP
17:40 às 18:00	Discussão



SALA 03 - Estância		
	Mesa redonda / Congresso Doença de Cushing (64) Moderador: MADSON QUEIROZ ALMEIDA - SP Moderador: AYRTON CUSTODIO MOREIRA - SP	
08:30 às 10:00	08:30 às 08:45	Mecanismos genéticos na doença de Cushing Palestrante: CAIO SANTIAGO MOISÉS - SP
	08:45 às 09:00	Avaliação Diagnóstica Palestrante: SILVIA REGINA CORREA DA SILVA - SP
	09:00 às 09:15	Diretrizes no tratamento da doença de Cushing Palestrante: MARCIO CARLOS MACHADO - SP
	09:15 às 09:35	Ectopic Cushing Syndrome: insights from a multicenter study of >1500 patients Palestrante: IRINA BANCOS - UNITED STATES
	09:35 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (65)	
	Mesa redonda / Congresso Comunicação assertiva e confiável em mídias digitais (66) Moderadora: MILENA GURGEL TELES BEZERRA - CE Moderadora: CAROLINA CASTRO PORTO SILVA JANOVSKY - SP	
10:30 às 12:00	10:30 às 10:37	Tema livre
	10:30 às 10:37	1115772 - Understanding the contraceptive methods used by adolescents living with Diabetes Mellitus - Apresentador(a): Caroline Reis Gerhardt
	10:37 às 10:40	Perguntas
	10:40 às 11:00	Tendências na comunicação para médicos em redes sociais Palestrante: DIÂMELA PORTO GINDRI - RS
	11:00 às 11:20	Ciência e entretenimento: como tornar a aprendizado divertido? Palestrante: ATILA IAMARINO - SP
	11:20 às 11:40	Estratégias de combate às informações falsas da internet Palestrante: CHLOÉ PINHEIRO - SP
	11:40 às 12:00	Discussão
12:15 às 13:15	Simpósio Satélite / Geral Simpósio Satélite - Lilly: Mounjaro® - Mudando a narrativa da diabetes (Restrito para prescritores) (67) Palestrante do Simpósio: JOÃO EDUARDO NUNES SALLES - SP Palestrante do Simpósio: CÍNTIA CERCATO - SP	
	Prêmio / Congresso Prêmio José Dantas de Souza Leite (68)	
14:00 às 14:50	14:00 às 14:10	Apresentação do prêmio Apresentadora: MARISE LAZARETTI CASTRO - SP
	14:10 às 14:20	Apresentação do premiado Apresentador: RUI MONTEIRO DE BARROS MACIEL - SP
	14:20 às 14:50	Palestra do premiado Palestrante do prêmio: JOSE GILBERTO HENRIQUES VIEIRA - SP
	Diretriz / Congresso Diretriz: Diagnóstico e tratamento da osteoporose no diabetes mellitus (69) Moderador: LUIZ HENRIQUE MACIEL GRIZ - PE Moderadora: CATARINA BRASIL DALVA - CE	
15:00 às 16:00	15:00 às 15:20	Convidado 1 Palestrante: FRANCISCO JOSE ALBUQUERQUE DE PAULA - SP
	15:20 às 15:40	Convidado 2 Palestrante: BÁRBARA CAMPOLINA CARVALHO SILVA - MG
	15:40 às 16:00	Discussão
16:00 às 16:30	Intervalo / Geral Intervalo (70)	



16:30 às 18:00	Mesa redonda / Congresso Hipogonadismo Hipogonadotrófico (71) Moderador: MANOEL RICARDO ALVES MARTINS - CE Moderadora: ANDREA GLEZER - SP	
	16:30 às 16:37	Tema livre
	16:30 às 16:37	1116115 - Effects of growth hormone deficiency on the liver of patients with congenital hypopituitarism - Apresentador(a): Rodrigo Gomes Simão
	16:37 às 16:40	Perguntas
	16:40 às 16:55	Diagnóstico clínico e genético do hipogonadismo central Palestrante: LETÍCIA FERREIRA GONTIJO SILVEIRA - MG
	16:55 às 17:10	Atraso constitucional da puberdade X Hipogonadismo: diagnóstico diferencial Palestrante: ANA PINHEIRO MACHADO CANTON - SP
	17:10 às 17:25	Reversibilidade do hipogonadismo hipogonadotrófico congênito Palestrante: ANA CLÁUDIA LATRÔNICO - SP
	17:25 às 17:40	Tratamento individualizado do hipogonadismo central no homem Palestrante: JÚLIO ABUCHAM - SP
	17:40 às 18:00	Discussão
SALA 04 - Minuano		
08:30 às 10:00	Mesa redonda / Congresso Tratamento de Câncer diferenciado de tireoide com iodoterapia, onde estamos? (72) Moderadora: LAURA STERIAN WARD - SP Moderadora: SUSAN CHOW LINDSEY - SP	
	08:30 às 08:37	Tema livre
	08:30 às 08:37	1116244 - Integrated Analysis of hsa-miR-150-5p and Deleterious ZEB1 Variants Reveals Novel Biomarker Candidates for Thyroid Cancer - Apresentador(a): Sophia Alcantara Rodrigues
	08:37 às 08:40	Perguntas
	08:40 às 08:55	Indicações e não indicações atuais Palestrante: ROSÁLIA DO PRADO PADOVANI - SP
	08:55 às 09:10	Atividades baseadas em estratificação de risco Palestrante: LAURA STERIAN WARD - SP
	09:10 às 09:25	Panorama de uso do radiodo no Brasil, estamos de acordo com as diretrizes internacionais? Palestrante: JOSE MIGUEL DORA - RS
	09:25 às 09:40	O que fazer quando o Radioiodo não funciona? Palestrante: HELTON ESTRELA RAMOS - BA
10:00 às 10:30	09:40 às 10:00	Discussão
	Intervalo / Geral Intervalo (73)	
10:30 às 12:00	Mesa redonda / Congresso Decifrando os mecanismos da obesidade (74) Moderador: MARCIO CORREA MANCINI - SP Moderador: WALMIR COUTINHO - RJ	
	10:30 às 10:37	1115568 - Changes in lipopolysaccharides and trimethylamine N-oxide by weight loss interventions in people with overweight and obesity: a systematic review and meta-analysis - Apresentador(a): Leonardo André Swarowsky Loebens
	10:30 às 10:37	Tema livre
	10:37 às 10:40	Perguntas
	10:40 às 10:55	A teoria da “metainflamação” Palestrante: MARIO JOSE ABDALA SAAD - SP
	10:55 às 11:10	Papel do hipotálamo Palestrante: MARCIO CORREA MANCINI - SP
	11:10 às 11:25	Impacto das mudanças climáticas Palestrante: JEFERSON CARDIA SIMÕES - RS
	11:25 às 11:40	Padrão alimentar: ultraprocessados Palestrante: PAULA FREITAS - PORTUGAL
	11:40 às 12:00	Discussão

Simpósio Satélite / Geral Simpósio Satélite - Astrazeneca: Atualizações das Diretrizes da SBD: o que muda na prática clínica? (Restrito para prescretores) (75) Moderador(a) do Simpósio: RUY LYRA - PE	
12:30 às 13:30	12:30 às 12:50 Novos critérios de diagnóstico de DM2, dados de DRC (RWE) Palestrante: THYAGO PROENÇA DE MORAES - PR
	12:50 às 13:10 Importância do diagnóstico pelo endocrinologista, dapagliflozina no SUS, link de DRC para hiperpotassemia, atualização das diretrizes de hiperpotassemia, aspecto prático (posologia) Palestrante: MARCELLO CASACCIA BERTOLUCI - RS
	13:10 às 13:20 Discussão Palestrante: MARCELLO CASACCIA BERTOLUCI - RS Palestrante: THYAGO PROENÇA DE MORAES - PR
Mesa redonda / Congresso O futuro chegou ao Diabetes (76) Moderador: MARCIO KRAKAUER - SP Moderadora: DENISE FRANCO - SP	
14:00 às 15:20	14:00 às 14:15 Sistemas Automatizados de Infusão de Insulina na prática clínica: Na criança Palestrante: LUCIANA ROESCH SCHREINER - RS
	14:15 às 14:30 Sistemas Automatizados de Infusão de Insulina na prática clínica: No adulto e idoso Palestrante: MARCIO KRAKAUER - SP
	14:30 às 14:45 Novos conceitos no uso do monitoramento contínuo de glicose Palestrante: RODRIGO NUNES LAMOUNIER - MG
	14:45 às 15:00 Insulina semanal- indicações e contraindicações Palestrante: LUIS HENRIQUE SANTOS CANANI - RS
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso Reescrevendo histórias: intervenções de estilo de vida no tratamento da diabetes e obesidade na era das incretinas (77) Presidente: MARCELLO CASACCIA BERTOLUCI - RS Palestrante: CAROLINE KRAMER - CANADA
16:00 às 16:30	Intervalo / Geral Intervalo (78)
Mesa redonda / Congresso Fronteiras da Cirurgia Bariátrica (79) Moderador: WALMIR COUTINHO - RJ Moderadora: CÍNTIA CERCATO - SP	
16:30 às 18:00	16:30 às 16:37 1116193 - Prevalence of Low Bone Mass and Associated Clinical-Metabolic Factors After Bariatric Surgery in Postmenopausal Women - Apresentador(a): Daniella Jéssica Muniz Honorato
	16:30 às 16:37 Tema livre
	16:37 às 16:40 Perguntas
	16:40 às 16:55 No Diabetes tipo 1 Palestrante: TARISSA BEATRICE ZANATA PETRY - SP
	16:55 às 17:10 Na adolescência Palestrante: LIVIA LUGARINHO CORREA DE MELLO - RJ
	17:10 às 17:25 No idoso Palestrante: CAROLINA GARCIA SOARES LEAES RECH - RS
	17:25 às 17:40 Na era dos novos medicamentos Palestrante: JACQUELINE RIZZOLLI - RS
	17:40 às 18:00 Discussão
SALA 05 - Coxilha	
Mesa redonda / Congresso Questões endócrinas impactando no rendimento dos atletas (80) Moderador: PAULO AUGUSTO MIRANDA - MG Moderador: JOSIVAN GOMES DE LIMA - RN	
08:30 às 10:00	08:30 às 08:37 1115307 - From muscle to brain: structural and cognitive changes associated with prolonged use of Anabolic Androgenic Steroids - An integrative review - Apresentador(a): Amanda Luisa Schütz Radtke
	08:30 às 08:37 Tema livre
	08:37 às 08:40 Perguntas
	08:40 às 08:55 Síndrome da Deficiência Energética Relativa ao Exercício e leptina: da adaptação energética à disfunção endócrina Palestrante: ANDREA FIORETTI - SP
	08:55 às 09:10 Impacto do ciclo menstrual e contraceptivos hormonais no desempenho esportivo Palestrante: CRISTIANO ROBERTO GRIMALDI BARCELLOS - SP
	09:10 às 09:25 Testosterona no esporte de alto rendimento: diagnóstico de hipogonadismo versus doping Palestrante: ALEXIS DOURADO GUEDES - BA
	09:25 às 09:40 Avaliação endócrina do atleta com perda de rendimento Palestrante: RICARDO OLIVEIRA - RJ
	09:40 às 10:00 Discussão

10:00 às 10:30	Intervalo / Geral Intervalo (81)
10:30 às 12:00	Mesa redonda / Congresso O exercício físico é capaz de melhorar saúde musculoesquelética ao longo da vida? (82) Moderador: DALISBOR MARCELO WEBER SILVA - SC Moderadora: CYNTHIA ÁLVARES BRANDÃO - SP
	10:30 às 10:37 1115546 - Middle-aged Men's Cardiorespiratory Fitness Decline According to BMI category: a 12-year follow-up period - Apresentador(a): Luiz Guilherme Grossi Porto
	10:30 às 10:37 Tema livre
	10:37 às 10:40 Perguntas
	10:40 às 10:55 Benefícios e riscos do treinamento de força na infância e adolescência Palestrante: RONEI PINTO - RS
	10:55 às 11:10 Exercício no meio líquido são válidos? Palestrante: LUIZ FERNANDO M KRUEL - RS
	11:10 às 11:25 Recomendações para pacientes com osteoporose Palestrante: RODRIGO NOLASCO DOS SANTOS - SP
	11:25 às 11:40 Usando a estimulação através de aparelhos a nosso favor Palestrante: MONICA LONGO DE OLIVEIRA - SP
	11:40 às 12:00 Discussão
12:15 às 13:15	Simpósio Satélite / Geral Simpósio Satélite - EMS: Obesidade e Transtorno Alimentar: Um Diálogo Entre Hormônios e Emoções Identificar, compreender e tratar: como transformar a primeira consulta em um marco terapêutico (83) Palestrante do Simpósio: CYNTHIA MELISSA VALERIO - RJ Palestrante do Simpósio: RODRIGO NUNES LAMOUNIER - MG Palestrante do Simpósio: ADRIANO SEGAL - Moderador(a) do Simpósio: IRAN GONÇALVES JR -
14:00 às 15:20	Mesa Redonda/ Painei clínico / Congresso Abordagem global do paciente com Obesidade (84) Moderadora: CYNTHIA MELISSA VALERIO - RJ Moderadora: CAROLINA GARCIA SOARES LEAES RECH - RS
	14:00 às 14:15 Experiência do Paciente Palestrante: MARIA FERNANDA MOLINO LEAL GARCIA - RS
	14:15 às 14:30 Lipedema Palestrante: RICARDO OLIVEIRA - RJ
	14:30 às 14:45 Disfunção erétil Palestrante: MARCELO FERNANDO RONSONI - SC
	14:45 às 15:00 Ganho de peso na transição menopausal Palestrante: LUCAS BANDEIRA MARCHESAN - RS
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso Inteligência Artificial e sua aplicação na endocrinologia e metabologia (85) Presidente: KAREN DE MARCA - RJ Palestrante: WALMIR COUTINHO - RJ
16:00 às 16:30	Intervalo / Geral Intervalo (86)
16:30 às 18:00	Mesa redonda / Congresso Particularidades do Diabetes na mulher (87) Moderadora: LETÍCIA SCHWERZ WEINERT - RS Moderadora: REINE MARIE CHAVES FONSECA - BA
	16:30 às 16:37 1115623 - TROPONIN T IN WOMEN WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS - Apresentador(a): Ekaterina Stanislavovna Tairova
	16:30 às 16:37 Tema livre
	16:37 às 16:40 Perguntas
	16:40 às 16:55 Anticoncepção Palestrante: FABIOLA SATLER - RS
	16:55 às 17:10 Tratamento não insulínico na gestação Palestrante: PATRICIA MEDICI DUALIB - SP
	17:10 às 17:25 Alterações metabólicas no diabetes diagnosticado na gestação Palestrante: FILIPE DIAS DE SOUZA - SP
	17:25 às 17:40 Avaliação de risco cardiovascular Palestrante: LENITA ZAJDENVERG - RJ
	17:40 às 18:00 Discussão

SALA 06 - Rincão	
08:00 às 10:30	Sessão / Congresso Projeto Preceptorial - Sua carreira, nossa missão (95) Coordenadora: VICTORIA RODRIGUES GRANJA ALENCAR - PE Coordenador: LEONARDO BARBI WALTER - RS Coordenadora: ISABELLA SANTIAGO DE MELO MIRANDA - DF Coordenador: ANTONIO BENTES DE FIGUEIREDO JUNIOR - SP
	Abertura 08:00 às 08:05 Apresentadora: VICTORIA RODRIGUES GRANJA ALENCAR - PE Apresentador: NEUTON DORNELAS GOMES - DF
	08:05 às 08:15 Construindo a Carreira do Endocrinologista - Carreira acadêmica Palestrante: MARISE LAZARETTI CASTRO - SP
	08:15 às 08:25 Construindo a Carreira do Endocrinologista - Indústria Palestrante: PAULA REGINA FIORIN - SP
	08:25 às 08:45 Debate e perguntas
	08:45 às 09:00 Como construir seu consultório particular Palestrante: NARRIANE CHAVES PEREIRA DE HOLANDA - PB
	09:00 às 09:15 Como dar aula e se apresentar em público? Palestrante: CRISTIANE BAUERMANN LEITAO - RS
	09:15 às 09:30 Inteligência artificial na endocrinologia Palestrante: MARCIO KRAKAUER - SP
	09:30 às 09:45 Marketing médico e mídias digitais Palestrante: ANDRE MANOEL -
	09:45 às 10:15 Debate
	10:15 às 10:25 Sorteios de prêmios
	10:25 às 10:30 Encerramento e Confraternização
14:00 às 17:30	Sessão / Geral Conselho Deliberativo (171)



5/9/2025 (Sexta-feira)

Área de Pôster	
Sessão / Congresso	
Happy Poster (Happy Poster) (168)	
18:00 às 19:00	Tireoide Visitador(a) de Pôster: GISAH MUSIALOWSKI DO AMARAL - PR
18:00 às 19:00	Tireoide Visitador(a) de Pôster: JOSÉ AUGUSTO SGARBI - SP
18:00 às 19:00	Tireoide Visitador(a) de Pôster: CAROLINA FERRAZ DA SILVA - SP
18:00 às 19:00	Tireoide Visitador(a) de Pôster: ADRIANO NAMO CURY - SP
18:00 às 19:00	Tireoide Visitador(a) de Pôster: RAFAEL SELBACH SCHEFFEL - RS
18:00 às 19:00	Tireoide Visitador(a) de Pôster: CAROLINA CASTRO PORTO SILVA JANOVSKY - SP
18:00 às 19:00	DEFAT Visitador(a) de Pôster: MARCELO FERNANDO RONSONI - SC
18:00 às 19:00	DEFAT Visitador(a) de Pôster: LUCAS BANDEIRA MARCHESAN - RS
18:00 às 19:00	DEFAT Visitador(a) de Pôster: FÁBIO COMIM - MG
18:00 às 19:00	DEFAT Visitador(a) de Pôster: LETÍCIA FERREIRA GONTIJO SILVEIRA - MG
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: MONIKE LOURENÇO DIAS RODRIGUES - GO
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: SILVIA REGINA CORREA DA SILVA - SP
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: MALEBRANCHE BERARDO CARNEIRO DA CUNHA NETO - SP
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: VANIA DOS SANTOS NUNES NOGUEIRA - SP
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: LEANDRO KASUKI JOMORI DE PINHO - RJ
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: MANOEL RICARDO ALVES MARTINS - CE
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: JÚLIO ABUCHAM - SP
18:00 às 19:00	Neuroendocrinologia Visitador(a) de Pôster: MAURO ANTONIO CZEPIELEWSKI - RS
18:00 às 19:00	Obesidade Visitador(a) de Pôster: LIVIA LUGARINHO CORREA DE MELLO - RJ
18:00 às 19:00	Obesidade Visitador(a) de Pôster: MARIA EDNA DE MELO - SP
18:00 às 19:00	Obesidade Visitador(a) de Pôster: MARIA DE LOURDES LIMA DE SOUZA E SILVA - BA
18:00 às 19:00	Obesidade Visitador(a) de Pôster: MARCIO CORREA MANCINI - SP
18:00 às 19:00	Obesidade Visitador(a) de Pôster: SIMONE VAN DE SANDE LEE - SC
18:00 às 19:00	Obesidade Visitador(a) de Pôster: THAISA DOURADO GUEDES TRUJILHO - BA
18:00 às 19:00	Diabetes Visitador(a) de Pôster: MARCIO KRAKAUER - SP
18:00 às 19:00	Diabetes Visitador(a) de Pôster: MARCIO WEISSHEIMER LAURIA - MG Visitador(a) de Pôster: LETÍCIA SCHWERZ WEINERT - RS
18:00 às 19:00	Diabetes Visitador(a) de Pôster: MARIA INES SCHMIDT - RS
18:00 às 19:00	Diabetes Visitador(a) de Pôster: MELANIE RODACKI - RJ

18:00 às 19:00	18:00 às 19:00	Diabetes Visitador(a) de Pôster: MILENA GURGEL TELES BEZERRA - CE
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: MÔNICA ANDRADE LIMA GABBAY - SP
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: PATRICIA DE FÁTIMA DOS SANTOS TEIXEIRA - RJ
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: RODRIGO NUNES LAMOUNIER - MG
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: SÉRGIO LERIAS DE ALMEIDA - RS
	18:00 às 19:00	Diabetes Visitador(a) de Pôster: TICIANA DA COSTA RODRIGUES - RS
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: ALINE BARBOSA MORAES - RJ
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: CLAUDIO ELIAS KATER - SP
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: DANIELA ESPINDOLA - GO
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: FLAVIA AMANDA COSTA BARBOSA - SP
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: GUILHERME ASMAR ALENCAR - SC
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: JOSÉ VIANA LIMA JUNIOR - SP
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: LÍVIA MARA MERMEJO - SP
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: MADSON QUEIROZ ALMEIDA - SP
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: MARGARET DE CASTRO - SP
	18:00 às 19:00	Adrenal e Hipertensão Visitador(a) de Pôster: THAIS CASTANHEIRA DE FREITAS RESENDE - GO
	18:00 às 19:00	Tireoide Visitador(a) de Pôster: SUSAN CHOW LINDSEY - SP
ARENA FARROUPILHA		
08:30 às 10:00	Mesa redonda / Congresso Terapia hormonal de afirmação de gênero (138) Moderador: ERIK TROVÃO DINIZ - PE Moderadora: ELAINE MARIA FRADE COSTA - SP	
	08:30 às 08:37	Tema livre
	08:30 às 08:37	1116058 - Impact of testosterone therapy on bone microarchitecture in trans men - Apresentador(a): Eliane Dias da Silva
	08:37 às 08:40	Perguntas
	08:40 às 08:55	Impacto das mídias sociais sobre a identificação de gênero Palestrante: TAYANE MUNIZ FIGHERA - RS
	08:55 às 09:10	Iniciando Terapia de Afirmação de Gênero Palestrante: AMANDA ATHAYDE - RJ
	09:10 às 09:25	Cuidados durante a terapia de afirmação de gênero Palestrante: LUCIANA MATTOS BARROS OLIVEIRA - BA
	09:25 às 09:40	Singularidades da pessoa trans idosa Palestrante: MAGNUS R. DIAS DA SILVA - SP
10:00 às 10:30	09:40 às 10:00	Discussão
	Intervalo / Geral Intervalo (139)	



Mesa redonda / Congresso Discutindo a Terapia de Afirmação de Gênero em situações especiais (140) Moderadora: LUCIANA MATTOS BARROS OLIVEIRA - BA Moderador: MAGNUS R. DIAS DA SILVA - SP	
10:30 às 12:00	10:30 às 10:37 Tema livre
	10:30 às 10:37 1116062 - Trabecular Bone Score (TBS) in Transgender Women: Impact of Gender Affirming Hormone Therapy - Apresentador(a): Eliane Dias da Silva
	10:37 às 10:40 Perguntas
	10:40 às 10:55 Paciente com risco cardiovascular aumentando Palestrante: ELAINE MARIA FRADE COSTA - SP
	10:55 às 11:10 Paciente com histórico oncológico Palestrante: KAREN DE MARCA - RJ
	11:10 às 11:25 Paciente com condições psiquiátricas Palestrante: MARIA INÊS LOBATO - RS
	11:25 às 11:40 Impacto das recentes intervenções do CFM Palestrante: ERIK TROVÃO DINIZ - PE
	11:40 às 12:00 Discussão
12:00 às 14:00 Simpósio Satélite / Geral Intervalo do almoço (141)	
Mesa Redonda/ Painel clínico / Congresso Incidentaloma Adrenal (142) Moderadora: MARGARET DE CASTRO - SP Moderadora: ALINE BARBOSA MORAES - RJ	
14:00 às 15:20	14:00 às 14:15 Investigação atualizada dos Incidentalomas Adrenais Palestrante: DANIELA ESPINDOLA - GO
	14:15 às 14:30 Incidentaloma Adrenal e fatores de risco Palestrante: GUILHERME ASMAR ALENCAR - SC
	14:30 às 14:45 Lesões Adrenais Bilaterais: Diagnóstico diferencial Palestrante: MARIA CANDIDA BARISSON VILLARES FRAGOSO - SP
	14:45 às 15:00 Incidentaloma Adrenal e seguimento a longo prazo: dar alta ou não? Palestrante: RAFAEL BUCK GIORGI - SP
15:30 às 16:00 Conferência / Congresso A grande revolução no tratamento da obesidade (143) Presidente: FERNANDO VALENTE - SP Palestrante: BRUNO HALPERN - SP	
16:00 às 16:30 Intervalo / Geral Intervalo (144)	
Sessão / Congresso A arte como ferramenta de equidade, diversidade e inclusão (145)	
16:30 às 18:00	16:30 às 16:40 Introdução Palestrante: LUCIANA MATTOS BARROS OLIVEIRA - BA
	16:40 às 18:00 Sessão pipoca: Endocrinologia no Oscar 2025 Moderador: SERGIO SETSUO MAEDA - SP
	16:40 às 16:55 O Brutalista- desafio diagnóstico Palestrante: CATARINA BRASIL DALVA - CE
	16:55 às 17:10 Emilia Perez – o jogo dos 7 erros sobre transgeneridade Palestrante: ERIK TROVÃO DINIZ - PE
	17:10 às 17:25 Conclave – desafio diagnóstico Palestrante: BERENICE BILHARINHO MENDONÇA - SP
	17:25 às 17:40 A substância – desejo da juventude eterna vs picaretagem Palestrante: CLAYTON LUIZ DORNELLES MACEDO - RS
	17:40 às 18:00 Discussão
Lounge da SBEM	
Sessão / Geral Café com diversidade (174)	
16:00 às 16:30	16:00 às 16:30 1115765 - Comparative outcomes in bariatric surgery patients aged ≥60 versus <60 years: a 1-year prospective cohort study Apresentador(a): Maria Carolina Wensing Herdt
	16:00 às 16:30 1115983 - Impact of Diabetes Treatment on Quality of Life Perception: Cross-Sectional Analysis During a World Diabetes Day Event in a Mid-Sized Southern Brazilian City Apresentador(a): Renan Augusto Bortoluzzi Zalamena
	16:00 às 16:30 1115773 - Racial differences in the clinical profile of patients undergoing bariatric surgery: experience from a tertiary care centre. Apresentador(a): Vinicius Silva Tarragó Carvalho

SALA 01 - Pampa	
08:30 às 10:00	Mesa redonda / Congresso Temas quentes no cenário de alto rendimento (96) Moderador: MAURO SCHARF PINTO - PR Moderador: CRISTIANO ROBERTO GRIMALDI BARCELLOS - SP
	08:30 às 08:37 1115708 - Effects of Resistance Exercise on Glycemic Metabolism and Glucagon Homeostasis in Obese Animals - Apresentador(a): Maria Vitória Mardgan
	08:30 às 08:37 Tema livre
	08:37 às 08:40 Perguntas
	08:40 às 08:55 Benefícios e Cuidados do paciente com DM durante treinamentos aquáticos Palestrante: LUIZ FERNANDO M KRUEL - RS
	08:55 às 09:10 Controle metabólico do DM1 durante o treinamento Palestrante: DENISE FRANCO - SP
	09:10 às 09:25 Testosterona baixa no atleta Palestrante: RICARDO OLIVEIRA - RJ
	09:25 às 09:40 Transgeneridade no esporte Palestrante: LIVIA MARCELA DOS SANTOS - SP
10:00 às 10:30	09:40 às 10:00 Discussão
	Intervalo / Geral Intervalo (97)
10:30 às 12:00	Mesa redonda / Congresso Hot topics em osteometabolismo (98) Moderador: JOAO LINDOLFO CUNHA BORGES - DF Moderadora: LIVIA MARCELA DOS SANTOS - SP
	10:30 às 10:37 1116185 - The relationship between gene polymorphisms of vitamin D pathway and the phenotypes observed in a large sample of sporadic primary hyperparathyroidism - Apresentador(a): Gustavo Kendy Camargo Koga
	10:30 às 10:37 Tema Livre
	10:37 às 10:40 Perguntas
	10:40 às 10:55 Perda de peso por agentes incretínicos e massa óssea Palestrante: MAYRA MACENA GOMES - SP
	10:55 às 11:10 O tratamento da osteoporose na Doença Renal Crônica Palestrante: MARIA LÚCIA FLEIUSS DE FARIAS - RJ
	11:10 às 11:25 O tratamento da osteoporose no sobrevivente de câncer Palestrante: MARIA CAROLINE ALVES COELHO AMARAL - RJ
	11:25 às 11:40 Manejo do raquitismo hipofosfatêmico ligado ao X do adulto Palestrante: MAISA MONSEFF - PR
12:15 às 13:15	11:40 às 12:00 Discussão
	Simpósio Satélite / Geral Simpósio Satélite - Myrallis: B12 em Debate: Casos, Controvérsias e Condutas (Restrito para prescritores) (99) Palestrante do Simpósio: FRANCISCO BANDEIRA - PE Palestrante do Simpósio: GIOVANNA CARPENTIERI - Moderador(a) do Simpósio: PAULA REGINA FIORIN - SP
14:00 às 15:20	Mesa Redonda/ Painel clínico / Congresso Avaliação e Manejo no Pré e Pós-Operatório dos Tumores da Região Hipofisária (100) Coordenador: JÚLIO ABUCHAM - SP Coordenadora: MÔNICA GADELHA - RJ
	14:00 às 14:15 Manejo perioperatório Palestrante: LEANDRO KASUKI JOMORI DE PINHO - RJ
	14:15 às 14:30 Deficiência de AVP Palestrante: JULIANA BEAUDETTE DRUMMOND - MG
	14:30 às 14:45 Hiponatremia Palestrante: PAULA CONDÉ LAMPARELLI ELIAS - SP
	14:45 às 15:00 Complicações Cirúrgicas Palestrante: APIO ANTUNES - RS
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso Novo Consenso da Pituitary Society sobre Incidentaloma de hipófise (101) Presidente: CESAR LUIZ BOGUSZEWSKI - PR Palestrante: MÔNICA GADELHA - RJ
16:00 às 16:30	Intervalo / Geral Intervalo (102)

16:30 às 18:00	Mesa redonda / Congresso Testes Moleculares na Prática. Quando indicar? (103) Moderador: RAFAEL LOCH BATISTA - SP Moderador: JOSÉ VIANA LIMA JUNIOR - SP	
	16:30 às 16:37	Tema livre
	16:30 às 16:37	1115258 - Molecular and Clinical Characterization of SDHx-Mutated Pheochromocytomas and Paragangliomas - Apresentador(a): Eduardo C. Lobato
	16:37 às 16:40	Perguntas
	16:40 às 16:55	Na Osteoporose ou outras formas de fragilidade óssea Palestrante: MANUELA ROCHA BRAZ - SP
	16:55 às 17:10	Nos tumores de tireoide Palestrante: SUSAN CHOW LINDSEY - SP
	17:10 às 17:25	No Diabetes Palestrante: MILENA GURGEL TELES BEZERRA - CE
	17:25 às 17:40	No Hipopituitarismo Palestrante: LUCIANI R. S. DE CARVALHO - SP
17:40 às 18:00	Discussão	
SALA 02 - Querência		
08:30 às 10:00	Mesa redonda / Congresso Cuidados para início e seguimento da Terapia de Reposição com Testosterona (TRT) (104) Moderador: AIRTON GOLBERT - RS Moderador: MARCELO FERNANDO RONSONI - SC	
	08:30 às 08:37	Tema livre
	08:30 às 08:37	1116217 - Use of ultra-sensitive C-reactive protein as a potential biomarker for cardiovascular risk in patients with congenital hypogonadotropic hypogonadism undergoing testosterone replacement therapy. - Apresentador(a): Maicon Canuto
	08:37 às 08:40	Perguntas
	08:40 às 08:50	Próstata Palestrante: FABIO FERREIRA DE MOURA - PE
	08:50 às 09:00	Sistema Hematológico Palestrante: FULVIO CLEMO SANTOS TOMASELLI - SC
	09:00 às 09:10	Sistema Cardiovascular Palestrante: RENATO GALVAO REDORAT - RJ
	09:10 às 09:20	Músculo esquelético Palestrante: DALISBOR MARCELO WEBER SILVA - SC
09:20 às 09:30	Sono Palestrante: CICILIANA MAÍLA ZILIO RECH - RS	
09:30 às 10:00	Discussão	
10:00 às 10:30	Intervalo / Geral Intervalo (105)	
10:30 às 12:00	Mesa redonda / Congresso Peculiaridades do controle da Hiperglicemia no hospital (106) Moderador: SAULO CAVALCANTI DA SILVA - MG Moderador: JOÃO EDUARDO NUNES SALLES - SP	
	10:30 às 10:37	Tema livre
	10:30 às 10:37	1115161 - Exploring the use of portable retinal camera for a diabetic retinopathy epidemiological study: practical aspects - Apresentador(a): Georgia Chichelero
	10:37 às 10:40	Perguntas
	10:40 às 11:00	Paciente em uso de corticoide Palestrante: BEATRIZ SCHAAN - RS
	11:00 às 11:20	Pontos Críticos da Diretriz de Hiperglicemia Hospitalar Palestrante: EMERSON CESTARI MARINO - PR
	11:20 às 11:40	Controle da hiperglicemia na paciente em diálise Palestrante: THYAGO PROENÇA DE MORAES - PR
11:40 às 12:00	Discussão	
12:30 às 13:30	Simpósio Satélite / Geral Simpósio Satélite - CSL Vifor: Regulação Endócrina e Funcional da Deficiência de Ferro: Da Absorção à Utilização do Ferro (Restrito para prescritores) (107) Palestrante: CRISTIANO ROBERTO GRIMALDI BARCELLOS - SP	

Mesa Redonda/ Painei clínico / Congresso Fragilidade Óssea em Crianças e Adolescentes (108) Coordenadora: VICTORIA ZEGHBI COCHENSKI BORBA - PR Coordenadora: VANESSA RADONSKY - SP	
14:00 às 15:20	14:00 às 14:15 Osteoporose induzida por glicocorticoide: na criança é diferente? Palestrante: LUIZ CLÁUDIO GONÇALVES DE CASTRO - DF
	14:15 às 14:30 Diagnósticos diferenciais das fragilidades Palestrante: VANESSA RADONSKY - SP
	14:30 às 14:45 Manejo diferenciado das várias formas de raquitismo hipofosfatêmico Palestrante: REGINA MATSUNAGA MARTIN - SP
	14:45 às 15:00 Limitações da densitometria óssea Palestrante: CYNTHIA ÁLVARES BRANDÃO - SP
	15:00 às 15:20 Discussão
15:30 às 16:00	Conferência / Congresso O que podemos esperar da nova diretriz de nódulos de tireoide da American Thyroid Association (109) Presidente: RAFAEL SELBACH SCHEFFEL - RS Palestrante: ANA LUIZA MAIA - RS
16:00 às 16:30	Intervalo / Geral Intervalo (110)
16:30 às 18:00	Mesa redonda / Congresso Perda de peso extrema, como manejar as consequências? (111) Moderadora: JACQUELINE RIZZOLLI - RS Moderadora: LUCIANA VERCOSA VIANA - RS
	16:30 às 16:37 Tema livre
	16:30 às 16:37 1115776 - Severe Weight Loss Is Associated with Cardiac Axis Shifts After Bariatric Surgery - Apresentador(a): Ana Gabriela Rodrigues Haussen
	16:37 às 16:40 Perguntas
	16:40 às 16:55 Deficiências nutricionais após a cirurgia bariátrica Palestrante: INGRID DICK DE PAULA - SP
	16:55 às 17:10 Sarcopenia Palestrante: FABIO FERREIRA DE MOURA - PE
	17:10 às 17:25 Massa óssea Palestrante: NARRIANE CHAVES PEREIRA DE HOLANDA - PB
	17:25 às 17:40 Distorção da Autoimagem corporal Palestrante: JULIA HUBER - RS
	17:40 às 18:00 Discussão
SALA 03 - Estância	
08:30 às 10:00	Mesa redonda / Congresso Antigos problemas, novos desafios na disfunção tireoidiana (112) Moderador: MARIO VAISMAN - RJ Moderador: CLEO OTAVIANO MESA JUNIOR - PR
	08:30 às 08:37 Tema livre
	08:30 às 08:37 1116291 - SOD2 Variants May Drive Oxidative Stress in Graves' Disease - Apresentador(a): Laura Sterian Ward
	08:37 às 08:40 Perguntas
	08:40 às 08:55 Novo Posicionamento da SBEM sobre Doença Ocular Palestrante: ADRIANO NAMO CURY - SP
	08:55 às 09:10 Dicas práticas do tratamento medicamentoso baseada em casos clínicos Palestrante: JOÃO ROBERTO MACIEL MARTINS - SP
	09:10 às 09:25 Manejo do hiper sub clínico baseado na estratificação de risco cardiovascular Palestrante: JOSÉ AUGUSTO SGARBI - SP
	09:25 às 09:40 Manejo do hipotireoidismo baseado na estratificação de risco cardiovascular Palestrante: GABRIELA BRENTA - ARGENTINA
	09:40 às 10:00 Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (113)

10:30 às 12:00	Mesa redonda / Congresso Diabete Melito na Infância e Adolescência (114) Coordenador: FABIANO SANDRINI - PR Coordenadora: TICIANA DA COSTA RODRIGUES - RS	
	10:30 às 10:37	Tema livre
	10:30 às 10:37	1115566 - BODY COMPOSITION INDICATORS AND PUBERTY IN ADOLESCENTS AGED 10 TO 15 YEARS - Apresentador(a): Caroline Reinert Nicoletti
	10:37 às 10:40	Perguntas
	10:40 às 10:55	Lembrando das síndromes genéticas que cursam com diabetes Palestrante: REGINA CÉLIA MELLO SANTIAGO MOISES - SP
	10:55 às 11:10	Tecnologias no tratamento do paciente pediátrico com diabetes tipo 1 – Bomba de Insulina Palestrante: MÁRCIA KHALED PUÑALES COUTINHO - RS
	11:10 às 11:25	Sick day management in children and adolescents with diabetes Palestrante: ETHEL CODNER - CHILE
	11:25 às 11:40	Cetoacidose diabética no adolescente com obesidade: é sempre DM1? Palestrante: MARIANA SARTI - SP
	11:40 às 12:00	Discussão
12:15 às 13:15	Simpósio Satélite / Geral Simpósio Satélite - Besins: Doublepause - O impacto hormonal na sexualidade do casal na maturidade (Restrito para prescritores) (115) Palestrante do Simpósio: ELIANA NAHAS - Palestrante do Simpósio: ALEXANDRE HOHL - SC	
14:00 às 15:20	Mesa Redonda/ Paineil clínico / Congresso Em 2025, qual o melhor tratamento para o Carcinoma de tireoide de baixo risco? Simpósio SBEM/LATS (116) Moderadora: ERIKA LAURINI DE SOUZA MEYER - RS Moderadora: CÉLIA REGINA NOGUEIRA - SP	
	14:00 às 14:20	Vigilância ativa, estamos prontos para isso? Palestrante: ALVARO SANABRIA - COLOMBIA
	14:20 às 14:40	Ablação por radiofrequência: possíveis candidatos Palestrante: LEONARDO RANGEL - RJ
	14:40 às 15:00	Os testes moleculares podem influenciar na escolha do tratamento Palestrante: JANETE CERUTTI - SP
	15:00 às 15:20	Discussão
15:30 às 16:00	Conferência / Congresso The Interplay of Mild cortisol secretion, diabetes and cardiovascular risk, State of the art (117) Presidente: MAURO ANTONIO CZEPIELEWSKI - RS Palestrante: IRINA BANCOS - UNITED STATES	
16:00 às 16:30	Intervalo / Geral Intervalo (118)	
16:30 às 17:20	Ponto de vista / Congresso Uso off-label de iSGLT2 no manejo da doença renal em pessoas com DM1 (119) Moderador: SAULO CAVALCANTI DA SILVA - MG	
	16:30 às 16:45	Vale a pena Palestrante: DOMINGOS AUGUSTO MALERBI - SP
	16:45 às 17:00	Não vale a pena Palestrante: JOÃO ROBERTO DE SÁ - SP
	17:00 às 17:20	Discussão
17:30 às 18:00	Conferência / Congresso Contraception in adolescents and young women with diabetes (120) Moderadora: TICIANA DA COSTA RODRIGUES - RS Palestrante: ETHEL CODNER - CHILE	



SALA 04 - Minuano		
08:30 às 10:00	Mesa redonda / Congresso Efeito Sanfona e Manutenção do Peso (121) Moderadora: GLAUCIA CARNEIRO - SP Moderadora: SIMONE VAN DE SANDE LEE - SC	
	08:30 às 08:37	Tema livre
	08:30 às 08:37	1116001 - Writing Their Own Prescriptions: Prevalence and Determinants of GLP-1 Receptor Agonist Self-Medication for Weight Loss in Brazil - Apresentador(a): Lucas S. Matzenbacher
	08:37 às 08:40	Perguntas
	08:40 às 08:55	Epidemiologia da obesidade nas diferentes fases da vida Palestrante: RAFAEL MOREIRA CLARO - MG
	08:55 às 09:10	O que sabemos sobre quem mantém o peso Palestrante: CÍNTIA CERCATO - SP
	09:10 às 09:25	Efeito sanfona e risco cardiovascular Palestrante: MILENE MOEHLECKE - RS
	09:25 às 09:40	Estratégias comportamentais e farmacológicas Palestrante: THAISA DOURADO GUEDES TRUJILHO - BA
	09:40 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (122)	
10:30 às 12:00	Mesa redonda / Congresso Afinal, quais são os suplementos realmente eficazes, seguros e legais? (123) Moderador: DALISBOR MARCELO WEBER SILVA - SC Moderador: FELIPE GAIA DUARTE - SP	
	10:30 às 10:37	Tema livre
	10:30 às 10:37	1116120 - Total and Trunk Body Fat are Associated with Significant Decline in Kidney Function in People with Type 2 Diabetes: a Prospective Study - Apresentador(a): João Henrique Garcia de Almeida
	10:37 às 10:40	Perguntas
	10:40 às 10:55	Na Osteo-sarcopenia Palestrante: CRISTINA DA SILVA SCHREIBER DE OLIVEIRA - SC
	10:55 às 11:10	No Diabetes durante exercício Palestrante: MAURO SCHARF PINTO - PR
	11:10 às 11:25	Em atletas com condições especiais: doença celíaca, veganismo, intolerância à lactose Palestrante: TATIANA CAMARGO PEREIRA ABRAO - SP
	11:25 às 12:00	Discussão
12:30 às 13:30	Simpósio Satélite / Geral Simpósio Satélite - Merck: Menopausa 360º: do metabolismo à longevidade funcional (Restrito para prescritores) (124) Palestrante: CARMITA ABDO - SP Palestrante: DENISE FRANCO - SP	
14:00 às 14:30	Prêmio / Congresso Entrega dos Prêmios (125)	
	14:00 às 14:15	Prêmio José Schermann Palestrante: FRANCISCO BANDEIRA - PE Entregará o prêmio: MATEUS DORNELLES SEVERO - RS
	14:15 às 14:30	Prêmio Antônio Barros de Ulhôa Cintra Palestrante: JOÃO MODESTO FILHO - PB Entregará o prêmio: CLAUDIO ELIAS KATER - SP
14:30 às 15:20	Debate / Congresso A melhor abordagem no indivíduo com obesidade antes e após a bariátrica é: (126) Moderadora: ADRIANA COGNOLATO - SP	
	14:30 às 14:45	Exercício resistido Palestrante: MARCOS FORTES - RJ
	14:45 às 15:00	Exercício aeróbico Palestrante: MARCOS OLIVEIRA - SP
	15:00 às 15:20	Discussão
15:30 às 16:00	Conferência / Congresso Decifrando o Diagnóstico Clínico e Genético da Puberdade Precoce Central. (127) Presidente: NATHALIA LISBOA ROSA ALMEIDA GOMES - MG Palestrante: ANA CLÁUDIA LATRÔNICO - SP	
16:00 às 16:30	Intervalo / Geral Intervalo (128)	

Mesa redonda / Congresso Tratamento do hipotireoidismo além do T4 (129) Moderadora: GISAH MUSIALOWSKI DO AMARAL - PR Moderador: JOÃO ROBERTO MACIEL MARTINS - SP	
16:30 às 18:00	16:30 às 16:37 Tema livre
	16:30 às 16:37 1116349 - Relationship between vitamin D and VDR polymorphisms with remission and relapse rates in patients under antithyroid therapy for Graves' Disease - Apresentador(a): LUIZA MACEDO TRAVALLONI
	16:37 às 16:40 Perguntas
	16:40 às 17:00 O uso de T3 está valendo? Palestrante: GUSTAVO CANCELA E PENNA - MG
	17:00 às 17:20 Influência do estilo de vida no controle do hipotireoidismo Palestrante: CAROLINA FERRAZ DA SILVA - SP
	17:20 às 17:40 Resistência aos hormônios tireoidianos: quando pensar e como investigar Palestrante: CÉLIA REGINA NOGUEIRA - SP
	17:40 às 18:00 Discussão
SALA 05 - Coxilha	
Mesa redonda / Congresso Tecnologias no diabetes baseado em casos (130) Moderador: RODRIGO NUNES LAMOUNIER - MG Moderadora: REINE MARIE CHAVES FONSECA - BA	
08:30 às 10:00	08:30 às 08:37 Tema livre
	08:37 às 08:40 Perguntas
	08:40 às 08:55 Interpretação dos gráficos dos sensores Palestrante: TICIANA DA COSTA RODRIGUES - RS
	08:55 às 09:10 Aplicativos úteis Palestrante: MARCIO KRAKAUER - SP
	09:10 às 09:25 Do it yourself and Androi APS: como estamos com a solução dos pacientes para a automação na insulinoterapia? Palestrante: EDSON PERROTTI SANTOS - AL
	09:25 às 09:40 Dispositivos para manejo de complicações nos pés relacionadas a diabetes Palestrante: HERMELINDA PEDROSA - DF
	09:40 às 10:00 Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (131)
Mesa redonda / Congresso Neuroendocrinologia em foco (132) Coordenadora: SILVIA REGINA CORREA DA SILVA - SP Coordenador: LUCIO VILAR - PE	
10:30 às 12:00	10:30 às 10:37 Tema livre
	10:30 às 10:37 1116266 - Voice-Based Deep Learning Model for Acromegaly Detection: A Case-Control Study - Apresentador(a): Fellipe Sousa Silva
	10:37 às 10:40 Perguntas
	10:40 às 10:55 Atualizações do Consenso de hiperprolactinemia Palestrante: ANDREA GLEZER - SP
	10:55 às 11:10 Manejo da hiperprolactinemia em pacientes em uso de medicamentos psiquiátricos Palestrante: KARLA BORGES DANIEL - SP
	11:10 às 11:25 Tratamento anti-neoplásico dos tumores de hipófise agressivos Palestrante: VANIA DOS SANTOS NUNES NOGUEIRA - SP
	11:25 às 11:40 Atualização em Adenomas Hipofisários Familiares Palestrante: MALEBRANCHE BERARDO CARNEIRO DA CUNHA NETO - SP
	11:40 às 12:00 Discussão
12:00 às 14:00	Simpósio Satélite / Geral Intervalo do almoço (133)



Mesa Redonda/ Painei clínico / Congresso Diagnóstico e Manejo da Hiperplasia Adrenal Congênita ao longo da vida (134) Coordenadora: MILENA COELHO FERNANDES CALDATO - PA Coordenadora: TÂNIA APARECIDA SARTORI SANCHEZ BACHEGA - SP	
14:00 às 15:20	14:00 às 14:15 Chegou o resultado do exame molecular: o que eu faço? Palestrante: SONIR ANTONINI - SP
	14:15 às 14:30 Transição pediatria/adulto Palestrante: CRISTIANE KOPACEK - RS
	14:30 às 14:45 Fertilidade e gestação Palestrante: TÂNIA APARECIDA SARTORI SANCHEZ BACHEGA - SP
	14:45 às 15:00 Novas opções terapêuticas em estudo Palestrante: FLAVIA AMANDA COSTA BARBOSA - SP
	15:00 às 15:20 Discussão
Conferência / Congresso Intervenções no estilo de vida e Síndrome dos Ovários Policísticos: o que realmente funciona e porque é tão difícil seguir? (135) Presidente: LUCAS BANDEIRA MARCHESAN - RS Palestrante: POLI MARA SPRITZER - RS	
15:30 às 16:00	
16:00 às 16:30	Intervalo / Geral Intervalo (136)
Mesa redonda / Congresso Novas abordagens para o tratamento da menopausa (137) Moderadora: KAREN DE MARCA - RJ Moderador: ALEJANDRO MANZUR - CHILE	
16:30 às 18:00	16:30 às 16:37 Tema livre
	16:30 às 16:37 1116188 - Aromatase gene variant rs10046 is associated with hormonal and metabolic response to hormone therapy in healthy postmenopausal women: a pharmacogenetic study - Apresentador(a): Betânia Rodrigues Santos
	16:37 às 16:40 Perguntas
	16:40 às 16:55 Estetrol Palestrante: DOLORES PEROVANO PARDINI - SP
	16:55 às 17:10 Antagonistas do receptor da neurocinina-3 Palestrante: RUTH CLAPAUCH - RJ
	17:10 às 17:25 Escolhendo o progestogênio ideal Palestrante: ADRIANA LAGES - PORTUGAL
	17:25 às 17:40 Sarcopenia e pós-menopausa Palestrante: VICTORIA ZEGHBI COCHENSKI BORBA - PR
	17:40 às 18:00 Discussão
SALA 06 - Rincão	
Sessão / Congresso Conversa com o professor: (146)	
08:30 às 12:30	08:30 às 09:20 Avaliação do paciente com baixa estatura Palestrante: ALEXANDER AUGUSTO LIMA JORGE - SP
	09:30 às 10:20 Novas diretrizes da Insuficiência Ovariana Prematura Palestrante: DOLORES PEROVANO PARDINI - SP Palestrante: MONICA DE OLIVEIRA - PE
	10:30 às 11:20 Diagnóstico e manejo do Câncer Medular de Tireoide Palestrante: RUI MONTEIRO DE BARROS MACIEL - SP Palestrante: FLÁVIA DE OLIVEIRA FACURI VALENTE - SP
	11:30 às 12:20 Imunizações no paciente com diabetes Palestrante: REINE MARIE CHAVES FONSECA - BA
14:00 às 17:30	Sessão / Geral Assembleia Geral Ordinária (172)



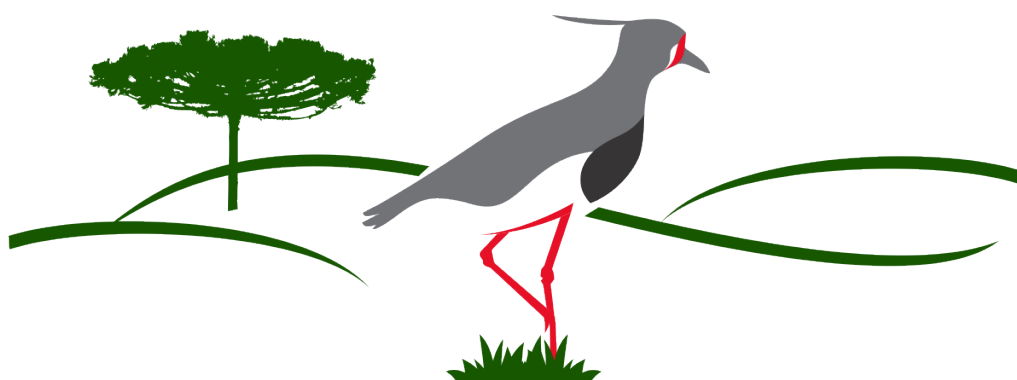
6/9/2025 (Sábado)

SALA 01 - Pampa		
08:30 às 10:30	Mesa redonda / Congresso Encontro das Ligas Acadêmicas - Oficina Endocrinológica: Da Semiologia à Conduta - Parte 1 - Hipófise, Adrenal e Diabetes (147) Coordenadora: CAROLINA CASTRO PORTO SILVA JANOVSKY - SP Coordenador: ANDRÉ GONÇALVES DA SILVA - PI Coordenador: RAFAEL VAZ MACHRY - RS Coordenadora: MONIKE LOURENÇO DIAS RODRIGUES - GO	
	08:30 às 08:40	Apresentação da metodologia + aplicação de pré-teste
	08:40 às 09:00	1ª rodada nas estações
	09:00 às 09:20	2ª rodada nas estações
	09:20 às 09:40	3ª rodada nas estações
	09:40 às 10:00	Apresentação das resoluções dos casos (5min para cada caso) + breve revisão teórica
	10:00 às 10:30	Aplicação do pós-teste
10:30 às 12:30	Mesa redonda / Congresso Encontro das Ligas Acadêmicas - Oficina Endocrinológica: Da Semiologia à Conduta - Parte 2 Osso, Tireoide e Gônadas (149) Coordenadora: CAROLINA CASTRO PORTO SILVA JANOVSKY - SP Coordenador: ANDRÉ GONÇALVES DA SILVA - PI Coordenador: RAFAEL VAZ MACHRY - RS Coordenadora: MONIKE LOURENÇO DIAS RODRIGUES - GO	
	10:30 às 10:40	Apresentação da metodologia + aplicação de pré-teste
	10:40 às 11:00	1ª rodada nas estações
	11:00 às 11:20	2ª rodada nas estações
	11:20 às 11:40	3ª rodada nas estações
	11:40 às 12:00	Apresentação das resoluções dos casos + breve revisão teórica
	12:00 às 12:30	Aplicação do pós-teste
SALA 02 - Querência		
08:30 às 10:00	Sessão / Congresso Caixa de ferramentas: habilidades que fazem a diferença na sua carreira (162) Moderadora: GEORGIA MARTINA CHICHELERO - RS	
	08:30 às 08:45	5 ferramentas de IA para aumentar a sua produtividade Palestrante: MILENA GURGEL TELES BEZERRA - CE
	08:45 às 09:00	Como montar aulas e apresentações atraentes e envolventes? Palestrante: RAFAEL VAZ MACHRY - RS
	09:00 às 09:15	Vídeos com o celular: gravando, editando e distribuindo Palestrante: DANIEL RIBEIRO - RS
	09:15 às 09:30	Chat GPT 4.0 - transforme no seu assistente de decisão clínica Palestrante: MATEUS DORNELLES SEVERO - RS
	09:30 às 10:00	Discussão
10:00 às 10:30	Intervalo / Geral Intervalo (163)	
10:30 às 12:00	Sessão / Congresso Caixa de ferramentas: habilidades que fazem a diferença na sua carreira - Parte 2 (164) Moderadora: LETÍCIA SCHWERZ WEINERT - RS	
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CBAEM 2025

**CONGRESSO BRASILEIRO DE ATUALIZAÇÃO
EM ENDOCRINOLOGIA E METABOLOGIA**

03 A 06 DE SETEMBRO DE 2025 | GRAMADO (RS) | EXPOGRAMADO

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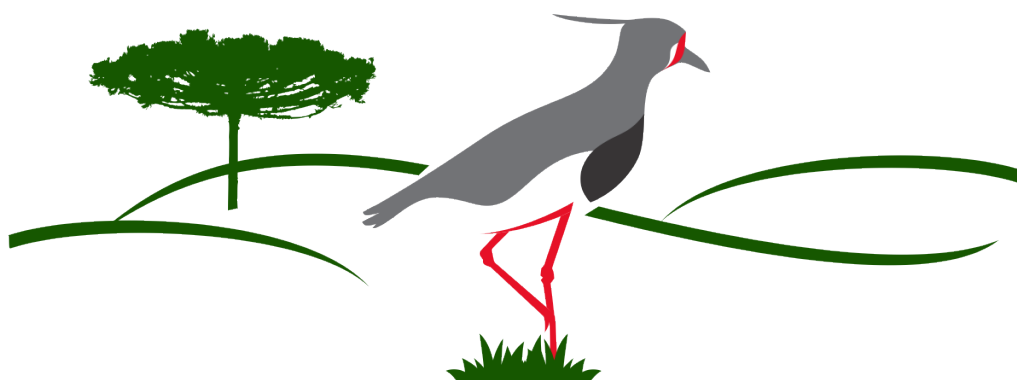
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1116188 AROMATASE GENE VARIANT RS10046 IS ASSOCIATED WITH HORMONAL AND METABOLIC RESPONSE TO HORMONE THERAPY IN HEALTHY POSTMENOPAUSAL WOMEN: A PHARMACOGENETIC STUDY

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Introduction: The postmenopausal period is characterized by a loss of ovarian follicular function, resulting in several changes related to decreased estrogen levels. Estrogen is known to have a protective effect on the cardiovascular system in women and is synthesized through the conversion of androgens by aromatase. Polymorphisms in the gene that encodes for this enzyme (CYP19A1 gene) are associated with circulating estradiol levels. **Objective:** To evaluate whether the rs10046 polymorphism in the CYP19A1 gene is associated with a better cardiometabolic and hormonal response to menopausal hormone therapy (HT) in recently postmenopausal women after 6 months of HT. **Methods:** In this randomized crossover study carried out in a university clinic, 78 postmenopausal women consulting for symptoms of estrogen deficiency were genotyped by real-time polymerase chain reaction for the single nucleotide polymorphism rs10046 (C>T). Clinical, metabolic, and hormonal data were collected at baseline and at the end of 6 months of HT. The changes observed between the start and end of treatment were assessed by calculating the Delta value (Δ), where Δ = value at the end of treatment - baseline value. **Results:** The participants had a mean age and time since menopause of 51.3 ± 5.6 years and 24 (12 - 36) months, respectively. After the hormone therapy period, women with the TT genotype had higher serum estradiol levels than the other genotypes (TT: Δ 46.4 [10.7 - 277.8] pg/mL; CT: Δ 33.8 [1.5 - 79.2] pg/mL; CC: Δ 32.6 [7.5 - 62.0] pg/mL, $p=0.032$). Women carrying the same genotype also showed a decrease in diastolic pressure (TT: Δ -10 [-20 - 0.0] mmHg; CT: Δ 0.0 [-4.0 - 1.5] mmHg; CC: Δ 0.0 [-9.0 - 9.0] mmHg; $p=0.014$), total cholesterol (TT: Δ -16 [-39 - -4] mg/dL; CT: Δ -31 [-43.5 - -7.5] mg/dL; CC: Δ -5 [-22 - 13] mg/dL, $p=0.047$) and LDL (TT: Δ -14 [-30 - 4] mg/dL; CT: Δ -20.5 [-32.9 - -2.9] mg/dL; CC: Δ -4 [-22.5 - 19] mg/dL; $p=0.022$). **Conclusion:** The TT genotype of rs10046 in the CYP19A1 gene is associated with higher serum estradiol levels and reduced diastolic pressure, total cholesterol, and LDL after 6 months of HT. The results of this study suggest that the rs10046 variant in the aromatase gene may be associated with a better response to HT in recently postmenopausal women without evident clinical disease. Long-term longitudinal studies with women of different ethnicities could help confirm these results. **Keywords:** Aromatase gene variants, hormone therapy, menopause. **Funding:** CNPq, Fapergs.

TIREOIDE

1116244 INTEGRATED ANALYSIS OF HSA-MIR-150-5P AND DELETERIOUS ZEB1 VARIANTS REVEALS NOVEL BIOMARKER CANDIDATES FOR THYROID CANCER

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Introduction: The increasing incidence of thyroid cancer (TC) has underscored the urgent need to elucidate the underlying molecular mechanisms and identify novel biomarkers for improved clinical management. **Objective:** Our previous research demonstrated a significant downregulation of hsa-miR-150-5p in patients with TC. Here, we used bioinformatic analyses to identify the target genes of this microRNA and investigate polymorphisms affecting protein function. **Methods:** Extensive in silico analysis was conducted to explore the interaction between hsa-miR-150-5p and its potential target genes and to evaluate the effects of genetic variants on the corresponding proteins. ZEB1 has emerged as a potential target gene. From the 1,233 SNPs obtained from the dbSNP database, 82 were selected and analyzed using PredictSNP1.0 tool. Six variants (R897Q, S664Y, A615G, I475T, I474T, and T135A) were consistently classified as deleterious by 75% ($n=3$) of the predictive algorithms, indicating potential structural and functional consequences. **Results:** I-Mutant2.0 analysis demonstrated that five variants (R897Q, A615G, I475T, I474T, and T135A) were significantly associated with reduced protein stability. The MutPred2 platform revealed that three variants (I475T, I474T, and T135A) may induce critical conformational alterations compromising protein function and disrupt protein-protein interactions. To elucidate the broader functional implications, protein-protein interaction network analysis was performed using STRING, which demonstrated that ZEB1 exhibits direct interactions with key regulatory proteins implicated in TC pathogenesis, including TWIST1 and CDH1. These proteins are recognized as decisive mediators of TC development and progression, suggesting that the identified ZEB1 variants may contribute to disease pathogenesis through the disruption of these critical molecular interactions. In conclusion, this study demonstrated that hsa-miR-150-5p targets the ZEB1 gene, as supported by both computational predictions and experimental validation. We identified six highly deleterious polymorphisms that negatively affected the stability, structure, and function of the ZEB1 protein. These variants may influence TC development by disrupting shared molecular pathways involving hsa-miR-150-5p and thyroid physiology. **Conclusion:** Collectively, our findings underscore the potential role of these polymorphisms in TC pathogenesis and highlight their potential as candidate biomarkers, warranting further clinical investigations.

ADRENAL E HIPERTENSÃO

1115258 MOLECULAR AND CLINICAL CHARACTERIZATION OF SDHX-MUTATED PHEOCHROMOCYTOMAS AND PARAGANGLIOMAS

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Introduction: Pheochromocytomas and paragangliomas (PPGLs) are rare neuroendocrine tumors associated with significant morbimortality. PVs in the genes responsible for the succinate dehydrogenase complex (SDHx) are among the most frequent germline drivers in Latin America. **Objective:** To analyze the genetic and clinical features of PPGLs caused by germline SDHx PVs in a large Brazilian cohort. **Methods:** Clinical and genetic data were collected from 221 index patients with germline DNA genetic investigation (direct sequencing and/or targeted panel and/or whole exome sequencing), diagnosed from 1977 to 2025. **Results:** In our cohort, 46 (20.8%) patients had germline PVs in SDHx. There were no sex differences (23 male, 23 female). The median age at diagnosis was 29.5 years (10-59), and their median follow-up time was 84 months (2.4-396.6). The most prevalent gene was SDHB, with 33 patients (71.7%). Six patients (13%) had PVs in SDHA, 6 (13%) in SDHD and 1 (2.2%) in SDHC. Within the SDHB cases, 14 had an exon 1 deletion (founder effect). 21 patients (58.7%) had symptoms at diagnosis. Other primary tumors in these patients included: renal cell carcinoma (n=3), gastrointestinal stromal tumor (n=1), papillary thyroid carcinoma (n=1), hepatic hemangioma (n=1) and macroprolactinoma (n=1), and simultaneous medullary thyroid carcinoma and adrenocortical carcinoma (n=1). Extra-adrenal paragangliomas (PGLs) were exclusive in 39 (84.8%) patients, whereas 5 (10.9%) had only pheochromocytoma and 2 (4.3%) had both. Most PPGLs secreted norepinephrine (34.8%) or were non-functioning (32.6%). Multiple PGLs (2 to 4) were diagnosed in 11 patients (23.9%). Most PGLs were abdominal (48.8%) or head and neck (30.43%). Other sites included bladder (n=1) and thorax (n=1). Three patients had primary PGLs in multiple different sites. Nineteen cases (41.3%) were metastatic, of which 10 (52%) had metastasis at diagnosis and 9 had a median time to metastasis of 24 months (12-110). Seventeen (89%) of the metastatic patients had SDHB PVs, and four of them have died. SDHB PPGLs had a metastatic risk of 51.5%. **Conclusion:** PVs in SDHB were the main germline driver among SDHx-mutated PPGLs, and the higher risk factor for metastasis. Most PPGLs were extra-adrenal, and predominantly noradrenergic or non-functioning. The high prevalence of SDHB PVs support prioritizing its testing as the first genetic diagnosis approach in Latin America. **Funding:** The São Paulo Research Foundation (2019/15873-6).

METABOLISMO ÓSSEO E MINERAL

1116185 THE RELATIONSHIP BETWEEN GENE POLYMORPHISMS OF VITAMIN D PATHWAY AND THE PHENOTYPES OBSERVED IN A LARGE SAMPLE OF SPORADIC PRIMARY HYPERPARATHYROIDISM

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Introduction: Mendelian randomization studies have demonstrated that genetic variants vitamin D pathway correlates with 25-hydroxyvitamin D (25OHD) concentrations. These polymorphisms may alter enzymatic activity or the proteins affinity in the vitamin D pathway. For example, the presence of allele G in CYP2R1 gene is associated with lower enzymatic activity. On the other hand, low concentrations of 25OHD are linked to more severe primary hyperparathyroidism (PHP) presentations. **Objectives:** to study polymorphisms distribution in the genes 7-dehydrocholesterol reductase (DHCR7), 25-hydroxylase (CYP2R1), 1-alpha-hydroxylase (CYP27B1), and vitamin D-binding protein (Gc) in patients with PHPT compared to matched controls and evaluate correlations between these polymorphisms and sporadic PHP clinical presentation. **Methods:** This is a preliminary analysis of 251 patients with PHP (PHPG) and 244 controls. SNPs were evaluated by qPCR, using allelic discrimination assays. Statistical significance if $p \leq 0.05$. **Results:** The majority were women (87.7%) and Caucasians (59.2%). The groups were similar regarding sex, ethnicity, and age and were in Hardy-Weinberg equilibrium. There were no differences in polymorphisms genotypic distribution between the groups. However, correlations between some polymorphisms and disease phenotypes were observed on PHPG. Patients with G allele (GG+GT) of the DHCR7 polymorphism were diagnosed younger compared to TT genotype (60.6 ± 11.4 vs 64 ± 11.1), as those with the T allele (GT+TT) of CYP27B1 (59.5 ± 10 vs 62.4 ± 12). Furthermore, individuals with this CYP27B1 T allele exhibited higher levels of total calcium (tCa) ($11.4 [10.4-19.1]$ vs $11.2 [10-18.8]$) and PTH ($162.8 [63.8-1982]$ vs $140.2 [51.4-2374]$), and those with G allele of DHCR7 had lower concentrations of 25OHD ($22 [5-54.2]$ vs $25.3 [9.9-88]$). Individuals with the CYP2R1 GG genotype were also diagnosed at a younger age ($61 [24-83]$ vs. $63 [38-88]$) and had higher osteoporosis prevalence (63.2% vs. 48.7% ; OR 1.81 [95% CI 1.06-3.03]). Additionally, on PHPG, age at diagnosis had a weak negative Spearman correlation with tCa (-0.134) and weak positive correlation with 25OHD (0.136). **Conclusion:** Variant of CYP2R1 gene appears to raise the risk of osteoporosis, and genetic variants of DHCR7, CYP27B1 and CYP2R1 are associated with PHP diagnosis age. This preliminary analysis suggests a potential role of vitamin D pathway and its genetic variants in clinical presentation of sporadic PHP.

CLÍNICO

METABOLISMO ÓSSEO E MINERAL

1116318 ASSESSMENT OF BONE MICROARCHITECTURE IN PATIENTS WITH 21-HYDROXYLASE DEFICIENCY BY HIGH-RESOLUTION PERIPHERAL QUANTITATIVE COMPUTED TOMOGRAPHY (HRPQCT)

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Introduction: 21-Hydroxylase Deficiency (21OHD) is a disorder characterized by cortisol deficiency and androgen excess. It's the main cause of congenital adrenal hyperplasia, and according to the CYP21A2 gene variation, it will manifest as classic (CL) or non-classic (NC) form, the former being more severe. Both require glucocorticoids (GC), often at supraphysiologic doses. While GC impairs bone, hyperandrogenism may be protective. Data on skeletal involvement in 21OHD are controversial. **Objective:** To evaluate bone health of patients with 21OHD on chronic GC, using high-resolution peripheral quantitative computed tomography (HRpQCT) to assess volumetric (v) BMD, microarchitecture, and mechanical properties of the tibia and radius. We hypothesized that androgens may mitigate the deleterious effects of GC on bone. **Methods:** Cross-sectional study of patients with CL and NC 21OHD. DXA and HRpQCT were performed, and groups were compared to matched controls (CT). Mean $\pm$ SE is shown. **Results:** Thirty-three patients (26 CL, 7 NC) and 66 CT (age: CL 33 ± 2 , NC 37 ± 4 , CT 35 ± 1 years, $p=0.56$; 73–86% female) were compared. 21OHD patients were shorter (CL 154 ± 0.02 ; NC 154 ± 0.03 , CT 162 ± 0.01 cm, $p<0.001$). CL patients had higher BMI (CL 30.5 ± 0.9 , NC 25.5 ± 1.8 , CT 25.7 ± 0.6 kg/m², $p<0.001$), and fat indices by DXA: body fat +16% vs NC and +21% vs CT, $p<0.004$; fat mass index +42% vs NC, +41% vs CT, $p<0.0004$. GC dose was 44% higher in CL vs NC ($p<0.05$). Compared to CT, NC had lower BMD at the spine and hip (-10.3% to -19.5%; all $p<0.04$) with no difference from CL. At the radius, 21OHD patients had lower trabecular (Tb) bone volume fraction, TbBMD, and Tb area, and greater Tb separation (11–13% for CL vs CT and 13–29% for NC vs CT, all $p\leq 0.03$; no difference between 21OHD groups). At the tibia, patients had lower Tb bone volume fraction, TbBMD, Tb area, and total area (9–14% for CL vs CT and 15–20% for NC vs CT, all $p\leq 0.02$; no difference between 21OHD groups). Compared to CT, CL and NC had higher cortical vBMD at the radius (+2% for CL vs CT, +5% for NC vs CT, $p<0.02$) and tibia (+3% for CL vs CT, +4% for NC vs CT, $p=0.002$), and CL had 13% higher cortical thickness ($p<0.03$) at both sites, with no difference between 21OHD groups. **Conclusion:** Patients with 21OHD, regardless of severity, exhibit trabecular deterioration despite preserved cortical bone. The findings may suggest compartment-specific alterations reflecting opposing effects of chronic GC and hyperandrogenism on the skeleton.

DIABETES MELLITUS

1115159 MAPPING THE IMPACT: PREVALENCE OF DIABETIC RENAL DISEASE AND RETINOPATHY IN BRAZIL

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Introduction: The prevalence of diabetes mellitus (DM) in the world and in Brazil has been rising globally, and the frequency of chronic complications can vary across countries. Identifying the number of people with diabetic renal disease (DRD) and retinopathy (DR) is crucial for targeting interventions and improving screening and treatment access. **Objective:** To estimate the prevalence of DRD and DR across regions in Brazil and its association with clinical variables. **Methods:** This cross-sectional study included people with DM, randomly selected from primary and tertiary health care settings. They were evaluated for the presence of DRD [≥ 30 mg/g albumin-to-creatinine ratio (ACR) or glomerular filtration rate (GFR) less than 60 mL/min - point-of-care test) and DR [retinographies taken with a portable retinal camera Eyer (Phelcom Technologies), assessed by two retinal specialists]. Statistics: Mann-Whitney U test, Student's t-test, Pearson chi-square test, Poisson regression model with robust variance. Statistical significance when $p<0.05$. **Results:** 1411 patients from the Southern, Southeastern and Northeastern regions, aged 61.9 ± 12.4 yrs, mainly women (64.3%), white (42.4%) and with type 2 diabetes (93.6%), were included. The prevalence of DRD was 56.1% and was positively associated with HbA1c ($p=0.001$), diabetes duration ($p<0.001$), dyslipidemia ($p=0.037$) and hypertension ($p<0.001$). The presence of DR and maculopathy was 31.4% and 13.0%, respectively. Both were associated with HbA1c ($p=0.002$ and $p=0.039$) and diabetes duration ($p<0.001$). Multivariate analysis showed that a 1% increase in HbA1c was associated with an 8% increased risk of DRD and a 19% increased risk of DR. In addition, hypertension increased the risk of DRD by 58%. The risk of DR and DRD increased by 3.7% and 1.9%, respectively, for each additional year of disease. **Conclusion:** The prevalence of DRD and DR and the association of glycemic control and duration of diabetes in the Brazilian population is as expected and underscores the importance of screening programs aimed at optimizing the care of people living with diabetes. **Support:** SBD (Sociedade Brasileira de Diabetes); IATS (Instituto de Avaliação em Tecnologia em Saúde); FIPE (Fundo de Incentivo à Pesquisa); FAPERGS (Fundação de Amparo à Pesquisa do Estado do Rio Grande do Sul); CNPq (Conselho Nacional de Desenvolvimento Científico e Tecnológico).

ADRENAL E HIPERTENSÃO

1115626 TEMOZOLOMIDE IN METASTATIC PHEOCHROMOCYTOMA AND PARAGANGLIOMA: A CASE SERIES FROM A TERTIARY CENTER IN BRAZIL

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Introduction: Metastatic pheochromocytomas and paragangliomas (MPP) are rare and often aggressive neuroendocrine tumors. Standard therapies — including radionuclide, cytotoxic, and targeted treatments — frequently fail to achieve durable responses. Temozolomide (TMZ), an oral alkylating agent, has shown promise, especially in tumors with SDHB mutations, but data remain scarce. **Objective:** To describe clinical, biochemical, and imaging responses to TMZ in patients with MPP treated at a public tertiary endocrine center. **Methods:** We reviewed medical records of patients with MPP who received TMZ among a cohort of 92 individuals with pheochromocytoma/paraganglioma followed over 16 years. Data included demographics, tumor behavior, biochemical profile, TMZ dosing, treatment response, and outcomes. Descriptive analysis and paired t-tests were applied to assess biochemical impact (GraphPad Prism; p<0.05 significant). **Results:** Five patients (3F/2M, aged 14–58) received TMZ (150–200 mg/m² for 5 days every 28 days). TMZ was initiated as 3rd–6th line therapy. Most had non-resectable tumors, poor ¹³¹I-MIBG uptake, and failed prior treatments. Biochemical response (≥30% reduction in urinary metanephrines) was observed in 4/5 cases. Radiologic partial response or disease stabilization occurred in 3/5 patients. TMZ was well-tolerated in most; one patient discontinued due to hematologic toxicity. One patient achieved complete biochemical response and remains asymptomatic after 7 years on TMZ. Another resumed TMZ after a 12-month national shortage. One patient was lost to follow-up after response and radionuclide therapy. **Conclusion:** TMZ may induce favorable biochemical and structural responses in selected patients with MPP, even after failure of multiple therapies. Long-term use was feasible and well-tolerated in several cases. TMZ should be considered as a valuable option in the therapeutic arsenal for metastatic PHEO/PGL, especially when radionuclide therapy is not viable.

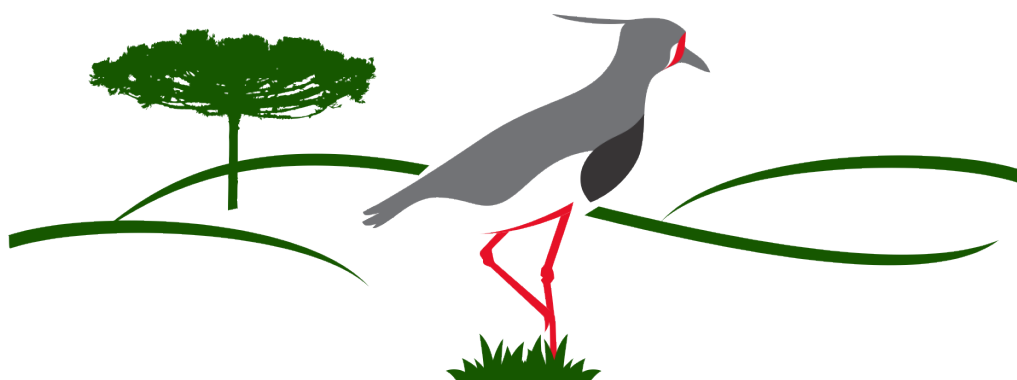
NEUROENDOCRINOLOGIA

1116266 VOICE-BASED DEEP LEARNING MODEL FOR ACROMEGALY DETECTION: A CASE-CONTROL STUDY

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Introduction: Acromegaly is a rare disease caused by chronic excess of growth hormone (GH), usually due to a pituitary adenoma. Delayed diagnosis is common because of its slow progression and low clinical suspicion, leading to increased morbidity and mortality. Voice changes are frequent but often unnoticed without specialized training. Deep learning - a branch of artificial intelligence (AI) - can identify complex patterns in data and may help in early detection. **Objective:** To develop and validate an AI model for identifying acromegaly based on voice recordings. **Methods:** In this prospective case-control study, we collected voice recordings and anonymized clinical data (age, sex, and IGF-1 levels when available) from 18 patients with confirmed acromegaly and 18 control subjects without clinical suspicion. Participants read a standardized text aloud. Recordings were segmented and filtered to include only segments with sufficient speech energy. Acoustic features were extracted using pyAudioAnalysis and OpenSMILE. After removing correlated features, ~110 remained. Principal Component Analysis reduced dimensionality to 100 components. Data were split into training (60%), validation (20%), and test (20%) sets. A multilayer perceptron (MLP) with three hidden layers (150–80–40 neurons) and dropout rates of 0.5, 0.7, and 0.9 was trained (batch size = 256; max epochs = 150; early stopping). Performance metrics included sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), accuracy, F1-score, and area under the curve (AUC). **Results:** The model showed strong performance in the test set: sensitivity 94%, specificity 93%, PPV 0.94, NPV 0.93, accuracy 94%, F1-score 0.95, AUC 0.98, and test loss 0.18. The confusion matrix included 680 true positives, 36 false positives, 40 false negatives, and 549 true negatives. Training and validation curves were stable, with no overfitting. **Conclusion:** Voice-based AI can accurately detect acromegaly and may serve as a low-cost, non-invasive screening tool, especially useful in primary care or underserved areas. Further validation in larger and more diverse populations is needed to confirm clinical applicability and potential for integration into health systems.



CBAEM 2025

**CONGRESSO BRASILEIRO DE ATUALIZAÇÃO
EM ENDOCRINOLOGIA E METABOLOGIA**

03 A 06 DE SETEMBRO DE 2025 | GRAMADO (RS) | EXPOGRAMADO

TEMAS LIVRES ORAIS



1115161 EXPLORING THE USE OF PORTABLE RETINAL CAMERA FOR A DIABETIC RETINOPATHY EPIDEMIOLOGICAL STUDY: PRACTICAL ASPECTS

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Introduction: Early screening and treatment of diabetic retinopathy (DR) are effective in preventing vision loss. However, limitations in specialist availability and screening management can negatively impact eye health. Portable fundus photography offers an affordable, practical solution improving access and enabling earlier DR detection, particularly in underserved areas. **Objective:** To describe the use of portable retinal camera in a DR epidemiological study in Brazil. **Methods:** This multicenter, cross-sectional study included people with DM, randomly selected from primary and tertiary health care settings, who underwent fundus photographs using a portable retinal camera (Eyer, Phelcom Technologies). Trained technicians acquired two 450 images of the posterior segment of each eye (one macula-centered and one disc-centered) after mydriasis (tropicamide). Images were stored on the EyerCloud platform (Phelcom Technologies) and reviewed by two retinal specialists. Images with disagreement were revisited by both graders in a round-robin; discrepancies were solved through consultation with a third specialist. **Results:** 1411 patients from three Brazilian regions were evaluated. Participants were aged 61.9 ± 12.4 yrs, mainly women (64.3%), white (42.4%) and with type 2 diabetes (93.6%). The retinal photographs of 1309 patients were evaluated, 437 (33.3%) showed discrepancies in DR classification, 16 required review by a third specialist and 21 patients (1.6%) were contacted to repeat the retinography. In 192 (14.7%) and 118 (9.0%) participants, it was not possible to classify retinopathy and maculopathy, respectively, with the most frequent reason being media opacity (5.4%), followed by inadequate field (4.1%) and inadequate focus (1.4%). **Conclusion:** The use of portable retinal cameras is an advance in areas with limited access to eye care, allowing for rapid and accessible image analysis, improving the efficiency and reach of eye care. However, there is a need for adequate image acquisition technique and experienced graders, given the significant discrepancies normally found in such readings. **Support:** SBD (*Sociedade Brasileira de Diabetes*); IATS (*Instituto de Avaliação em Tecnologia em Saúde*); FIPE (*Fundo de Incentivo à Pesquisa*); FAPERGS (*Fundação de Amparo à Pesquisa do Estado do Rio Grande do Sul*); CNPq (*Conselho Nacional de Desenvolvimento Científico e Tecnológico*).

1115833 IMPACT OF EDUCATIONAL INTERVENTIONS ON THE PROPORTION OF CAPILLARY KETONE TESTING AND DIABETIC KETOACIDOSIS DIAGNOSIS IN CRITICAL CARE UNITS: A PRE-POST STUDY

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Introduction: Diabetic ketoacidosis (DKA) is a serious metabolic complication requiring prompt diagnosis and management. Capillary ketone testing (β -hydroxybutyrate, β OHb) is superior to ketonuria for this purpose, yet its use in critical care settings remains suboptimal. **Objective:** To evaluate the impact of an educational intervention program on the proportion of capillary ketone tests performed relative to total capillary glucose tests in patients with severe hyperglycemia (>300 mg/dL), as well as on the number of DKA diagnoses, in a tertiary hospital in Salvador, Brazil. **Methods:** This quasi-experimental, pre-post intervention study analyzed data from November 2024 to May 2025. The pre-intervention period spanned from November 2024 to February 2025. A multifaceted educational program targeting healthcare professionals in ICUs and the emergency department was implemented starting in March 2025, with intensified activities in April. The post-intervention period included April and May 2025. Data were collected from the UniPOC program, including total capillary glucose tests (stratified by severity: >200 , >250 , >300 mg/dL), number of capillary ketone tests performed in patients and for quality control, and diagnoses of probable DKA (β OHb 1.5–3.0 mmol/L) and established DKA (β OHb >3.0 mmol/L). Monthly proportions were calculated and compared between pre- and post-intervention periods. **Results:** In the pre-intervention period (monthly average Nov'24–Feb'25), the proportion of ketone tests in patients with glucose ≥ 300 mg/dL was 0.96%, and the proportion of ketone tests in patients relative to total glucose tests was 0.028%. After the intervention (monthly average Apr'25–May'25), these proportions significantly increased to 13.51% and 0.425%, respectively. The number of established DKA diagnoses by capillary ketone testing also rose, from an average of 0.25 to 3 cases/month. The proportion of ketone tests performed in patients (vs. quality control calibrations) increased from a monthly average of 42.51% to 52.24%. The rate of severe hyperglycemia (glucose ≥ 300 mg/dL) remained relatively stable, around 3.05% in the pre- and 3.14% in the post-intervention periods. **Conclusion:** Implementation of an educational intervention program targeting ICU and emergency healthcare professionals was associated with a substantial increase in the use of capillary ketone testing, particularly among patients with severe hyperglycemia, and in the resulting diagnosis of DKA. **Keywords:** Capillary Ketone Testing; Diabetic Ketoacidosis; Hyperglycemia; Educational Intervention; Intensive Care; Emergency Department; Quality Improvement.

1116120 TOTAL AND TRUNK BODY FAT ARE ASSOCIATED WITH SIGNIFICANT DECLINE IN KIDNEY FUNCTION IN PEOPLE WITH TYPE 2 DIABETES: A PROSPECTIVE STUDY

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Introduction: Diabetic kidney disease (DKD) is the leading cause of chronic kidney disease and excess adiposity is considered an independent risk factor for the development and progression of this complication. There is an increasingly interest in the study of adiposity markers that could be used to identify the high-risk patients. **Objective:** The aim of this study was to evaluate the association between adiposity markers (BMI, waist circumference [WC], waist- to-height ratio [WHR] and estimated total and trunk body fat) and the decline of estimated glomerular filtration rate (eGFR) in type 2 diabetes patients. **Methods:** In this prospective cohort study, at baseline, type 2 diabetes outpatients were submitted to percentage body fat (PBF) evaluation estimated by bioelectrical impedance (BIA; InBody 230, Biospace, Korea) as well as Dual Energy X-Ray Absorptiometry (DXA; Lunar - iDXA), as a reference standard. Clinical evaluation consisted of glycemic and lipid profile, blood pressure control and the search for diabetic chronic complications. Urinary albumin was measured twice and estimated glomerular filtration rate (eGFR) was estimated by using the CKD-EPI equation. The main outcomes measures were: GFR decline ≥ 3 mL/min/1.73m²/year (primary outcome), GFR decline $\geq 40\%$ from baseline or worsening of albuminuria (secondary outcomes). **Results:** A total of 211 patients with type 2 diabetes (aged 63 ± 9 years; 43% male), were followed for 6 years. In a multivariate Cox regression analysis, the PBF was associated with GFR decline ≥ 3 mL/min/1.73 m²/year (HR=1.05, 95% CI: 1.004 – 1.10; P= 0.034), adjusted for age, gender, using ACE inhibitors or angiotensin receptor blockers, systolic blood pressure values and basal eGFR and albuminuria. The same was observed for percentage of trunk fat (HR=1.05, 95% CI: 1.07 – 1.10; P= 0.022), in a different model, adjusting for the same covariates. The presence of eGFR decline $\geq 40\%$ from baseline was associated with PBF (HR=1.11, 95% CI: 1.003 – 1.21; P= 0.01), percentage of trunk fat (HR=1.10, 95% CI: 1.02 – 1.20; P= 0.02) and WHR (HR=1.09, 95% CI: 1.01 – 1.19; P= 0.03). No association was observed with BMI and WC. **Conclusion:** In patients with type 2 diabetes, percentage total and trunk body fat, as markers of body adiposity, seem to be associated with progression of DKD. Confirming these findings with further studies, it could provide one more tool in the evaluation of adiposity in this population.

1115623 TROPONIN T IN WOMEN WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS

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Introduction: Metabolic stress due to hyperglycemia increases troponin release; however, few studies have investigated the release of this key biomarker of myocardial injury during pregnancy. **Objective:** To evaluate the release pattern of high-sensitivity troponin T (hs-TnT) from the second trimester onwards in pregnant women with and without gestational diabetes mellitus (GDM). **Methods:** This was an observational, prospective, and comparative study involving pregnant women with and without GDM, consecutively enrolled after meeting eligibility criteria. Epidemiological, clinical, and laboratory data were collected at three time points: enrollment (T0), pre-delivery (T1), and postpartum (T2). Mixed linear quantile regression was used to analyze the 5th, 50th (median), and 95th percentiles of hs-TnT distribution. Covariates included follow-up time and the presence of GDM. Additional variables, including glycated hemoglobin, HOMA-IR index, and pregestational body mass index, were incorporated to assess the metabolic contribution to troponin variation. **Results:** A total of 73 women were included: 39 with gestational diabetes and 34 without. The analysis showed no statistically significant difference in troponin behavior between the groups with and without gestational diabetes across the three evaluated quantiles ($p = 0.498$, $p = 0.495$, and $p = 0.495$, respectively). Gestational time was associated with changes in hs-TnT levels. At the 5th quantile, a non-significant downward trend in hs-TnT was noted ($\beta = -9.37 \times 10^{-6}$; $p = 0.0537$), suggesting a slight reduction in minimal troponin values over time. At the 50th quantile, hs-TnT levels remained stable ($\beta \approx 0$), indicating no substantial median variation. At the 95th quantile, a statistically significant increase in hs-TnT was observed over time ($\beta = 1.69 \times 10^{-6}$; $p = 0.00002$), indicating higher troponin levels during late pregnancy and the postpartum period. No significant associations were found for GDM status, HbA1c, HOMA-IR, or BMI in any quantile analyzed. **Conclusion:** In this study, the diagnosis of GDM was not associated with troponin release; however, an increase in troponin T was observed throughout pregnancy, extending into the postpartum period, in women both with and without GDM. This pattern was more evident among those with higher baseline hs-TnT levels, who exhibited a more substantial increase in this biomarker of myocardial injury during both pregnancy and the postpartum period.

1115772 UNDERSTANDING THE CONTRACEPTIVE METHODS USED BY ADOLESCENTS LIVING WITH DIABETES MELLITUS

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Introduction: Prevention of unplanned pregnancies is essential in adolescents with diabetes mellitus (DM). Long-acting reversible contraceptive methods (LARCs), such as intrauterine devices and the etonogestrel implant, are effective, safe, and reversible, and are the most appropriate for preventing pregnancies in adolescents and in those women with inadequate glycemic control and chronic complications or comorbidities to avoid maternal-fetal complications. **Objectives:** To describe the contraceptive methods used by adolescents (10–18 years of age) with DM treated at a referral center for the treatment of children and adolescents with DM in southern Brazil. **Methods:** Cross-sectional study developed through review of medical records to collect clinical data and interviews using a structured questionnaire. Approved Ethics Committee: 58015622.8.3001.5530. **Results:** Of the 373 adolescents with DM included in the study, 292 were interviewed so far. The mean age was 13.6 ± 2.6 years old. Regarding the type of diabetes, 280 (96%) had type 1 DM. 203 (69.5%) had menarche, with a mean age of 11.31 ± 2.68 years old. 54 (18.5%) had initiated sexual intercourse, with a mean age of initiation of 15.3 ± 1.37 years old. Of the 50 adolescents who were using contraceptive methods, 28 (56%) received a prescription from a medical professional and 22 (44%) had started using a contraceptive method without professional evaluation. The most used contraceptive methods were: combined oral contraceptive 23 (46%), male condom 12 (24%), injectable combined contraceptive 6 (12%), quarterly injectable progesterone 3 (6%), etonogestrel implant 3 (6%), oral progesterone contraceptive 2 (4%), and patch 1 (2%). There were no reports of pregnancies among the interviewees. **Conclusion:** Although most adolescents who initiate sexual activity use contraceptive methods, there is low adherence to the use of LARCs — only three use the etonogestrel implant, which is one of the most suitable methods due to its safety and high efficacy. Many adolescents use contraceptive methods without a prescription. The data reinforce the importance of including the topic of contraception and pregnancy planning in routine consultations for adolescents with DM from the beginning of puberty, as well as public policies that expand access to contraceptive methods — especially LARCs — and the provision of information to this population.

1116006 VOICE-BASED VIRTUAL ASSISTANT IMPROVES GLYCEMIC CONTROL IN OLDER ADULTS WITH TYPE 2 DIABETES: A SECONDARY ANALYSIS OF THE IVAM-ED RANDOMIZED CLINICAL TRIAL

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Introduction: Smart speakers have emerged as a promising tool to support self-management of chronic conditions such as type 2 diabetes, particularly among older adults. **Objective:** This study aimed to evaluate the impact of a voice-based behavioral intervention on glycemic control in older adults with diabetes. **Methods:** This secondary analysis used data from the IVAM-ED (Interactive Virtual Assistant for Mental Health in Elderly with Diabetes) randomized clinical trial, which evaluated a voice-based behavioral intervention delivered through an Echo Dot 3rd generation smart speaker. A total of 112 participants aged ≥ 65 years with type 2 diabetes were randomized to receive the smart speaker for home use over 12 weeks or to continue with usual care. The device was programmed to provide medication reminders, health tips, and educational podcasts, in addition to its standard functionalities. While the primary analysis demonstrated improvements in mental distress and quality of life, this secondary analysis focused on glycemic control. Mean HbA1c at week 12 was compared between groups using analysis of covariance, adjusted for baseline HbA1c and potential confounders. Subgroup analyses were conducted stratifying participants by sex, age, educational level, presence of cognitive decline, insulin use, diabetes duration, and whether baseline HbA1c was above or within individualized glycemic targets. **Results:** A total of 112 participants (mean age: 72.5 ± 5.7 years; mean HbA1c: $7.9 \pm 1.5\%$; 63.4% female) were enrolled in the IVAM-ED trial and allocated to the intervention ($n = 56$) or usual care ($n = 56$) group. At the end of the intervention period, mean HbA1c was lower in the intervention group compared to the usual care group (7.56% vs. 8.04%), with an adjusted mean difference of -0.48% (95% CI: -0.85 to -0.11 ; $p = 0.011$), suggesting a beneficial effect of the intervention on glycemic control. Greater HbA1c reductions were observed among female participants (-0.62%), those using insulin (-0.65%), and those with baseline HbA1c levels above target (-0.96%). **Conclusion:** Our findings suggest that a behavioral intervention delivered through a voice-based virtual assistant significantly improved glycemic control in older adults with type 2 diabetes. With a mean HbA1c reduction of 0.48%, comparable to the effects of many pharmacologic agents, this non-pharmacologic strategy represents a clinically meaningful and scalable tool to support diabetes management in this population.

1115708 EFFECTS OF RESISTANCE EXERCISE ON GLYCEMIC METABOLISM AND GLUCAGON HOMEOSTASIS IN OBESE ANIMALS

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Introduction: The global obesity epidemic increases as a major public health issue and is associated with glycemic metabolism dysfunction and altered levels of hormones such as insulin and glucagon. In this context, resistance exercise has been proposed as a promising new therapeutic strategy. Resistance training improves insulin sensitivity, enhances glucose sensing by pancreatic beta cells, and supports beta cell survival in diabetic and obese models. However, its effects on glycemic metabolism and glucagon homeostasis remain underexplored. **Objective:** This study aimed to investigate the effects of resistance exercise on body weight, glycemic metabolism, food intake, and plasma glucagon concentration and islet secretion in obese animals. **Methods:** Forty Mus musculus mice were divided into two groups (n=20): a control group (CON), fed a standard diet, and a high-fat diet group (HFD), fed a diet containing 45% fat for 60 days. After this period, each group was subdivided (n=10) into sedentary or exercised animals, resulting in four groups: control (CON), control with exercise (CON+E), obese on a high-fat diet (HFD), and obese with exercise (HFD+E). The training consisted of climbing an inclined ladder with progressive loads (50 to 100% of maximal capacity), five times per week for 10 weeks. The difference between groups was considered statistically significant if $p \leq 0.05$. **Results:** The results showed that the HFD group presented the highest body weight, while the HFD+E group showed a significant weight reduction compared to HFD. Fasting glycemia was elevated in the HFD group and attenuated by exercise in the HFD+E group. In the fed state, no significant differences in plasma glucose concentration were observed between groups. Regarding food intake, the HFD group consumed a higher amount of diet, while exercise reduced food intake in both CON+E and HFD+E groups. Analysis of plasma glucagon concentrations and secretion revealed no significant differences among the groups. **Conclusion:** Resistance exercise promotes weight loss, improves glycemic metabolism, and reduces food intake in obese animals, indicating improved glycemic metabolism; and the beneficial effects of exercise on the analyzed parameters are independent of changes in glucagon levels. **Keywords:** Obesity, Resistance Exercise, Glucagon

1115546 MIDDLE-AGED MEN'S CARDIORESPIRATORY FITNESS DECLINE ACCORDING TO BMI CATEGORY: A 12-YEAR FOLLOW-UP PERIOD

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Introduction: Cardiorespiratory fitness (CRF) and body composition are main components of health-related physical fitness. Low CRF and high body mass index (BMI), a proxy for nutritional status, are strongly associated with higher cardiometabolic risk. There is a well-documented age-related decline in CRF ($\approx 1\%$ /year), starting in early adulthood. Importantly, this decline may be affected by factors such as exercise training and BMI. **Objective:** To evaluate longitudinal changes in CRF among middle-aged men by BMI category over a 12-year follow-up. **Methods:** We conducted a longitudinal retrospective study among 1,327 Brazilian military male firefighters (FFs) (baseline mean $\pm$ SD age and BMI were 32.0 ± 3.2 yrs/ 25.1 ± 2.9 kg/m²). All participants performed an annual physical fitness assessment, with valid data on the Cooper 12-min running test to estimate CRF, and on height and weight measurements to calculate BMI, throughout the follow-up period (2006–2018). BMI categories were defined as: normal (≥ 18.5 – ≤ 24.9 kg/m²); overweight (≥ 25 – ≤ 29.9 kg/m²), and obese (≥ 30.0 kg/m²). A longitudinal panel data linear regression was used to investigate the relationship between CRF and BMI categories over the years. Cohen's d-test was used to assess effect size (ES). **Results:** Over the 12 years, a significant decline in CRF (-3.91 mL $\cdot$ (min $\cdot$ kg)⁻¹) and an increase in BMI ($+2.1$ kg/m²) were observed ($p < 0.001$; $ES \geq 0.7$). Considering the 2018 BMI categories, obese men showed a higher CRF decrease than those in the normal BMI range (-5.67 mL $\cdot$ (min $\cdot$ kg)⁻¹; $ES = 1.0$; $p < 0.001$). Overweight men had a higher CRF decrease (-2.1 mL $\cdot$ (min $\cdot$ kg)⁻¹) as compared to normal ones ($ES = 0.374$; $p < 0.001$). Similarly, among all men with elevated BMI (≥ 25.0 kg/m²), the difference in CRF decline was (3.6 mL $\cdot$ (min $\cdot$ kg)⁻¹; $ES = 0.6$; $p < 0.001$) in favor of the normal group. **Conclusion:** Even in a population more active than the general one (FFs), we observed a significant decrease in CRF over a 12-year period among middle-aged men. Importantly, CRF decline was significantly higher among overweight and obese men compared to those with normal BMI. Even though BMI has inherent limitations in differentiating body fat from fat-free mass, BMI has already been validated for obesity identification even among FFs. So, considering the positive health effects of higher CRF across the lifespan, our data support implementing strategies to keep an adequate BMI to improve the chances of middle-aged men to benefit from higher CRF. **Keywords:** Cardiorespiratory Fitness, BMI, Firefighters, Longitudinal Study.

1115705 EVALUATION OF BODY RECOMPOSITION INDUCED BY TESTOSTERONE UNDECANOATE ADMINISTRATION IN MALE AND FEMALE WISTAR RATS

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Introduction: Testosterone undecanoate is a long-acting anabolic-androgenic steroid that acts on muscle growth, lipid metabolism, and bone tissue, promoting changes in body composition and interfering with the hypothalamic-pituitary-gonadal axis. In addition to its anabolic effects, its use is associated with the development of cardiovascular alterations, hepatotoxicity, and reproductive disorders, through mechanisms that are not yet fully understood. **Objective:** To evaluate the impact of testosterone undecanoate administration on body composition parameters, weight gain and fat accumulation, in male and female Wistar rats. **Methods:** Male and female Wistar rats received a single subcutaneous injection of testosterone undecanoate (125 mg/kg; n=11) or an equivalent volume of castor oil (control group; n=11) at 90 days of age. Body weight was monitored sequentially, and at 120 days the animals were euthanized. Retroperitoneal, mesenteric, and gonadal fat depots were dissected and quantified. (CEUA 44789). **Results:** In females, testosterone administration resulted in greater weight gain between 90 and 120 days of age compared to the control group (p<0.05). Conversely, in males, treatment reduced weight gain compared to control (p<0.05). Total fat mass and its proportion relative to body weight were reduced by testosterone in both sexes (p<0.05). In males, mesenteric and retroperitoneal fat were the most affected, whereas in females, the mesenteric and gonadal fat depots showed the greatest reductions (p<0.05). Treated animals exhibited greater lean body mass, both in absolute terms and as a proportion of body weight, compared to controls (p<0.05). Finally, total testicular weight was significantly lower in treated males compared to the control group (p<0.05). **Conclusion:** Testosterone undecanoate administration induced sexually dimorphic effects, demonstrating both lipolytic and anabolic actions on body composition. These effects included increased lean mass and reduced fat mass and fat proportion in both sexes, albeit affecting distinct anatomical fat depots. Weight gain increased in females but decreased in males, even after adjusting for testicular mass loss.

1115964 GUT MICROBIOTA AND POLYCYSTIC OVARY SYNDROME: IMPLICATIONS FOR THE GUT-OVARY AXIS AND ENDOCRINE-METABOLIC DYSFUNCTION

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Introduction: Polycystic ovary syndrome (PCOS) is an endocrine disorder associated with hormonal changes, infertility, and metabolic issues. Gut microbiota plays a key role in its pathophysiology by promoting inflammation, insulin resistance, and androgen excess, impairing ovarian function. Diet-microbiota interactions suggest potential for gut-ovary axis-targeted interventions. **Objective:** To analyze gut microbiota's influence on PCOS and assess effects of microbiota-modulating interventions on endocrine-metabolic parameters in reproductive-age women. **Methods:** A systematic review was conducted using the PICO strategy, focusing on women with PCOS, changes in gut microbiota or modulatory interventions, and comparisons with PCOS patients without intervention or healthy controls. Outcomes included endocrine-metabolic parameters and gut-ovary axis impact. The search was conducted in PubMed using "gut microbiota AND polycystic ovary syndrome", including studies in English from the past 5 years and free access. Nine studies analyzed the link between gut microbiota and PCOS, with or without intervention, focusing on microbial and clinical outcomes. **Results:** The studies revealed changes in microbial composition, with an increase in Bifidobacterium and altered profiles of diet-associated metabolites. The literature suggests a central role of gut microbiota in the endocrine-metabolic dysfunction of PCOS, especially in insulin resistance and syndrome progression. Proposed mechanisms include modulation of the PI3K/AKT/mTOR pathway and autophagy. The potential of dietary interventions, such as quinoa and polyphenol consumption, in reshaping the gut microbiota and improving symptoms was also identified. A recent meta-analysis reinforces microbial composition alterations, and a randomized trial suggests a possible causal relationship between gut microbiota and PCOS. **Conclusion:** Evidence confirms gut microbiota's significant role in PCOS pathophysiology, influencing endocrine-metabolic parameters through diet-related metabolites, insulin resistance, PI3K/AKT/mTOR modulation, and autophagy. These contribute to inflammation, hormonal imbalance, and ovarian dysfunction. Microbiota-modulating interventions like polyphenols and quinoa show therapeutic potential, reinforcing the gut-ovary axis as a promising clinical target. **Keywords:** Gut Microbiota, Polycystic Ovary Syndrome, Gut-Ovary Axis.

1116058 IMPACT OF TESTOSTERONE THERAPY ON BONE MICROARCHITECTURE IN TRANS MEN

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Introduction: Gender-affirming hormone therapy (GAHT) with testosterone may induce changes in bone parameters that are not fully understood by conventional DXA. The trabecular bone score (TBS) is a method used to assess bone microarchitecture through DXA image analysis, offering additional information beyond BMD. **Objective:** To report data on TBS and FRAX scores in transgender men undergoing GAHT, followed at the Hospital de Clínicas de Porto Alegre. **Methods:** A total of 112 transgender men who underwent DXA between 2014 and 2024 were included. Clinical, laboratory, and DXA data were collected and analyzed. FRAX scores were adjusted using TBS. **Results:** The median age and BMI of participants were 25 years (range: 19–34) and 26 kg/m² (IQR: 23–31), respectively. Of the total, 73 individuals (65%) were already receiving testosterone therapy, with a median duration of 30 months (range: 10–76). Eighteen individuals were over 40 years old, and six had undergone gender-affirming surgery. Mean laboratory values were as follows: testosterone 172 ng/dL (range: 30–442), estradiol 44 pg/mL (range: 30–76), SHBG 27 nmol/L (range: 19–46), calcium 9.4 ± 0.4 mg/dL, PTH 52 pg/mL (range: 42–70), alkaline phosphatase 72 ± 20 U/L, and vitamin D 22.7 ± 6.9 ng/mL. BMD was assessed using both male and female reference data: L1–L4 Z-score (0.1 ± 1.2 vs. 0.4 ± 1.3) and total femur Z-score (–0.1 ± 0.9 vs. 0.5 ± 1.1), respectively. The mean TBS was 1.506 ± 0.110. TBS-adjusted FRAX scores were 4.4 ± 1.5% for major osteoporotic fractures and 0.2% (IQR: 0.1–0.6%) for hip fractures. Forty-three individuals underwent a second DXA scan after a median interval of 27 months (range: 20–47), all of whom were on GAHT for a median duration of 57 months (range: 29–95). At follow-up, mean testosterone levels were 435 ± 369 ng/dL, and estradiol was 30 pg/mL (range: 24–127). Compared to the initial assessment, a non-significant reduction in TBS was observed (1.506 ± 0.107 vs. 1.485 ± 0.107; p = 0.065), though values remained within the normal range. BMD remained stable over the same period at both L1–L4 (p = 0.505) and total femur (p = 0.073). **Conclusion:** In this cohort of transgender men undergoing GAHT, TBS remained stable and within the normal range, as did BMD at the spine and femur. FRAX scores among individuals over 40 years of age were low, indicating a low clinical risk of fractures. Long-term, prospective studies are needed to further elucidate the clinical implications of these findings.

1116062 TRABECULAR BONE SCORE (TBS) IN TRANSGENDER WOMEN: IMPACT OF GENDER AFFIRMING HORMONE THERAPY

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Introduction: The impact of gender-affirming hormone therapy (GAHT) on fracture risk in transgender women remains controversial. The trabecular bone score (TBS) is a tool that assesses bone microarchitecture and complements BMD measurements. **Objective:** To evaluate TBS and FRAX scores in transgender women undergoing GAHT who are being followed at HCPA. **Methods:** This study included 111 transgender women who underwent DXA scans between 2014 and 2024. Clinical, laboratory, and DXA data were analyzed. FRAX calculations were adjusted for TBS. **Results:** The median age was 32 years (IQR: 26–40), and the median BMI was 24 kg/m² (IQR: 21–27). At the time of the first assessment, 101 participants (91%) had already started GAHT, with a median therapy duration of 99 months (IQR: 36–194). By the second assessment, all participants were on GAHT, with a median duration of 126 months (IQR: 62–217). The number of participants over 40 years old increased from 28 at assessment 1 to 39 at assessment 2. Median laboratory values at assessments 1 and 2 were as follows: estradiol [45 (21–76) vs 40 (24–64) pg/mL; p=.223], testosterone [62 (13–412) vs 23 (9–236) ng/dL; p=.012], calcium 9.3 (9.1–9.5) vs 9.2 (8.9–9.6) mg/dL; p=.095], PTH [47 (39–83) vs 52 (40–62) pg/mL; p=.855], alkaline phosphatase [74 (60–93) vs 67 (57–82) U/L; p=.994] and vitD [21 (14–25) vs 24 (19–34) ng/mL; p=.148]. DXA results, analyzed using both female and male reference values, indicated adequate bone mass: [L1L4 Z-score (–0.1 (–0.8–0.6) and –0.5 (–1.3 – 0.3)] and [total femur Z-score (0.1 (–0.6–1.0) and –0.6 (–1.2 – 0.2)], respectively. Compared to the first assessment, a statistically significant decrease in TBS was observed (1.458 ± 0.102 vs. 1.442 ± 0.104; p = .030), although values remained within the normal range. The TBS-adjusted FRAX scores were 5.4% (IQR: 3.8–7) for major osteoporotic fractures and 0.2% (IQR: 0.1–1.3) for hip fractures. No significant changes were observed in BMD at the lumbar spine (p = .992) or total femur (p = .189) over the same period. A positive correlation was found between changes in TBS and testosterone levels (r = .232; p = .018). **Conclusion:** TBS showed a statistically significant reduction in transgender women undergoing GAHT, though values remained within normal limits. BMD at the spine and femur remained stable. Further long-term longitudinal studies are needed to determine the clinical relevance of these findings in the transgender population.

1116217 USE OF ULTRA-SENSITIVE C-REACTIVE PROTEIN AS A POTENTIAL BIOMARKER FOR CARDIOVASCULAR RISK IN PATIENTS WITH CONGENITAL HYPOGONADOTROPIC HYPOGONADISM UNDERGOING TESTOSTERONE REPLACEMENT THERAPY

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Introduction: Congenital hypogonadotropic hypogonadism (CHH) can be accompanied by various clinical signs and symptoms resulting from testosterone deficiency such as: low libido, reduced spermatogenesis, weight gain, and worsened metabolic profile.

Objective: To identify whether the type of testosterone replacement therapy influences the metabolic profile and the levels of ultra-sensitive C-reactive protein (CRP) in individuals with a genetic diagnosis of CHH. **Materials and Methods:** A retrospective study consisting of 32 patients diagnosed with CHH undergoing short-term testosterone therapy (STT) - at this moment, a metabolic evaluation was conducted, including the collection of data on weight, height, body mass index (BMI), blood pressure, abdominal circumference, glycemic profile, lipid profile, evaluation of the gonadotropic axis, CRP, and body composition through bioelectrical impedance using InBody 270. After this evaluation, the use of STT was interrupted, and the patients were allocated into two groups according to the therapy: testosterone gel (TG) and long-term testosterone (LTT), and reassessed after 6 months using the same initial criteria. The statistical analysis was performed using the jamovi software. **Results:** 32 adults with CHH were included in the study, with an age ranging from 36.5 ± 13.06 years, predominantly white ethnicity, and a body mass index alteration of - 50%. In contrast, when analyzing variables that could be influencing the metabolic profile, the following stood out: adequate abdominal circumference - 64.52%, normoglycemia - 80.64%, normotension - 50%, and dyslipidemia - 61.38%, with $p:0.03$. The incidence of altered CRP was - 54.84% among patients with CHH, being more prevalent in the group with dyslipidemia - 63.16% compared to 41.67% in those without dyslipidemia - $p:0.02$, with normal serum ferritin in both groups. After 6 months of treatment, we observed that the TG group exhibited a more pronounced reduction in ultrasonically sensitive CRP levels compared to TLD - $p: 0.03$. **Conclusion:** Therefore, studying the impacts of testosterone replacement therapy and its metabolic implications becomes of utmost importance - in the present study, the form of testosterone replacement with gel is associated with a decrease in CRP levels suggesting it is an early biomarker of chronic inflammation correlated with cardiovascular risk. **Keywords:** hypogonadotropic hypogonadism, ultra-sensitive PCR, and biomarker.

1115566 BODY COMPOSITION INDICATORS AND PUBERTY IN ADOLESCENTS AGED 10 TO 15 YEARS

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Introduction: Adolescence is characterized by substantial physical and hormonal changes, including shifts in body composition and sexual maturation. Puberty triggers the development of secondary sexual characteristics, impacting fat accumulation and muscle mass. Recognizing these changes is crucial for assessing the health and nutritional status of adolescents. **Objective:** To evaluate body composition indicators, pubertal staging, and the occurrence of menarche among adolescents aged 10 to 15 years attending public schools in a municipality of Santa Catarina, Brazil. **Methods:** This was a cross-sectional, descriptive, and quantitative study involving 675 adolescents from the sixth to ninth grades. Data collection took place from May to July 2023 through anthropometric assessments and body composition analysis using bioelectrical impedance. Evaluated variables included body weight, height, body mass index, fat mass, skeletal muscle mass, and pubertal staging based on self-assessment of Tanner stages. The presence of menarche was also investigated among female participants. Data were analyzed using appropriate statistical methods with a significance level set at five percent. **Results:** Most participants were in the pubertal stage, with 56.4 percent being female. Girls presented higher percentages of body fat and fat mass, particularly after menarche, while boys exhibited higher skeletal muscle mass across all pubertal stages. Progression through pubertal stages was associated with significant increases in body mass index and skeletal muscle mass, especially in boys, while girls showed progressive increases in body fat and fat mass. Among girls, those who had experienced menarche had higher values of body mass index, fat mass, skeletal muscle mass, and body fat percentage compared to those without menarche. **Conclusion:** The study highlights distinct sex-related patterns in body composition during puberty. Girls showed greater fat accumulation, particularly after menarche, while boys demonstrated progressive increases in skeletal muscle mass. These findings emphasize the importance of considering pubertal staging and menarche status when evaluating adolescent physical development, contributing to strategies for promoting adolescent health and preventing obesity-related diseases. **Keywords:** body composition; menarche; puberty.

1116204 LOW-DOSE LEUPRORELIN DEPOT TREATMENT FOR GIRLS WITH CENTRAL PRECOCIOUS PUBERTY IN SOUTHERN BRAZIL

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Introduction: Central precocious puberty (CPP) involves premature reactivation of the hypothalamic-pituitary-ovarian axis. Gonadotropin-releasing hormone analogues such as leuporelin are the treatment of choice, but consensus on the initial dose is lacking. **Objective:** To verify whether an initial low dose of leuporelin was sufficient for luteinizing hormone (LH) suppression, and also to identify predictors of good response in the treatment of girls with CPP. **Methods:** Retrospective cross-sectional study of 28 girls treated with leuporelin acetate 3.75 mg intramuscularly every 4 weeks at a specialized child and adolescent gynecology service from November 2021 to October 2022 in Southern Brazil. CPP was defined in the presence of the following criteria: baseline LH >0.3 IU/mL or >8 mIU/mL 2 hours after administration of leuporelin 3.75 mg IM, determined using a chemiluminescence assay. LH stimulation test was performed 2 hours after the third leuporelin injection, and patients were divided into a suppressed group (2-hour LH <4 mIU/mL) and an unsuppressed group (2-hour LH ≥4 mIU/mL). The following variables were compared between the groups: age, weight, height, body mass index, mother's age at menarche, Tanner breast stage, Tanner pubic hair stage, age at thelarche, uterine volume, largest ovarian volume, mean uterine artery pulsatility index on Doppler ultrasound, baseline LH, baseline estradiol, and bone age based on hand and wrist radiographs. **Results:** 13 patients (46%) were classified as suppressed and 15 (54%) as unsuppressed. An additional three patients reached suppression with the same dose at 6 months, for a total of 16 participants (57%). There were no significant differences between the groups that could predict good response to a starting 3.75 mg dose. **Conclusion:** Suppression of LH (after GnRH analogue injection) has been considered the best short-term measure of treatment effect, despite the lack of definitive evidence regarding both the initial or depot doses. Low-dose leuporelin acetate successfully induced LH suppression in in approximately half of girls with CPP in this study, which entails advantages such as decreased cost and lower side effects.

1115742 AN ALERT ON THE GENDER GAP IN HIP FRACTURES AND DXA SCREENING IN BRAZIL: DATASUS FROM 2008 TO 2022

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Introduction: Although osteoporosis predominantly affects women, approximately one-third of hip fractures occur in men, who have higher post-fracture mortality. Guidelines recommend dual-energy X-ray absorptiometry (DXA) for men aged ≥ 70 and women aged ≥ 65 , but adherence in Brazil is unknown. **Objective:** To analyze trends in hip fracture incidence, DXA utilization, and the number of DXA devices in the Brazilian Unified Health System (SUS) from 2008 to 2022. **Methods:** We conducted a retrospective, population-based study using data from the Department of Informatics of the Unified Health System (DATASUS) on hip fractures and DXA exams, stratified by age and sex. Incidence rates were calculated per 100,000 individuals aged ≥ 50 , with sub-analyses for men ≥ 70 and women ≥ 65 . Median ages for fracture and DXA were estimated by sex. Age-standardized hip fracture rates were calculated for individuals aged ≥ 50 . The auto.arima function in R was used to project rates from 2015–2022 based on 2008–2014 data. The number and rate of DXA devices per million inhabitants in public and private sectors were also assessed. **Results:** Between 2008 and 2022, annual hip fracture incidence was 80/100,000 in men and 134/100,000 in women. In 2022, rates rose to 94 and 155, respectively; among men ≥ 70 and women ≥ 65 , they reached 255 and 354/100,000. Median fracture age was 74 in men and 80 in women. Fractures increased by 28% from 2008–2015 and 53% from 2015–2022. Standardization indicated aging explained only 1.85% of this rise. A decline occurred in 2020, likely related to the COVID-19 pandemic, with recovery in 2021–2022. In 2022, DXA rates per 100,000 were 182 in men and 2,177 in women, with 385 in men ≥ 70 and 2,840 in women ≥ 65 . Median DXA age was 64 in women and 66 in men. DXA use grew until 2014 and then plateaued; a decline was also observed in 2020, followed by recovery in 2021–2022. The hip fracture male-to-female ratio was 6:10, while the DXA testing ratio was 1:10. In 2022, there were 6.2 DXA devices per million in the public sector and 27/million in the private sector. **Conclusion:** Hip fracture incidence increased in both sexes, while DXA use remains low among men, and device availability is limited in the public system. Findings suggest underdiagnosis—and consequently undertreatment—of osteoporosis in Brazilian men, who fracture at younger ages and have worse outcomes. These results reinforce the need to address gender disparities, improve access to screening, and implement strategies for prevention and post-fracture care.

1115978 ASSOCIATION BETWEEN DIETARY VITAMIN A AND CAROTENOID INTAKE AND BONE MINERAL DENSITY IN POSTMENOPAUSAL WOMEN

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Introduction: Dietary vitamin A and carotenoid intake is suggested to play a role in bone remodeling. However, few observational studies have investigated the relationship between the consumption of specific carotenoids and bone mineral density (BMD). **Objective:** To evaluate the associations between the intake of total vitamin A, provitamin A carotenoids (α -carotene, β -carotene, β -cryptoxanthin), non-provitamin A carotenoids (lycopene, and lutein+zeaxanthin) and BMD in postmenopausal women. **Methods:** This cross-sectional study evaluated postmenopausal women from southern Brazil, aged 45 to 65 years, who had not used menopausal hormone therapy (MHT) in the three months prior to data collection. Intakes of vitamin A and carotenoids were assessed using a validated food frequency questionnaire. BMD was measured by dual-energy X-ray absorptiometry (DXA) at the lumbar spine, femoral neck, and total hip. Low bone mass was defined as the presence of osteopenia or osteoporosis (T-score < -1 SD) at least in one site. We used multivariate-adjusted regression models to test the associations between vitamin A, carotenoids, and low bone mass, adjusting for potential confounders such as age, BMI, and prior MHT use. **Results:** Of the 119 women recruited, 103 were included in the final analysis (mean age 55.2 ± 4.9 years; BMI 27.2 ± 4.6 kg/m²). Higher lumbar spine BMD was observed in the highest tertile of β -carotene intake (tertile 3: 1.07 ± 0.15 vs. tertile 1: 1.00 ± 0.15 g/cm²; $P=0.049$) and lutein+zeaxanthin intake (tertile 3: 1.08 ± 0.16 vs. tertile 1: 1.00 ± 0.15 g/cm²; $P=0.035$). The highest tertiles of α -carotene, β -carotene, and lutein+zeaxanthin intake were associated with a lower prevalence of low bone mass (Prevalence Ratio [PR] for tertile 3 vs. 1: 0.76, 95% CI: 0.64–0.91, $P=0.003$; PR: 0.81, 95% CI: 0.67–0.98, $P=0.032$; and PR: 0.79, 95% CI: 0.65–0.96, $P=0.017$, respectively). **Conclusion:** Higher dietary intake of β -carotene and lutein+zeaxanthin, but not total vitamin A, is associated with greater lumbar spine BMD and a lower prevalence of low bone mass in postmenopausal women. These findings suggest that carotenoids may partly explain the protective effect on BMD previously observed with adherence to a vegetable-rich Mediterranean dietary pattern.

1116193 PREVALENCE OF LOW BONE MASS AND ASSOCIATED CLINICAL-METABOLIC FACTORS AFTER BARIATRIC SURGERY IN POSTMENOPAUSAL WOMEN

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Introduction: Bariatric surgery is effective in treating obesity and related comorbidities such as type 2 diabetes and hypertension. However, studies have shown negative repercussions on bone metabolism, especially in postmenopausal women, who are naturally more susceptible to decreased bone mineral density (BMD). **Objective:** To assess the prevalence of osteopenia and osteoporosis, as well as associated clinical-metabolic factors, in postmenopausal women who underwent bariatric surgery, compared to obese postmenopausal women with no surgical history. **Methods:** This is a cross-sectional and analytical study involving 99 postmenopausal women, with 49 in the bariatric group (minimum of one year post-surgery) and 50 in the control group. Clinical, laboratory, anthropometric, and densitometric data (via DEXA) were collected. **Results:** The prevalence of low bone mass was higher in the bariatric group: total femur (12.2% vs. 0%), femoral neck (26.5% vs. 0%), and lumbar spine (40.8% vs. 18%). The bariatric group also showed higher mean PTH levels (106 ± 53 pg/mL) compared to the control group (82.5 ± 26 pg/mL). Serum 25-hydroxyvitamin D levels were similar between groups: 25.2 ± 10.6 ng/mL (bariatric) and 24.2 ± 12.4 ng/mL (control). Mean BMD was lower in the bariatric group: lumbar spine (0.929 vs. 0.988 g/cm²), femoral neck (0.768 vs. 0.826 g/cm²), and total femur (0.928 vs. 1.08 g/cm²). **Discussion:** Despite the metabolic benefits of bariatric surgery, a significant reduction in BMD was observed in the bariatric group, even with similar vitamin D levels. This suggests that postoperative hormonal and nutritional changes negatively affect bone health. Obese women without surgery showed a lower risk of bone loss, despite higher metabolic risk. **Conclusion:** Bariatric surgery is associated with significant osteometabolic alterations in postmenopausal women. Continuous monitoring and targeted prevention strategies are essential to maintain bone health in this population. **Keywords:** Bariatric Surgery; Menopause; Osteoporosis; Bone Metabolism; Bone Mineral Density.

1116115 EFFECTS OF GROWTH HORMONE DEFICIENCY ON THE LIVER OF PATIENTS WITH CONGENITAL HYPOPITUITARISM

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Introduction: Nonalcoholic fatty liver disease (NAFLD) may present from steatosis to cirrhosis. Adult and childhood-onset GH deficiencies (COGHD) are associated with NAFLD. However, studies of NAFLD in COGHD have included not only patients with congenital GHD but patients with acquired forms as well (pituitary and/or hypothalamic diseases). These different etiologies may present diverse metabolic and eating behavioral abnormalities unrelated to GHD. **Objective:** To evaluate the prevalence of NAFLD and assess the degree of liver steatosis and fibrosis using elastography (Fibroscan) in adult patients with congenital COGHD who have discontinued GH replacement for at least one year. **Methods:** Patients with COGHD with age >18y, GHD (isolated or combined) and with GH interruption >1y were included. Those with diabetes mellitus, other chronic liver disease, use of anticonvulsants and glitazone, alcoholism and study refusal were excluded. We evaluated age, BMI, platelet count and hepatic enzymes (to calculate FIB-4 index), waist circumference (WC), lipid profile, fasting glucose, HbA1c and triglycerides (TG). Fibroscan measured Controlled Attenuation Parameter (CAP) which estimates liver fat content and Vibration-Controlled Transient Elastography (VCTE) which estimates liver fibrosis. **Results:** Nineteen patients (12M and 7F; mean age: 33.4 ± 8.3y; mean BMI: 26.7 ± 8.4kg/m²) performed Fibroscan. In 7 patients CAP was >248 dB, indicating excessive fat content and in 4 patients VCTE was >7 kPa, indicating fibrosis. Ten patients (52.6%) had the diagnosis of NAFLD either by increased CAP or VCTE. Patients with NAFLD had higher WC (99.8 ± 2.1 vs. 79.0 ± 11.0 cm; p=0.022) and tended to have higher BMI (30.0 ± 9.6 vs. 22.9 ± 5.0 kg/m²; p=0.079), glucose (86.6 ± 14.1 vs. 79.5 ± 9.7 mg/dL; p=0.085) and HbA1c (5.7 ± 0.4 vs. 5.4 ± 0.2; p=0.052) levels than those with no NAFLD. Other parameters such as HDL, TG, HDL/TG ratio, FIB-4 and years without GH replacement did not differ between them. **Conclusion:** Patients with congenital COGHD have a greater prevalence of NAFLD (52.6%) in comparison with a Brazilian general population, which is 36%. Most of the patients with NAFLD (90%) have normal FIB-4. This raises the importance of screening patients with congenital COGHD for NAFLD, even if they do not have classic phenotype of metabolic syndrome or have normal FIB-4. If left untreated, NAFLD might bring severe consequences such as steatohepatitis and in the worst-case scenario, fibrosis and chronic liver failure.

1115307 FROM MUSCLE TO BRAIN: STRUCTURAL AND COGNITIVE CHANGES ASSOCIATED WITH PROLONGED USE OF ANABOLIC ANDROGENIC STEROIDS - AN INTEGRATIVE REVIEW

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Introduction: Anabolic-androgenic steroids (AAS) are synthetic analogs of testosterone (T) that promote muscle mass increase. Since the 1950s, they have been used by elite athletes; however, their use has increasingly spread among healthy men in recreational settings, often chronically. The misuse of these substances can lead to significant systemic changes, including neuroendocrine implications: such as brain volume reduction. **Objective:** To investigate the association between chronic AAS use and morphological brain changes, as identified through neuroimaging in healthy adult males. **Methods:** Integrative literature review guided by the question: "What structural brain changes are observed in healthy recreational users due to the chronic AAS use, with an emphasis on specific volumetric brain quantification through neuroimaging studies?". The PICO strategy was applied: P - healthy males; I - chronic AAS use; Co - morphological brain alterations. Searches were conducted in the PubMed, LILACS, and CAPES databases, using the descriptors "Anabolic Androgenic Steroids", "Brain", and "Neuroimaging", combined with Boolean operators AND/OR. Included articles were original studies with male participants, published between 2015 and 2025, in Portuguese, English, or Spanish, and available in full text. Reviews, duplicates, and studies not related to the research question were excluded. Five studies were selected. **Results:** The studies compared healthy adult males, both AAS users and non-users, all engaged in physical activity. The mean age of users ranged from 32 to 50 years, with an average duration of use of 10 years and a cumulative dose of up to 667 grams of T equivalent. Neuroimaging evidence revealed cortical thinning, white matter changes, gray matter volume reduction, and accelerated brain aging. Notably, alterations in the right amygdala were reported, including a 22% relative volumetric increase and reduced functional connectivity. Cognitive performance was poorer among AAS users, particularly in visuospatial memory tasks, compared to non-users. **Conclusion:** The analyzed studies support that prolonged AAS use is associated with structural brain alterations, cognitive impairment, and early brain aging, revealing neurological adverse effects that remain understudied - especially as the average age of users increases. These findings underscore the importance of further studies to evaluate the long-term consequences of AAS use on brain morphology.

1115615 REDUCED URINE FREE CORTISOL, SERUM 11 β -HYDROXYANDROSTENEDIONE, AND 11-KETOTESTOSTERONE IN ADULTS WITH ACTH-DEPENDENT CUSHING SYNDROME FOLLOWING ONCE-DAILY ORAL ATUMELNANT (CRN04894): INTERIM RESULTS FROM A PHASE 1B/2A OPEN-LABEL STUDY

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Introduction: Hyperandrogenism, mainly due to 11-oxygenated C19 (11oxC19) steroids, and its clinical sequelae such as acne, hirsutism, and menstrual irregularity are a cause of morbidity in women with ACTH-dependent Cushing syndrome (ADCS). Furthermore, 11 β -hydroxylase (CYP11B1) inhibitors, such as metyrapone, that are used to control hypercortisolism are known to increase circulating 11oxC19 concentrations. **Objective:** To report interim data from a Phase 1b/2a open-label study on the effect of the ACTH antagonist atumelnant (CRN04894, a first-in-class competitive, once-daily, oral selective melanocortin type 2 receptor antagonist), on 24-hour urine free cortisol (UFC) and serum 11-oxygenated androgens in patients with ADCS (NCT05804669, IRB-ID 001058). **Methods:** Eligible participants (adults aged 18 years or older with ADCS [morning plasma ACTH >10 pg/mL; UFC >1.3 $\times$ upper limit of normal]) received oral atumelnant, 80 mg once daily for 10 days. Efficacy endpoints included changes from baseline (CFB) to Day 11 in UFC and 0600h serum 11 β -hydroxyandrostenedione (11OHA4) and 11-ketotestosterone (11-KT), as measured by LC-MS. Safety assessments included frequency of treatment-emergent adverse events (TEAEs). **Results:** Six participants completed atumelnant treatment; two were women and median (range) age was 51 (36–56) years. Median (range) baseline UFC, 11-OHA4, and 11-KT were 191 (99–293) μ g/24 h, 1.8 (1.2–2.9) ng/mL, and 0.27 (0.1–0.5) ng/mL, respectively. Significant reductions in all participants were seen, including development of biochemical glucocorticoid deficiency (morning serum cortisol <5 μ g/dL). On Day 11, mean (SE) percent CFB were: UFC, –87% (3.1); 11-OHA4, –82% (3.2); and 11-KT, –65% (5.2). All participants experienced $\geq$ 1 TEAE during the study, most commonly headache, presyncope, and anorexia (n=4, 4, and 3 participants, respectively). **Conclusion:** Atumelnant was well tolerated and resulted in rapid reduction of UFC and 11-oxygenated androgens. ACTH receptor antagonism represents a potential novel approach to improve both glucocorticoid and androgen excess in ADCS.

1115568 CHANGES IN LIPOPOLYSACCHARIDES AND TRIMETHYLAMINE N-OXIDE BY WEIGHT LOSS INTERVENTIONS IN PEOPLE WITH OVERWEIGHT AND OBESITY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Gut microbiota imbalance has been associated with metabolic and inflammatory changes, possibly contributing to a higher risk of cardiovascular disease. In this context, assessing the impact of weight loss interventions on gut microbiota-derived metabolites associated with cardiovascular risk, such as lipopolysaccharides (LPS) and trimethylamine N-oxide (TMAO), may reveal new biomarkers for cardiovascular risk assessment. **Objective:** To evaluate the impact of different weight loss strategies on serum concentrations of LPS and TMAO in individuals with overweight or obesity, through a systematic review and meta-analysis. **Methods:** A structured search strategy was performed in the PubMed, Embase and Cochrane databases to identify randomized clinical trials and observational studies that evaluated the effect of weight loss interventions on measured plasma gut microbiota-derived metabolites in adults with overweight or obesity. The interventions included pharmacological treatments, lifestyle modifications, and bariatric surgery. Metabolites selected were LPS and TMAO. A random-effects model was used to calculate the standardized mean differences (SMD) with 95% confidence intervals (CI), before and after the intervention. Statistical analysis was performed using R software 4.5.0. **Results:** The database search identified 5,121 articles. Title/abstract screening, full text evaluation, and data extraction were performed by two pairs of independent researchers. 28 studies were included in the final analysis, of which 13 evaluated LPS concentrations, 13 evaluated TMAO concentrations and 2 studies evaluated both biomarkers. A total of 876 patients were included, 564 in LPS studies and 413 in TMAO studies. Surgery was associated with decreased LPS [SMD: -0.48; 95%CI: (-0.83; -0.14); $p < 0.0001$]; no association was observed between non-surgical interventions and LPS [SMD: -0.08; 95%CI: (-0.62; 0.45); $p < 0.0001$]. Surgery was associated with increased TMAO concentrations [SMD: 0.51; 95%CI: (0.08; 0.94); $p < 0.0001$] and non-surgical interventions were associated with lower TMAO levels [SMD: -0.58; 95%CI: (-0.94; -0.23); $p < 0.0001$]. **Conclusion:** Weight loss interventions modulate gut microbiota-derived metabolites in distinct ways. These findings reinforce the complex relationship between obesity, gut microbiota, and cardiovascular health, and underscore the importance of tailoring weight loss strategies to metabolic risk profiles.

1115776 SEVERE WEIGHT LOSS IS ASSOCIATED WITH CARDIAC AXIS SHIFTS AFTER BARIATRIC SURGERY

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Introduction: Excess body weight has been associated with leftward deviation of the cardiac axis in multiple studies. However, no study has yet evaluated whether severe weight loss can reverse these alterations, potentially reverting obesity-related cardiovascular remodeling of the cardiac axis. **Objective:** To investigate the association between severe weight loss and changes in the electrocardiographic (ECG) cardiac axis in patients undergoing bariatric surgery. **Methods:** We conducted an ambispective cohort study including participants who had undergone bariatric surgery at least 12 months prior to recruitment at a reference obesity treatment center in Southern Brazil. Inclusion criteria were age ≥ 18 years and the availability of a preoperative ECG in the participant's medical records. As part of the study procedures, all participants attended an in-person follow-up visit where they underwent a postoperative ECG. Pre- and postoperative electrocardiographic cardiac axes were assessed using Novosel's equation, which estimates the exact cardiac axis angle based on the QRS amplitudes in leads D1 and aVF. For analysis purposes, the difference between pre- and postoperative values ($\Delta\theta$) was considered. The study outcome was the association between the percentage of excess weight loss and $\Delta\theta$, assessed through a multivariable linear regression model. Statistical significance was set at $\alpha < 0.05$. **Results:** The study included a total of 60 participants (mean age: 42.15 ± 10.74 years; 68.3% female; 86.7% white). The mean interval between bariatric surgery and postoperative evaluation was 20.20 ± 5.45 months, resulting in a mean excess weight loss of $66.67 \pm 16.08\%$. The mean preoperative and postoperative cardiac axis values were 27.99 ± 30.77 and 42.37 ± 34.06 degrees, respectively, with a mean $\Delta\theta$ of 14.38 ± 26.61 degrees. Linear regression analysis revealed a statistically significant association between excess weight loss and changes in the cardiac axis ($B = 0.44$; 95% CI: 0.15 to 0.80; $p = 0.009$). This suggests that for every 1% reduction in excess weight, there was an average increase of 0.44 degrees in $\Delta\theta$, indicating a trend toward rightward of cardiac axis. **Conclusion:** Our findings demonstrate an association between excess weight loss and changes in the cardiac axis, suggesting that substantial weight loss may help reverse axis deviations related to excess weight. Further studies are needed to explore the clinical implications and prognostic value of these findings.

1116001 WRITING THEIR OWN PRESCRIPTIONS: PREVALENCE AND DETERMINANTS OF GLP-1 RECEPTOR AGONIST SELF-MEDICATION FOR WEIGHT LOSS IN BRAZIL

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Introduction: Over recent years, the use of GLP-1 receptor agonists (GLP-1 RA) for weight loss has gained widespread visibility through social media and growing popularity. In Brazil, where these medications could be obtained without a prescription, concerns have emerged regarding unsupervised use. **Objective:** To assess the prevalence of GLP-1 RA use without medical prescription and identify factors associated with increased prevalence of self-medication. **Methods:** This cross-sectional study included individuals residing in Brazil with current or past use of GLP-1 RA for weight loss. Data was collected through an online survey between November 2024 and April 2025. The primary outcome was the self-reported use of GLP-1 RA without medical prescription. Sex, age, family income, obesity status, marital status, attendance at physical training centers, history of eating disorders, and being a healthcare professional were evaluated as potential predictors of self-medication. Poisson regression with robust variance was used to estimate prevalence ratios (PR) for self-medication according to the selected predictors. **Results:** A total of 860 participants were included. The mean age was 39.46 ± 10.61 years, and the mean body mass index was 30.20 ± 5.67 kg/m². Most participants were female (82.0%) and had a university degree (81.0%), with 34.7% being healthcare professionals. The overall prevalence of self-medication with GLP-1 RA was 23.8% (95% CI: 21.1–26.8%). Prevalence was significantly higher among individuals without obesity (PR = 1.46; 95% CI: 1.13–1.89; p = 0.004), healthcare professionals (PR = 1.45; 95% CI: 1.14–1.84; p = 0.002), and those not attending physical training centers (PR = 1.55; 95% CI: 1.23–1.96; p < 0.001). Lower prevalence was observed among married participants (PR = 0.73; 95% CI: 0.57–0.94; p = 0.014), possibly due to reduced aesthetic pressure in the context of a stable relationship, and among those with a history of eating disorders (PR = 0.72; 95% CI: 0.34–0.97; p = 0.032), which may reflect prior exposure to professional care. No significant differences were found by sex, age, or income. **Conclusion:** Our findings reveal a high prevalence of self-medication with GLP-1 RA for weight loss, reported by nearly one in four individuals. This raises concerns about the underlying motivations for self-medication and whether such practices may be associated with reduced treatment efficacy or increased risk of adverse outcomes in the long term.

1115694 COMPARISON OF THE DIAGNOSIS AND MANAGEMENT OF HOSPITALIZED PATIENTS WITH GLYCEMIC DISORDERS BY SPECIALIST, NON-SPECIALIST, AND AN AI-BASED VIRTUAL ASSISTANT: AN EARLY-STAGE CLINICAL EVALUATION STUDY

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Introduction: Hospital glycemic management is a significant clinical challenge. Artificial Intelligence (AI) has emerged as a promising technology to optimize decision-making. However, studies comparing AI-based virtual assistants (VAs) to specialist and non-specialist physicians in hospital glycemic control are scarce. **Objective:** To compare glycemic diagnoses and management recommendations for hospitalized patients, evaluated by an endocrinology specialist, a non-specialist general clinician, and an AI-based VA, benchmarking their decisions against the Brazilian Diabetes Society (SBD) guidelines. **Methods:** A retrospective comparative study was conducted with 20 adult inpatients with glycemic abnormalities in a tertiary hospital. Three evaluators (specialist, non-specialist, AI-VA – Gemini 2.5 Pro using a structured prompt based on guidelines) assessed identical clinical record data for each case, including diagnostic hypothesis, glycemic target, and recommendations (monitoring, insulin adjustment, hypoglycemia treatment, HbA1c request, referral). Response time was recorded. **Results:** The AI-VA analyzed 19/20 cases (one excluded due to incomplete data). Inter-rater agreement on diagnostic hypotheses was substantial (Kappa = 0.648; $p < 0.001$). The AI-VA was significantly faster (mean 114s) compared to the specialist (164s) and non-specialist (356s) ($p < 0.001$). The AI-VA requested HbA1c in 94.7% of cases (specialist: 50%; non-specialist: 31.6%), but without checking for prior results, leading to unnecessary requests. For endocrinology referrals, the AI-VA (89.5%) aligned better with guidelines than the specialist (15%) and non-specialist (27.8%), highlighting human omissions. In hypoglycemia management, both AI-VA (89.5%) and specialist (95%) outperformed the non-specialist (20%), but the AI-VA failed to include glucagon in a severe hypoglycemia case without oral access. **Conclusion:** The AI-VA demonstrated superior time efficiency and substantial diagnostic agreement with human evaluators in hospital glycemic assessment. However, specific management recommendations varied: the AI-VA aligned more closely with referral guidelines but had logical gaps in HbA1c ordering and one incomplete hypoglycemia response. Significant omissions also occurred among humans, especially the non-specialist. These findings suggest the potential of AI-VA as a decision support tool, but highlight the need for prompt/algorithm refinement and prospective clinical validation to ensure compliance, safety, and to define its role in hospital settings.

1116023 HYPERTHYROIDISM IN PREGNANCY: MATERNAL CHARACTERISTICS AND PERINATAL OUTCOMES

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Introduction: Thyrotoxicosis refers to the clinical state resulting from excessive levels of circulating thyroid hormones. When inadequately managed during pregnancy, thyrotoxicosis is linked to an increased risk of adverse maternal and fetal outcomes. **Objective:** To assess the experience of a tertiary referral hospital in monitoring and managing pregnant patients diagnosed with hyperthyroidism. **Methods:** A retrospective analysis was conducted on 38 pregnant women diagnosed with hyperthyroidism and followed between August 2021 and January 2024. Clinical and laboratory data were collected and maternal and fetal outcomes were compared. **Results:** A total of 50 deliveries were documented in patients with hyperthyroidism during the study period, of which 38 patients met the inclusion criteria. Among these, 10 patients (26.3%) had transient gestational thyrotoxicosis, 2 (5.3%) were diagnosed with toxic multinodular goiter, and 26 (68.4%) had Graves' disease (GD). The mean maternal age was 30.2 years. Most patients (84.2%) were multiparous, and 36.8% had pre-existing comorbidities. Endocrinology follow-up began at an average gestational age of 24 weeks, with a mean initial free T4 level of 1.68 ng/dL. Differences among the etiological subgroups were observed only in terms of antithyroid drug (ATD) usage during pregnancy and at the time of delivery. Within the GD group, patients were further categorized into compensated (DGC) and decompensated (GDD) based on the average free thyroxine (T4L) levels during pregnancy. Maternal complications occurred in 31 patients (81.5%), while fetal complications were observed in 17 cases (44.7%). However, no statistically significant differences in maternal or fetal outcomes were found when comparing etiologies or disease control status within the GD subgroup. **Conclusion:** In our analysis, the etiology of hyperthyroidism did not significantly influence maternal or fetal outcomes. Similarly, among patients with Graves' disease, the degree of disease control — as assessed by T4L levels — was not associated with differences in maternal or fetal complications.

1116349 RELATIONSHIP BETWEEN VITAMIN D AND VDR POLYMORPHISMS WITH REMISSION AND RELAPSE RATES IN PATIENTS UNDER ANTITHYROID THERAPY FOR GRAVES' DISEASE

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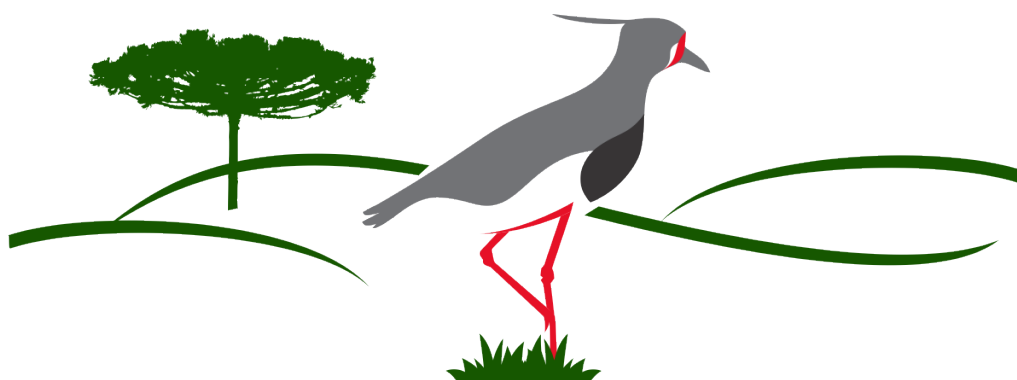
Introduction: Evidence suggests that vitamin D (VITD) status and VITD receptor (VDR) gene polymorphisms may play a role in autoimmune thyroid diseases. Graves' disease (GD), a leading cause of hyperthyroidism, has variable outcomes following antithyroid drug (ATD) therapy. **Objective:** To assess the association between serum VITD levels and VDR gene polymorphisms with remission and relapse rates in GD patients treated with ATD. **Methods:** This cohort included 88 adults with confirmed GD who received ATD therapy for at least 18 months. Patients were classified as achieving sustained remission or having therapeutic failure (TF) - relapse or need for definitive therapy after 18 months of ATD. Serum VITD, TSI, and TRAb levels were measured at predefined intervals. VDR polymorphisms BsmI and ApaI were analyzed by PCR-RFLP in 50 patients. **Results:** Of the 88 patients, 76 (86.4%) achieved remission. Female sex was associated with higher remission rates in the follow-up (90.9% vs. 73.7%, $p=0.049$). VITD levels did not differ significantly between those in remission and those needing definitive therapy after 18 months. However, over extended follow-up showed that serum VITD levels <50 ng/mL were linked to TF (100% in TF group vs 82.8% in therapeutic success group; $p=0.045$), as did higher TSI and the presence of thyroid eye disease (TED). VITD levels at remission showed inverse correlations with TSI ($p=-0.382$, $p=0.019$) and with TRAb at relapse ($p=-0.709$, $p=0.007$). Calculated mean levels of VITD during cohort inversely correlated with TSI ($p=-0.243$, $p=0.048$), free T4 during remission ($p=-0.270$, $p=0.018$), and TRAb at relapse ($p=-0.506$, $p=0.027$). The BsmI polymorphism was highly prevalent (87.5% Bb or bb genotypes), as was ApaI (72% Aa or aa). The BsmI variant was associated with lower VITD levels: Bb (25.5 ng/mL), bb (37.1 ng/mL), and BB (56.7 ng/mL) ($p=0.018$). For ApaI, carriers of at least one mutated allele had lower VITD (27.73 ng/mL [Aa+aa] vs. 47.35 ng/mL AA; $p=0.05$). **Conclusions:** Lower vitamin D levels were associated with unfavorable outcomes in GD treatment, along with elevated TSI, male sex and TED. VITD levels were also inversely related to TRAb and TSI levels. The BsmI VDR polymorphism was associated with lower VITD levels in the studied population, which demonstrated a high prevalence of VDR polymorphisms. These data suggest that vitamin D status and VDR variants may have some influence on the prognosis of GD treatment with ATD and highlight the need for further research.

1116291 SOD2 VARIANTS MAY DRIVE OXIDATIVE STRESS IN GRAVES' DISEASE

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Introduction: Graves' disease (GD) and its associated orbitopathy arise not only from immune dysfunction but also from an imbalance between oxidative stress and cellular defense systems. When the generation of reactive oxygen species (ROS) exceeds antioxidant capacity, thyroid and orbital tissues become more susceptible to chronic inflammation and structural damage. In this context, MnSOD, a mitochondrial enzyme encoded by the SOD2 gene, represents the first line of defense against oxidative stress. However, genetic variations in SOD2 may weaken this protective mechanism and influence the clinical severity of the disease. Understanding the impact of such variants is a key step in elucidating GD pathogenesis. **Objective:** To evaluate, through in silico analysis, how SOD2 gene variants alter the structure and function of MnSOD and their contribution to the pathogenesis of Graves' disease. **Methods:** We employed a series of bioinformatic tools to investigate the potential effects of single nucleotide polymorphisms (SNPs) in the SOD2 gene and their corresponding impact on the structure and function of the MnSOD protein in the context of GD. **Results:** A total of 642 nsSNPs were retrieved from the dbSNP database. Using a combined functional prediction strategy, we identified seven variants as 100% deleterious to SOD2: L38F, L38Q, H55Q, H9Q, V142F, V96F and L84F. Protein stability and pathogenicity analyses revealed that all mutations - except L84F - significantly reduced MnSOD stability ($\Delta\Delta G < 0$) and were associated with disease phenotypes. Phylogenetic conservation analysis (ConSurf) showed that L38F, L38Q, and H9Q are located in highly conserved regions (score = 9) within catalytic domains and participate in interaction networks with key genes such as SOD1, FOXO3, CAT, and GPC7, which are essential for antioxidant activity, reinforcing their potential role in mitochondrial dysfunction. **Conclusion:** The L38F, L38Q, and H9Q variants exhibit high potential to destabilize MnSOD structure and impair its mitochondrial antioxidant function. This impairment may lead to elevated ROS levels, exacerbating cellular damage mechanisms characteristic of GD and its orbitopathy. Furthermore, due to their location in critical regions and predicted functional impact, these variants emerge as promising candidates for molecular biomarkers in the diagnosis and risk stratification of GD and its ocular manifestations.



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1115825 A COHORT STUDY OF ADRENALECTOMIES IN THE BRAZILIAN PUBLIC HEALTH SYSTEM

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Introduction: Epidemiological studies on the surgical treatment of adrenal diseases are currently limited in Brazil. This original 15-year retrospective cohort study identified the characteristics of patients treated in the Brazilian public health system (SUS) who underwent adrenalectomy. **Objective:** To establish the annual Brazilian production of adrenalectomies in the period, identify the evolution of trends, and assess whether group differences were related to risk outcomes. **Methods:** Adrenalectomy records from the Brazilian public health system database (DATASUS) were accessed from January 2008 to December 2022. Descriptive data were analyzed using incidence rates, including demographic characteristics, therapeutic and mortality. The groups were compared according to the stratification of hospitals based on their annual mean of adrenalectomies. **Results:** A total of 6,771 adrenalectomies were performed, associated with a 49.6% increase from the baseline to the end of the cohort. High-volume hospitals (≥ 6 cases/year) were responsible for 62.3%, totaling 26 centers. The population had a median age of 48 years and was represented mostly by female patients (65.5%) and white race (52%). The highest incidence of oncological adrenalectomies occurred mainly in the Southern Region of Brazil, and throughout the territory it increased by 154%. Despite a reduction in the in-hospital mortality rate in general, there was a higher risk in low-volume centers in both oncological [OR 2.75; CI: 1.53 – 4.93; p-value < 0.01] and non-oncological surgeries [OR 6.60; CI: 3.98 – 10.96; p-value < 0.01]. **Conclusion:** There was a rise in the number of adrenalectomies performed in Brazil during the 15 years analyzed. If this trend continues, the health care burden for treating adrenal diseases is expected to expand in the coming years. Additionally, the expressive representation of the oncological adrenalectomy group and its greater concentration in the Southern Region of Brazil demand the implementation of public health policies. The strategy must contemplate referrals to high-volume centers capable of performing procedures with updated techniques and infrastructure. A task force mediated by medical societies involved in best practices in adrenal diseases can play a leading role in ensuring that this will be achieved. **Keywords:** Adrenalectomy; Brazil; Retrospective Cohort Study.

PO-203

1116254 ADRENAL CARCINOMA IN A 34-YEAR-OLD WOMAN: A CASE OF MISDIAGNOSIS AND DIAGNOSTIC DELAY

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Case Presentation: A 34-year-old woman presented with a 9-month history of progressive edema, hirsutism, alopecia, amenorrhea, fatigue, violaceous striae, and rapid weight gain. She was initially referred to an endocrinologist and later to a gynecologist, who focused on thyroid dysfunction and polycystic ovary syndrome, but no conclusive diagnosis was reached. Months later, imaging revealed a large left adrenal mass (11.2 × 9.3 × 8.0 cm) with suspected liver metastases. Hormonal studies showed severe hyperandrogenism (free testosterone: 5,831 ng/dL; DHEA-S >1,500 µg/dL) and hypercortisolism (serum cortisol: 104.8 µg/dL). A liver biopsy outside our service suggested metastatic pheochromocytoma, but key neuroendocrine markers were missing. At this point, she was referred to our center, where a new tomography revealed multiple pulmonary nodules with a “cannonball” appearance, consistent with metastatic disease. The pathology was also reviewed, and immunohistochemistry was consistent with adrenocortical carcinoma. The disease was then inoperable due to multiple metastases. Despite supportive care, the patient’s condition rapidly declined, and she died 14 days after admission. **Discussion:** Adrenocortical carcinoma (ACC) is a rare, aggressive tumor often misdiagnosed due to overlapping features with more common endocrine conditions. This case exemplifies a cascade of diagnostic delays that significantly impacted prognosis. The initial misattribution of severe and rapidly progressive virilization to common conditions like polycystic ovary syndrome postponed appropriate adrenal investigation. Biochemical assessment for adrenal hormones was delayed, and imaging studies were not promptly requested. The biopsy, performed before ruling out pheochromocytoma, posed unnecessary risks and yielded inconclusive results due to incomplete immunohistochemical analysis. Critical markers such as chromogranin A, SF-1, and GATA-3 were missing. The late referral to a specialized center prevented timely diagnosis and curative treatment. **Final Comments:** This case highlights the need for early, structured endocrine evaluation in patients with signs of steroid and cortisol excess. It underscores the dangers of fragmented care and highlights the importance of multidisciplinary collaboration in avoiding diagnostic delays that can be fatal in aggressive malignancies like ACC.

PO-204

1115803 ADRENAL GLAND CARCINOMA IN BRAZIL (2015–2024): DEMOGRAPHIC TRENDS, REGIONAL DISPARITIES, AND PEDIATRIC BURDEN

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Introduction: Adrenal gland carcinoma is a rare malignancy arising from the adrenal cortex or medulla, classified as functional (hormone-producing) or non-functional. The latter is often diagnosed late due to asymptomatic presentation. Despite its rarity, early diagnosis is essential for improving outcomes. Understanding Brazil's epidemiological profile is key to developing effective screening strategies. **Objective:** To analyze the epidemiological behavior of malignant adrenal neoplasms (CID-10 C74) in Brazil, with emphasis on regional distribution, sex, and age patterns. **Methods:** A descriptive epidemiological study was conducted using secondary data from the Brazilian Cancer Information System (SISCAN), including all cases reported from 2015 to 2024. **Results:** A total of 3,436 cases were recorded during the study period. The Southeast region accounted for 42.4% of diagnoses, followed by the South (24.9%) and Northeast (19.5%), with North and Central-West combined representing 13.2%. There was a 185% increase in cases between 2015 and 2022, with the sharpest rise from 2017 (187 cases) to 2018 (325 cases), possibly reflecting improved reporting. Pediatric patients (0–19 years) accounted for 48.2% of all diagnoses, with balanced sex distribution (M: 841; F: 815), though overall incidence was 6% higher in females. A significant rise in cases among individuals aged 60–64 years was observed, from 6% in 2015 to 47% in 2022. The Northeast region saw a steady increase from 10 cases (2017) to 31 (2023), indicating an average annual growth of 21.5%. **Conclusion:** The predominance of diagnoses in the Southeast likely reflects greater healthcare access and population density. Year-to-year variability in the North suggests possible underreporting or distinct regional risk factors. The high incidence among females in early adulthood may reflect hormonal or behavioral influences. The pediatric peak raises suspicion of links to embryonal tumors such as neuroblastoma, while increased diagnoses in older adults may reflect age-related genetic alterations. The overall upward trend in reported cases may result from expanded SISCAN coverage or a true rise in incidence. Nearly half of all cases occurred in individuals under 20, underscoring the need for enhanced pediatric surveillance. Investigating whether regional disparities stem from unequal healthcare access or localized risk factors is imperative for equitable cancer control strategies.

PO-205

1116178 ADRENOCORTICAL CARCINOMA IN A YOUNG MALE PRESENTING WITH CUSHING'S SYNDROME: CASE REPORT

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Case Presentation: A 27-year-old male presented with progressive generalized edema, violaceous striae, lower limb weakness and paresthesia, polyuria, and cutaneous lesions on the lower extremities. Initial medical evaluation revealed hyperglycemia and hypokalemia, but no further investigation was pursued. The patient later developed mental confusion, prompting re-evaluation. Laboratory tests showed hypercortisolism with suppressed ACTH levels, consistent with ACTH-independent Cushing's syndrome. Abdominal CT scan demonstrated a large, heterogeneous left adrenal mass with retroperitoneal lymphadenopathy. The patient underwent left adrenalectomy via thoracophrenolaparotomy. Histopathological analysis revealed an adrenocortical carcinoma (ACC) with predominantly oncocytic features (80%) and conventional areas (20%). The tumor exhibited high proliferative activity, with a Ki-67 index of 70–80% in "hotspot" areas and up to 51 mitoses per 50 high-power fields, indicating high-grade malignancy. **Discussion:** Adrenocortical carcinoma is a rare and aggressive malignancy, with an annual incidence of 0.5 to 2 cases per million. It exhibits a bimodal age distribution, more frequently affecting children and adults aged 40–50 years, with a female predominance. Functional tumors may manifest with clinical syndromes such as Cushing's, virilization, or hyperaldosteronism, while non-functional tumors typically present due to mass effect. Imaging findings suggestive of malignancy include size >4 cm, irregular margins, heterogeneity, delayed contrast washout, and high attenuation. The presence of lymphadenopathy or pulmonary nodules suggests locally advanced or metastatic disease, correlating with a poorer prognosis. In this case, despite the patient's atypical age, clinical and imaging findings warranted oncologic evaluation. Definitive diagnosis relies on histopathology, where high Ki-67 index and mitotic rate serve as key prognostic indicators. The oncocytic variant, though rare, may coexist with conventional patterns. Surgical resection remains the cornerstone of treatment, but the high risk of recurrence necessitates a multidisciplinary approach. **Final Comments:** This case highlights the importance of early clinical suspicion of Cushing's syndrome in young patients presenting with systemic features. Prompt recognition and appropriate imaging interpretation are essential for the early diagnosis and management of life-threatening conditions such as adrenocortical carcinoma, ultimately improving patient outcomes.

PO-207

1115869 BILATERAL PHEOCHROMOCYTOMA ASSOCIATED WITH NEUROFIBROMATOSIS TYPE 1: IMPORTANCE OF GENOMIC INVESTIGATION AND FOLLOW-UP

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Case Presentation: We report a case of a 58-year-old female patient with von Recklinghausen neurofibromatosis type 1 (NF1) and bilateral pheochromocytoma. The patient has a positive family history of NF1 and gynecological neoplasms, and has exhibited clinical manifestations related to NF1 since childhood. In adulthood, this patient developed symptoms such as headache, diaphoresis, palpitations, and anxiety. Diagnostic investigation revealed pheochromocytoma, and the patient underwent right adrenalectomy. Sixteen years later, during endocrinological follow-up, the patient presented with elevated blood pressure and urinary metanephrines. Imaging studies revealed a left adrenal lesion consistent with pheochromocytoma, leading to a partial left adrenalectomy. The case required a multidisciplinary approach involving endocrinologists, surgeons, geneticists, dermatologists, orthopedists, and neurologists. Whole genome sequencing identified a pathogenic variant, c.910C>T, p.(Arg304Ter), in exon 9 of the NF1 gene, in heterozygosity, confirming the molecular diagnosis of NF1 (#162200). Additionally, a variant of uncertain significance, c.832A>T, p.(Ile278Leu), in exon 4 of the MSH6 gene, in heterozygosity, was found and may be related to the family history of cancer. **Discussion:** The association between NF1 and pheochromocytoma is recognized, yet bilateral presentation is extremely rare. NF1 is a rare genetic condition that predisposes individuals to tumor development in various parts of the body, including the nervous system. Pheochromocytomas are also uncommon, with an estimated incidence of 2 to 8 cases per million people worldwide. Recent studies suggest that approximately 40% of pheochromocytoma cases have a genetic basis, and the prevalence of pheochromocytoma in NF1 has been reported to range from 0.1% to 5.7%. This case highlights the complexity and challenges in managing patients with rare clinical conditions. **Final Comments:** Early identification and personalized, multidisciplinary management are crucial for prognosis, prevention of serious complications, and improvement of clinical outcomes. Rigorous and continuous clinical follow-up is essential due to the risk of recurrence and the potential development of other tumors associated with this rare condition, as well as family evaluation and genetic counseling.

PO-208

1115947 CASE REPORT: ATYPICAL PRESENTATION OF PRIMARY PIGMENTED NODULAR ADRENOCORTICAL DISEASE (PPNAD) CAUSED BY CARNEY SYNDROME

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Case Presentation: A 15-year-old female patient, born and raised in Rio de Janeiro, presented for consultation in 2021 due to a 30-kg weight gain over the preceding two years, accompanied by muscle weakness, purple striae, ecchymoses, hypertension, and pre-diabetes. The family history was significant for a brother diagnosed with Carney Complex presenting with both adrenal and cardiac alterations, and a mother and grandmother with the same diagnosis but manifesting only atrial myxomas. Cushing Syndrome (CS) was diagnosed following two elevated 24-hour urinary cortisol measurements, a 1-mg dexamethasone suppression test revealing a cortisol level of 9.52 mcg/dL, and an ACTH level of less than 5 pg/mL. After three years of follow-up discontinuation, the patient gained an additional 11 kg, experienced worsening hypertension and diabetes, and demonstrated increased 24-hour urinary cortisol levels. In preparation for surgical intervention, computed tomography (CT) revealed a unilateral nodule measuring 1.8 cm in the left adrenal gland. Bilateral adrenalectomy was performed, and the pathological examination demonstrated bilateral micronodular hyperplasia without pigmentation. **Discussion:** Carney Complex is a rare genetic cause of ACTH-independent CS, characterized by autosomal dominant inheritance of mutations in the PRKARIA tumor suppressor gene. The clinical presentation of this syndrome encompasses lentiginosis, cutaneous and cardiac myxomas, acromegaly, CS, and thyroid tumors. The typical pathological adrenal findings consist of bilateral primary pigmented nodular adrenocortical disease (PPNAD). CT imaging may demonstrate normal adrenal glands in 45% of cases, bilateral hyperplasia in 27%, unilateral nodules in 15%, and bilateral nodules in 12% of cases. This case represents a rare pathological finding of non-pigmented micronodular hyperplasia, which may represent a diagnostic limitation that can only be definitively identified through electron microscopy. **Final Comments:** Carney Complex is a rare cause of CS that must be considered in cases with strong familial inheritance patterns and when the clinical presentation includes lentiginosis, cutaneous and cardiac myxomas, acromegaly, and thyroid tumors. Treatment should include bilateral adrenalectomy even in cases with normal imaging or unilateral nodules on CT scan.

PO-209

1116361 CONGENITAL ADRENAL HYPERPLASIA, CLASSIC SALT-WASTING FORM IN AN INDIVIDUAL WITH KARYOTYPE 47,XX+MARKER/46,XX: A CASE REPORT

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Case Presentation: A 31-year-old man, the son of consanguineous parents, sought care at the Endocrinology department for follow-up of congenital adrenal hyperplasia (CAH), classic salt-wasting form. His mother reported that he was raised as a male. Diagnosis was made in the first month of life in the context of lethargy, drowsiness, and dehydration, and the patient has been on glucocorticoid therapy since then. He also had a history of bilateral gonadectomy at 2 years and 5 months of age during surgery for cryptorchidism correction, but the histopathological result was unavailable. He later developed hypergonadotropic hypogonadism and has been treated with testosterone replacement therapy. On physical examination: Height: 164 cm, arm span: 177.5 cm, phallus: 8 cm, distal hypospadias, scrotal sac without palpable gonads, Tanner stage P5. Laboratory findings: 17OH-progesterone 6,095 ng/dL, luteinizing hormone (LH) 35.56 IU/L; follicle-stimulating hormone (FSH) 47.78 IU/L; total testosterone: 0.27 ng/dL; sodium 138 mEq/L; potassium 4.3 mEq/L. Karyotyping revealed 47,XX+mar[7]/46,XX [33]. Contrast-enhanced abdominal and pelvic MRI showed no gonadal structures, but a tissue formation in the prostatic bed suggestive of a prostatic remnant. A next-generation sequencing panel showed findings compatible with congenital adrenal hyperplasia due to 21-hydroxylase deficiency (homozygous variant c.293-13C>G in the CYP21A2 gene). **Discussion:** 21-hydroxylase deficiency accounts for approximately 90% of CAH cases, with the non-classic form being more prevalent than the classic form. The pathogenic variant found in this patient is one of the most common. However, this case is notable for the unique presence of a mosaic karyotype, a very rare association with CAH. We found only one other case reported in the literature, where the patient had a 48,XXY+mar/47,XXY karyotype, consistent with Klinefelter syndrome. In our case, the presence of a Y chromosome has not yet been confirmed, pending analysis of the marker chromosome. **Final Comments:** We report a rare case of classic salt-wasting CAH with an atypical karyotype (47,XX+marker [7]/46,XX [33]). The marker chromosome may correspond to a Y chromosome, and further chromosomal microarray analysis is underway for better elucidation.

PO-210

1115914 DISSEMINATED HISTOPLASMOSIS RESULTING IN PRIMARY ADRENAL INSUFFICIENCY

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Case Presentation: A 77-year-old male patient, previously healthy, presented with fatigue, weight loss, abdominal pain and hyponatremia (Na 118 mEq/L). During the physical examination, he exhibited postural hypotension and an ulcerated lesion on the tongue, with no other relevant findings. Colonoscopy revealed a rectal lesion and biopsy showed a chronic inflammatory process with fungal structures present. Abdominal computed tomography scan demonstrated bilateral adrenal nodules, which increased in size on follow-up imaging. Basal cortisol levels were measured on two occasions (5.5 mcg/dL and 5.8 mcg/dL), and ACTH was elevated at 181 pg/mL, reinforcing the hypothesis of primary adrenal insufficiency. A biopsy of an adrenal nodule revealed necrotic and fibrous tissue with chronic inflammatory infiltrate predominantly composed of histiocytes, without granulomas or neoplasia. The biopsy of the tongue lesion revealed chronic ulcerated inflammation with fungal elements suggestive of histoplasmosis. Serologic tests for HIV, hepatitis viruses and cytomegalovirus were negative during the investigation. Treatment was initiated with prednisone, fludrocortisone and itraconazole for histoplasmosis, resulting in significant clinical improvement: resolution of fatigue, progressive weight gain, return to physical activity with good tolerance and no recurrence of abdominal pain. **Discussion:** Adrenal insufficiency is a clinical condition characterized by decreased serum cortisol levels and is considered primary when the adrenal gland parenchyma is affected. When left untreated, it can have catastrophic consequences. Diagnosis is often delayed due to the nonspecific nature of the symptoms. The most common cause is autoimmune destruction of the adrenal glands. Among acquired causes, tuberculosis is the most frequent, followed by disseminated histoplasmosis, paracoccidioidomycosis, HIV, cytomegalovirus and tertiary syphilis. The clinical picture includes hyponatremia, hyperkalemia, hypoglycemia and may progress to adrenal crisis at the time of diagnosis. **Final Comments:** The clinical case in question is rare because it involves an immunocompetent patient, which reinforces the need to maintain a high level of suspicion of adrenal insufficiency in the face of nonspecific symptoms even in previously healthy patients, and histoplasmosis should be considered in the differential diagnosis of bilateral adrenal masses, regardless of the patient's immunological status.

PO-211

1115675 EXOGENOUS ADRENAL SUPPRESSION INDUCED BY AN OVER-THE-COUNTER HERBAL FORMULA: REPORT OF TWO CONCOMITANT CASES

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Introduction: Phytotherapeutics are widely used under the assumption of safety, but their composition and pharmacological effects are often not well defined. We report two cases of secondary adrenal insufficiency likely induced by a non-prescription herbal product.

Case Presentation: Two female friends, aged 74 and 64, presented with malaise, fatigue, and weight gain. Physical examination revealed Cushingoid features. Laboratory tests showed suppressed ACTH (12.2 and 7 pg/mL; RV <46 pg/mL) and cortisol levels (3.7 and 1.3 µg/dL; RV: 5–25 µg/dL at 08:00h), with no apparent cause. Both patients denied corticosteroid use. On further evaluation, they reported regular use of a compound herbal supplement known as “B52”, obtained over-the-counter via social media, for chronic joint pain. The clinical picture raised suspicion of exogenous adrenal suppression. **Management and Outcome:** The B52 formula was immediately discontinued, and corticosteroid replacement therapy was initiated with gradual tapering. At three-month follow-up, both patients showed clinical improvement and normalization of hormonal levels (ACTH: 16.8 and 24 pg/mL; Cortisol: 15.3 and 16.2 µg/dL). **Discussion:** These findings are consistent with secondary adrenal insufficiency due to hypothalamic-pituitary-adrenal (HPA) axis suppression. Possible mechanisms include the presence of naturally occurring corticosteroid-like compounds in the herbal preparation or the undisclosed addition of synthetic corticosteroids. The B52 formula contains nine unspecified herbs and makes broad therapeutic claims. **Conclusion:** This report highlights the importance of thorough history-taking and awareness of unregulated herbal medicines as potential causes of serious endocrine disorders. Regulatory oversight and pharmacological analysis of such products are urgently needed.

PO-212

1116352 GIANT PHEOCHROMOCYTOMA: A CASE REPORT

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Case Presentation: A 51-year-old male with a 12-year history of diabetes mellitus, on NPH insulin (0.76 IU/kg/day), presented with right-sided motor deficit and global aphasia. He was diagnosed with ischemic stroke and treated with thrombolysis, with clinical improvement. During etiological investigation, an abdominal computed tomography (CT) revealed an expansile right adrenal mass measuring 6.4 × 1.1 × 10.0 cm. Plasma metanephrines were >5,000 pg/mL (reference: <100 pg/mL). Over the next three months, he developed hypertension, 11-kg weight loss (BMI 20.2 kg/m²), postural hypotension, hypoglycemia, hyperkalemia, and paroxysmal tachycardia. Repeat CT showed progression of the adrenal mass (10 × 8.2 × 6.0 cm). After proper preoperative management, he underwent open right adrenalectomy. Postoperatively, he developed hypovolemic shock due to tumor removal, requiring vasoactive drugs. Pathology confirmed an 11-cm pheochromocytoma (PCC) with Zellballen pattern, no metastases. Hypertension resolved, allowing withdrawal of antihypertensive therapy. **Discussion:** PCCs exceeding 7 cm are considered giant and are extremely rare, described mostly in case reports and retrospective studies, representing 4–12% of cases depending on cohort criteria. These tumors often present with atypical symptoms, higher rates of metastasis and mortality, and increased catecholamine levels, which raise surgical risk. In this case, tumor volume likely contributed to intraoperative hypovolemic shock. Nonetheless, early diagnosis and treatment led to remission of hypertension and clinical improvement. **Final Comments:** This case emphasizes the need to consider PCC in acute neurological events with hypertension, even without prior signs. Giant PCCs pose greater intraoperative risk, demanding specialized care. Early diagnosis and effective surgical treatment can offer excellent outcomes, including blood pressure normalization and better quality of life.

PO-213

1115709 HYPERALDOSTERONISM AND HYPERPARATHYROIDISM: COINCIDENCE OR EMERGING SYNDROME?

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Case Presentation: A private clinic identified six patients with a concurrent diagnosis of hyperaldosteronism (HA) and hyperparathyroidism (HP), confirmed by clinical and laboratory evaluation. All patients had parathyroid nodules on ultrasound; two underwent fine-needle aspiration (FNA), and two had scintigraphy. One underwent adrenalectomy; three had parathyroidectomy, two of whom also received clinical therapy. Two patients were diagnosed, but have not yet undergone treatment. A notable case is D.S.R., a 46-year-old female with long-standing, hard-to-control hypertension (SAH), on atenolol 50 mg, chlorthalidone and telmisartan 40 mg. She had unilateral renal atrophy, left adrenal enlargement, bone pain, depression, and prior bariatric surgery. Cervical ultrasound revealed two parathyroid nodules; FNA showed a PTH level of 2,500 pg/mL. Scintigraphy indicated increased uptake in the lower pole of the left thyroid lobe. Laboratory tests: total serum calcium 10.3 mg/dL, ionized calcium 1.24 mmol/L, phosphorus 2.8 mg/dL, PTH 103 pg/mL, potassium 3.54 mEq/L, urinary calcium 216 mg/24h, plasma renin activity (PRA) 0.07, aldosterone (ALD) 32.3 ng/dL, urinary ALD 16.0. With suppressed PRA and elevated ALD and PTH, spironolactone 100 mg was initiated for three weeks with blood pressure improvement, followed by parathyroidectomy. **Discussion:** Homeostasis relies on interconnected metabolic pathways, which are often studied in isolation but work interdependently. The overlap of PTH and ALD pathways, acting on target organs (adrenals, parathyroids, kidneys), suggests a potential pathophysiological link between HA and HP, complicating hypertension and increasing cardiovascular risk. PTH-induced hypercalcemia and hypercalciuria can activate the renin-angiotensin-aldosterone system (RAAS), raising renal calcium excretion. Parathyroidectomy may normalize blood pressure in primary HP with elevated ALD. Conversely, ALD can increase PTH via direct stimulation or secondary hypocalcemia. Evidence shows that adrenalectomy or spironolactone therapy can reduce PTH in HA patients. This case met the criteria for both HA and HP. Clinical and biochemical improvement after spironolactone and parathyroidectomy supports a bidirectional link between these endocrine axes. **Final Comments:** The interaction between PTH and ALD systems is relevant in resistant hypertension and high cardiovascular risk. Further studies should explore underlying mechanisms and confirm whether the association is causal or coincidental.

PO-214

1115863 HYPOKALEMIA AS THE LEADING MANIFESTATION OF NEARLY NORMOTENSIVE PRIMARY HYPERALDOSTERONISM: A CASE REPORT

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Case Presentation: A 71-year-old male was referred due to severe recurrent hypokalemia (K^+ 2.1 mEq/L). He presented with generalized muscle weakness and tremors but no other signs or symptoms. His medical history included mild hypertension, atrial fibrillation, dyslipidemia, and non-dialysis chronic kidney disease. His medications were nifedipine 20 mg twice daily, rivaroxaban 20 mg/day, and simvastatin 20 mg/day. Inpatient physical examination revealed normotension using amlodipine 10 mg/day. We initiated a diagnostic workup, and laboratory tests showed elevated aldosterone (60.7 ng/dL) and suppressed plasma renin activity (0.21 ng/mL/h), yielding an aldosterone/plasma renin activity ratio of 289. Abdominal MRI identified a 1.7 cm left adrenal nodule. From diagnosis until left adrenalectomy, the patient remained normotensive using amlodipine 10 mg/day and spironolactone 75 mg/day for potassium control. Biochemical testing on postoperative day 1 showed aldosterone 15.4 ng/dL and direct renin 5.6 ng/mL, potassium levels stabilized, and blood pressure normalized without further medication. The final pathology report confirmed an adrenal cortical adenoma. **Discussion:** Normotensive primary hyperaldosteronism (PH) cases are rarely documented, indicating that normal blood pressure does not exclude the disease. This clinical entity deserves particular attention as an important differential diagnosis in cases of refractory severe hypokalemia, regardless of blood pressure status. Early recognition enables timely intervention, which may be curative through targeted treatment. **Final Comments:** Identifying PH in normotensive or nearly normotensive patients is critical for achieving durable resolution of hyperkalemia and preventing cardiovascular and renal complications. This case demonstrates an atypical presentation with only subtle hypertensive features. Clinicians should suspect PH in cases of unexplained hypokalemia or incidental adrenal masses, regardless of blood pressure.

PO-215

1116113 HYPOKALEMIC MYOPATHY AS AN INITIAL MANIFESTATION OF PRIMARY HYPERALDOSTERONISM: CASE REPORT

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Case Presentation: A 55-year-old man, diagnosed with hypertension at the age of 50, was admitted to the emergency room with predominantly proximal tetraparesis, which had started 2 years prior to admission, accompanied by frequent falls from his own height. He was evaluated by the Neurology department, and the computed tomography (CT) of the skull, cerebrospinal fluid analysis, and electroneuromyography were normal. Laboratory tests revealed a creatine phosphokinase (CPK) level of 1,576 IU/L (normal range: 38–175) and potassium level of 3.5 mmol/L (normal range: 3.5–5.5). Given the suspicion of inflammatory myopathy, oral corticosteroid therapy (prednisone 60 mg daily) was initiated. After one month, corticosteroid therapy was discontinued due to a lack of response. Five years later, the patient returned with acute flaccid tetraplegia and potassium levels below 2 mmol/L. Due to the concomitant diagnosis of arterial hypertension and hypokalemia, he underwent screening tests for primary hyperaldosteronism, which returned positive results: aldosterone 71.5 ng/dL, plasma renin activity (PRA) 0.94 ng/mL/hour, and an aldosterone/PRA ratio of 76. Abdominal CT showed a 1.6 cm nodule in the left adrenal gland, with low density in the pre-contrast phase (<10 HU). He underwent left adrenalectomy, and adrenocortical adenoma was confirmed in the pathological examination. Currently, he presents with normal blood pressure without any antihypertensive medication and normalization of the laboratory tests described above.

Discussion: Primary hyperaldosteronism is characterized by the autonomous production of aldosterone, with suppressed levels of renin, leading to resistant arterial hypertension, which may or may not be associated with hypokalemia and metabolic alkalosis. It is one of the main causes of secondary hypertension, with adenoma and bilateral adrenal hyperplasia being the most common causes. Muscle weakness and cramps are symptoms of hypokalemia; however, more than half of the patients with hyperaldosteronism may not exhibit this electrolyte alteration. **Final Comments:** Primary hyperaldosteronism should be investigated in cases of resistant hypertension, hypokalemia and adrenal incidentalomas, as surgical treatment can lead to normalization of blood pressure levels. However, atypical clinical presentations, such as the hypokalemic myopathy presented here, though rare, should be considered, and investigation for hyperaldosteronism should be conducted.

PO-216

1114969 IMPROVING DIAGNOSIS AND TREATMENT IN PRIMARY ALDOSTERONISM: LESSONS FROM A 25-YEAR LONGITUDINAL COHORT IN A TERTIARY REFERRAL CENTER

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Introduction: Primary aldosteronism (PA) is a common and underdiagnosed cause of secondary hypertension. While unilateral PA can be cured with surgery, bilateral cases require lifelong medical treatment. Patients treated medically have higher cardiovascular risks than those treated surgically. **Objective:** To evaluate the clinical and laboratory characteristics of patients with PA followed at the Division of Endocrinology, Ribeirão Preto Medical School, University of São Paulo. **Methods:** This observational study (2000–2025) included PA patients classified as either aldosterone-producing adenoma (APA) who underwent adrenalectomy or bilateral disease treated with mineralocorticoid receptor antagonists. Clinical and biochemical data were collected from medical records. The Kobayashi score, a predictive index to estimate the likelihood of bilateral disease, was also applied. **Results:** A total of 85 patients (51.8% female) were included; 39 underwent surgery and 42 received clinical treatment, while 4 are still under investigation. Most diagnoses (62%, n=53) were made in the last five years. Hypertension onset was at a median age of 31 years [26–40] while PA was diagnosed at 52 years [40.5–60]. Patients with APA had higher aldosterone-to-renin ratios (11.5 [7.6–34.2] vs. 8.5 [5.9–13.2], p=0.010) and aldosterone-to-potassium ratios (15.6 [6.9–33.5] vs. 7.0 [5.2–10.3], p=0.0002) compared to the clinical treatment group. Following treatment, APA patients showed significant reductions in both the number (1.0 [0.0–2.0] vs. 3.0 [3.0–5.0], p<0.0001) and daily dose (2.0 [0.0–3.3] vs. 5.0 [2.9–7.0], p<0.0001) of antihypertensive medications compared to patients with bilateral disease. The Kobayashi index was higher in the clinical treatment group (6.0 [3.0–8.0]) than in the surgical group (3.0 [1.0–4.0], p<0.0001). During follow-up, medically treated patients had poorer blood pressure control (145 [120–160] vs. 130 [120–143] mmHg, p=0.02), lower serum potassium (4.5 [4.0–4.6] vs. 4.7 [4.4–5.0] mmol/L, p=0.03), and higher prevalence of type 2 diabetes (57% vs. 32%, p=0.04) and dyslipidemia (80% vs. 52%, p=0.012) compared to those treated surgically. **Conclusion:** Our findings reinforce the clinical benefit of surgical treatment in patients with APA, with better biochemical control and lower rates of metabolic comorbidities. The Kobayashi score proved useful in distinguishing between unilateral and bilateral PA, supporting its role as a non-invasive tool in therapeutic decision-making.

PO-217

1116274 LARGE PHEOCHROMOCYTOMA AND SUCCESSFUL TWIN PREGNANCY: CASE REPORT

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Introduction: Pheochromocytoma/paraganglioma (PHEO/PPGL) is a rare catecholamine-secreting tumor, complicating less than 0.001% of pregnancies, with even fewer cases in twin pregnancies. This condition presents diagnostic challenges due to overlapping symptoms with pregnancy-related disorders, like preeclampsia. Most cases involve patients diagnosed before pregnancy. We report a rare case of PHEO/PPGL diagnosed at the 27th week of a twin pregnancy, resulting in favorable outcomes at a tertiary university hospital in southern Brazil. This presentation follows CARE guidelines. **Case Presentation:** A 38-year-old woman at 27 weeks of dichorionic-diamniotic twin pregnancy presented with persistent hypertension, tachycardia, and paroxysmal headaches lasting up to 30 minutes, frequent since the 20th week. Initial tests showed no target organ damage, and proteinuria was absent. Treatment with metoprolol worsened hypertensive crises, prompting further evaluation. Biochemical assays revealed elevated 24-hour urinary metanephrines (10,977.7 µg; normal <280 µg) and normetanephrines (833.8 µg; normal <732 µg). MRI confirmed a cystic adrenal lesion (8.4 × 8.3 × 7.5 cm) consistent with PHEO/PPGL. Management included alpha-blockade with doxazosin (titrated to 6 mg/day), followed by metoprolol succinate for heart rate control. Hypertension control and maternal-fetal monitoring ensured fetal growth and stability without risks. Surgery was deferred until postpartum. At 37 weeks, cesarean delivery resulted in healthy twins: 2,410 g (APGAR 8/10) and 2,155 g (APGAR 9/10). The anesthetic procedure was uneventful, maintaining stability. Lactation was stimulated, but breastfeeding began after adrenalectomy and discontinuation of blockers. A total left adrenalectomy was performed 10 days postpartum. Histopathological examination and immunohistochemistry confirmed PHEO/PPGL diagnosis. Postoperative recovery was successful, with normalization of biochemical markers and symptom resolution. **Conclusion:** This case highlights the importance of distinguishing PHEO/PPGL from hypertensive disorders of pregnancy. MRI without gadolinium and biochemical testing are pivotal for diagnosis. Alpha-blockade followed by beta-blockade remains the cornerstone of preoperative management, with doxazosin preferred for its safety in pregnancy. Surgery timing should consider gestational age, tumor size, and maternal stability. Multidisciplinary care is essential to optimize maternal and fetal outcomes.

PO-218

1115935 MALIGNANT NEOPLASMS OF THE ADRENAL GLAND IN BRAZIL: EPIDEMIOLOGICAL PROFILE AND IMPLICATIONS FOR REGIONAL DISTRIBUTION (2015-2025)

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Introduction: Malignant neoplasm neoplasm of the adrenal gland is a rare pathology, but of great clinical relevance due to its aggressiveness. It may occur in the cortex, as adrenocortical carcinoma, or in the medulla, as malignant pheochromocytoma, with varied clinical presentations. **Objective:** To analyze the epidemiological profile of patients diagnosed with malignant neoplasm of the adrenal gland. **Methods:** This is an observational, ecological, and descriptive study based on the analysis of secondary data obtained through the Sistema de Informações de Câncer (SISCAN), made available by the Departamento de Informática do Sistema Único de Saúde (DATASUS). Information was collected on cases of malignant neoplasm of the adrenal gland (CID-10: C74) between 2015 and May 2025. The variables analyzed included region of residence, year of diagnosis, age group, and sex. **Results:** A total of 3,483 cases of malignant neoplasm of the adrenal gland were recorded in Brazil. There has been a growing trend in diagnoses since 2019, with the highest records in 2022 (480 cases) and 2023 (479 cases). This may indicate advances in diagnostic accuracy, greater access to oncology services, and decreased underreporting. There is a higher incidence in females (52.94%), and in the age groups between 0–19 years (48.18%) and 60–64 years (7.92%). Geographically, cases were concentrated in the Southeast (42.5%) and South (24.6%) regions. This finding is consistent with the scientific literature, which identifies this area as endemic to the TP53 R337H mutation, a pathogenic variant associated with Li-Fraumeni syndrome, which increases the risk of developing cancer in carriers. Adrenocortical carcinoma, especially in children, is one of the most precocious tumors related to this mutation. Studies show that the mutation was introduced in Brazil during the colonial period and disseminated mainly by descendants of the bandeirantes in the interior regions of São Paulo, southern Minas Gerais, and northern Paraná. **Conclusion:** The incidence of malignant neoplasm of the adrenal gland has increased in Brazil, especially among individuals aged 0–19 years, females, and those from the Southeast region, possibly due to the TP53 R337H mutation. The findings reinforce the importance of genetic screening and epidemiological surveillance, aiming at early detection and better management of the disease.

PO-219

1115888 MILD AUTONOMOUS CORTISOL SECRETION IN A PATIENT WITH BILATERAL ADRENAL INCIDENTALOMA: A DIAGNOSTIC CHALLENGE

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Case Presentation: A 72-year-old female patient, under follow-up for type 2 diabetes mellitus, presented with an incidental imaging finding suggestive of a right adrenal nodule. Computed tomography (CT) revealed bilateral adrenal nodules. On the right side, a well-defined lesion measuring 4.7 × 2.7 cm was observed, with an attenuation of 22.6 Hounsfield units (HU). On the left, two nodules were identified, measuring 2.0 × 1.2 cm and 1.2 × 1.1 cm, with attenuations of 31.7 HU and 16.2 HU, respectively. Magnetic resonance imaging (MRI) showed mildly heterogeneous lesions with no evident lipid component on out-of-phase imaging, measuring 3.8 × 2.6 cm on the right, and 1.6 × 1.2 cm and 1.2 × 1.1 cm on the left. The patient had good glycemic control, no other comorbidities, and no symptoms or physical examination findings suggestive of adrenal hormone hypersecretion. Assessment of the hypothalamic-pituitary-adrenal axis revealed a lack of suppression of plasma cortisol following 1 mg dexamethasone (5.1 mcg/dL; dexamethasone level: 174 ng/dL) and suppressed plasma ACTH (7 pg/mL), with no laboratory findings indicative of pheochromocytoma or hyperaldosteronism, consistent with mild autonomous cortisol secretion (MACS). A follow-up CT scan showed absolute and relative contrast washout values of 73.3% and 42.9% on the right adrenal, and 72.2% and 37.1% on the left. Given the radiologic findings, the size of the right adrenal lesion, and the inability to perform adrenal vein sampling, right adrenalectomy was indicated. Histopathological analysis confirmed an adrenal adenoma. **Discussion:** Adrenal incidentaloma (AI) is defined as a lesion larger than 1 cm in diameter, discovered incidentally through imaging studies. Its prevalence increases with age, affecting up to 10% of patients, and presenting as bilateral lesions in up to 15% of cases. Evaluation of adrenal lesions includes assessment of malignancy risk and hormonal activity. Only about 10% of AIs are functional, with MACS being the most common, present in up to 7% of cases. It is recommended that patients with excess glucocorticoid production and bilateral adrenal involvement with similar imaging characteristics undergo adrenal vein sampling to identify the hormone-secreting side. In cases where venous catheterization is not feasible, intervention—when indicated—has been suggested on the larger lesion, although with reduced diagnostic accuracy. **Final Comments:** The management of MACS in bilateral adrenal lesions is challenging and often requires invasive procedures that are not always available.

PO-220

1116414 MORPHOLOGICAL FEATURES AND ARMC5 MUTATIONS IN BILATERAL MACRONODULAR ADRENOCORTICAL DISEASE (BMAD): A CASE SERIES ANALYSIS

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Introduction: Bilateral Macronodular Adrenocortical Disease (BMAD) is a rare cause of ACTH-independent Cushing's syndrome, resulting from adrenal dysfunction characterized by cortisol-producing macronodules. The prevalence of ARMC5 mutations in BMAD ranges from 20% to 55% in sporadic cases and may be higher in familial forms or in patients with overt Cushing's syndrome, making ARMC5- the gene encoding a tumor suppressor protein that regulates apoptosis and adrenal cell proliferation- the most commonly implicated gene. Recent studies have suggested that distinct morphological features may correlate with ARMC5 mutations, contributing to the heterogeneity in clinical and pathological manifestations of BMAD. **Objective:** To evaluate the morphological characteristics of adrenal glands in patients with confirmed ARMC5 mutations and explore their correlation with previously described histopathological patterns. **Methods:** Four BMAD patients with confirmed ARMC5 mutations were identified from an institutional cohort. Clinical data, hormonal profiles, imaging findings, and histopathological features were reviewed. Adrenalectomy specimens were evaluated, focusing on the following characteristics: nodule size, distribution, cellular morphology, and internodular cortical hyperplasia. **Results:** All four patients were women, presenting with either overt Cushing's syndrome (75%) or autonomous cortisol secretion (25%). All patients had hypertension; three had diabetes, two presented with bilateral nephrolithiasis, and two had osteopenia. Imaging demonstrated bilateral adrenal macronodules in all cases. One patient had a sister with similar clinical manifestations, suggesting familial disease. Concurrent hyperaldosteronism was present in one patient, while two patients had meningiomas. Histopathological analysis revealed adrenal parenchyma distorted by coalescing yellow macronodules, with minimal residual non-nodular adrenal tissue. Nodules were predominantly composed of clear cells (70–90%) arranged in trabecular patterns, displaying uniform size and shape without features of malignancy. **Conclusion:** This case series supports the association between ARMC5 mutations and distinct adrenal morphological features in BMAD. The predominance of clear-cell nodules and coalescing macronodular architecture, combined with fibrous septa, intranodular pseudoglandular patterns, and peripheral trabeculae of cylindrical eosinophilic cells extending centrally, may represent histopathological markers of ARMC5-related BMAD. These findings underscore the importance of integrating morphological analysis into the diagnostic and genetic evaluation of BMAD. Further studies with larger cohorts are needed to refine genotype-phenotype correlations and enhance clinical management strategies, thereby improving both diagnostic accuracy and therapeutic approaches.

PO-221

1116016 MYXOID ADRENOCORTICAL NEOPLASM AFTER CONTRALATERAL ADRENALECTOMY: A RARE CASE WITH DIAGNOSTIC AND PROGNOSTIC CHALLENGES

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Case Presentation: D.R.C., a 45-year-old female, had Cushing's syndrome treated with right adrenalectomy in 2006. She returned in 2017 with non-specific symptoms including hair loss, asthenia, myalgia, decreased physical performance, and weight gain. Lab tests were largely unremarkable, with normal midnight salivary cortisol and low vitamin D. In 2019, MRI identified a left adrenal nodule with features suggestive of pheochromocytoma. Hormonal workup showed normal ACTH and catecholamines, with mildly elevated urinary normetanephrine. She reported dizziness, pallor, and postural hypotension during physical activity, without hypertension or flushing. Imaging showed progressive growth of the lesion, reaching 22 mm in 2021. A left adrenalectomy was performed in September 2021, with partial symptom improvement. Histopathology revealed an adrenocortical neoplasm with a myxoid component, Fuhrman grade 2, low mitotic index, and a Ki-67 index of 10–15% in hotspots. Immunohistochemistry was positive for Melan-A and SF-1, confirming a cortical origin. **Discussion:** Myxoid Adrenocortical Neoplasm (MAN) is a rare variant of adrenocortical carcinoma (ACC), characterized by an abundant extracellular myxoid matrix (5–90% of tumor volume). It typically occurs in the fifth decade, with no sex predilection. Often underrecognized due to mild cytological atypia and lack of diffuse growth, diagnosis requires integration of clinical, radiological, pathological, and immunohistochemical data. This case highlights the complexity of managing a patient with prior Cushing's syndrome and contralateral adrenalectomy. Despite the absence of hormonal hypersecretion, the progressive nodule growth justified surgical intervention. **Final Comments:** The diagnosis of MAN with a Weiss score of 0 underscores the limitations of this scoring system for myxoid variants. The elevated Ki-67 index (10–15%), exceeding the 5% threshold suggestive of malignancy, raises concern for aggressive behavior. The discordance between histologic scoring and proliferative index emphasizes the need for vigilant oncologic follow-up, given the unpredictable prognosis of this rare tumor. Despite these features, the patient remains recurrence-free to date.

PO-222

1116304 NEW-ONSET PSYCHIATRIC SYMPTOMS AND HYPERTENSIVE EMERGENCY ASSOCIATED WITH ALTERED URINARY METANEPHRINES: CONSEQUENCE OR COINCIDENCE?

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Case Presentation: A 64-year-old male patient from South Brazil, with a history of diabetes and hypertension, presented to the emergency department with behavioral changes. Ten days prior, he developed reduced sleep needs, tachyphrenia, and mental confusion. His wife reported similar but increasingly frequent episodes over several months. Initially admitted under psychiatric care for a suspected manic episode of bipolar disorder — uncommon at his age — the patient subsequently developed seizures requiring ICU transfer. Cranial MRI showed posterior reversible encephalopathy syndrome (PRES) linked to hypertensive crisis; cerebrospinal fluid analysis was unremarkable. Other causes of hypertensive crisis (thyroid disorders, primary hyperaldosteronism, renal artery stenosis) were excluded. In the ICU, paroxysmal hypertensive episodes with tachycardia, agitation, and sweating raised suspicion for a catecholamine-secreting tumor. Urinary fractionated metanephrines were elevated (normetanephrine: 1247.6 mcg/24h; reference ≤ 732 mcg/24h). A second test confirmed a further rise (normetanephrine: 2362.3 mcg/24h, three times the upper limit). Other urine and blood metabolites were near normal. The patient was not taking antidepressant medications known to interfere with metanephrine levels (e.g., tricyclics or selective serotonin reuptake inhibitors), but was using olanzapine. A whole-body MRI was performed and did not reveal adrenal lesions suggestive of pheochromocytoma or other ganglionic masses consistent with paraganglioma. He is currently undergoing an olanzapine washout to allow for a more accurate urinary metanephrine assessment. If results remain elevated, a whole-body scintigraphy with metaiodobenzylguanidine (MIBG) will be considered. **Discussion:** This case highlights the diagnostic complexity in distinguishing psychiatric disorders from catecholamine-secreting tumors. Pheochromocytoma and paraganglioma are neuroendocrine tumors that may mimic stress-related and some psychiatric disorders, which may present with autonomic symptoms, making differential diagnosis challenging. **Final Comments:** Careful evaluation, including repeat biochemical testing and imaging, is essential to differentiate between psychiatric conditions and endocrine disorders to guide appropriate management.

PO-223

1116298 NOT ALL HYPERTENSION IS ESSENTIAL: PHEOCHROMOCYTOMA IN AN 89-YEAR-OLD WOMAN AS A RARE CAUSE OF SECONDARY HYPERTENSION

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Introduction: Pheochromocytoma is a rare neuroectodermal tumor originating from chromaffin cells of the adrenal medulla, characterized by excessive catecholamine secretion. Although the classic triad includes sweating, headache, and palpitations, presentations can be atypical, especially in elderly individuals. It remains an underdiagnosed cause of secondary hypertension, and surgical resection is the definitive treatment. **Objective:** To report a rare case of pheochromocytoma in an elderly patient with a late diagnosis following progressive tumor growth and nonspecific clinical symptoms. **Case Presentation:** An 89-year-old female patient was referred to the endocrinology department for evaluation of an enlarging right adrenal mass. Three years earlier, she had developed hypertension, tachycardia, and dizziness. Abdominal ultrasound revealed a rounded nodule with cystic components and a necrotic area, totaling 6.2 × 6 cm, suggestive of adrenal origin. Antihypertensive therapy was initiated. Eleven months later, a CT scan showed a heterogeneous mass (7.5 × 6.3 × 5.8 cm) with poorly defined margins, obliterating fat planes with the inferior vena cava and posterior portal vein wall, compressing the liver. Four months later, a follow-up CT demonstrated further growth (9.3 × 5.7 × 9.3 cm). MRI and hormonal evaluation were requested to investigate secondary causes of hypertension. MRI revealed a well-defined heterogeneous lesion with restricted diffusion in the right adrenal fossa (10 × 5.5 cm). Plasma metanephrines were markedly elevated: 3,427.8 pg/mL (ref. <100) and normetanephrines 7,120.0 pg/mL (ref. <216), confirming a pheochromocytoma. Alpha-blocker therapy (doxazosin) was initiated, and the patient was referred for surgical evaluation. **Discussion:** Pheochromocytoma in elderly patients is rare and often underdiagnosed due to atypical symptoms and coexisting comorbidities. In this case, despite tumor growth and suggestive symptoms, diagnosis was delayed. This highlights the importance of maintaining clinical suspicion, even in advanced age. **Conclusion:** Pheochromocytoma should be considered in elderly patients with incidental adrenal masses and secondary hypertension, even in the absence of classic symptoms. Early recognition enables curative treatment and prevention of serious complications.

PO-224

1115699 NOT ALL THAT SHINES IS BAD: CASE REPORT OF GANGLIONEUROMA AS AN ADRENAL INCIDENTALOMA IN A CHILD

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Introduction: Adrenal ganglioneuroma is a rare, benign tumor originating from neural crest cells. It is more commonly observed in young adults and accounts for approximately 0.2% to 0.5% of all adrenal tumors. Its occurrence during childhood is particularly unusual and presents a diagnostic challenge, given that the majority of pediatric adrenal tumors are malignant. Most adrenal ganglioneuromas are asymptomatic and discovered incidentally during imaging studies. The differential diagnosis includes other adrenal masses such as pheochromocytoma, myelolipoma, and adrenocortical carcinoma. **Case Presentation:** A 10-year-old female patient was referred to the endocrinologist after undergoing an abdominal CT scan for evaluation of abdominal pain. The scan revealed a well-circumscribed nodule in the left adrenal gland, measuring 0.8 × 0.6 cm with a density of 40 HU. A follow-up CT scan 3 months later showed nodular thickening of the left adrenal gland, now measuring 1.5 × 1.3 cm, with 32 HU and an absolute washout of 23.1%. MRI showed inconclusive results. The patient was prepubertal and asymptomatic, with no history of palpitations, headaches, diaphoresis, or weight changes. Physical examination showed no signs of hypercortisolism or hyperandrogenism. Vital signs and anthropometrics were: heart rate 90 bpm, blood pressure 100/60 mmHg, weight 37 kg, and height 1.50 m. There was no family history of adrenal tumors or genetic syndromes. Hormonal evaluation showed: Cortisol after 1 mg dexamethasone: 0.8 µg/dL, Plasma metanephrines: 0.3 nmol/L (<0.5), Plasma normetanephrines: 0.5 nmol/L (<0.9), DHEA-S: 146 µg/dL (34–280), Total testosterone: 9 ng/dL and 17-hydroxyprogesterone: 72 ng/dL. Due to the progressive growth of the lesion and its indeterminate radiological features, surgical resection was indicated. After multidisciplinary discussion, the patient underwent laparoscopic adrenalectomy. Histopathological examination confirmed a mature ganglioneuroma measuring 1.4 × 1.1 × 1.0 cm in the left adrenal gland. The patient recovered uneventfully. **Conclusion:** Adrenal ganglioneuromas are rare in children and often mimic harmful adrenal tumors on imaging studies. Because of these overlapping features, preoperative diagnosis can be challenging, and definitive diagnosis is frequently established only after surgical resection and histopathological analysis. Awareness of this entity is crucial to guide appropriate management in pediatric patients presenting with adrenal masses.

PO-225

1115617 ONCE-DAILY ORAL ATUMELNANT (CRN04894) INDUCES RAPID, SUBSTANTIAL, AND SUSTAINED REDUCTIONS OF ANDROSTENEDIONE AND 17 HYDROXYPROGESTERONE IN ADULTS WITH CLASSIC CONGENITAL ADRENAL HYPERPLASIA: INTERIM RESULTS FROM A 12-WEEK, PHASE 2, OPEN-LABEL STUDY

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Introduction: Atumelnant (CRN04894) is a first-in-class, competitive, once-daily, oral, and selective melanocortin type 2 receptor (MC2R) antagonist being developed for the treatment of congenital adrenal hyperplasia (CAH). **Methods:** We report results from a 12-week, Phase 2, open-label, dose-finding study of atumelnant in patients with CAH. Adults with classic CAH (21-hydroxylase deficiency) on a stable dose of glucocorticoid (GC) replacement (≥ 15 mg hydrocortisone equivalent) for ≥ 6 months and androstenedione (A4) levels ≥ 1.5 times the upper limit of normal (ULN) were enrolled in 3 dose cohorts of oral atumelnant (40, 80, or 120 mg) once daily for 12 weeks. The primary efficacy endpoint was change from baseline (CFB) at week 12 in early morning pre-GC serum A4. Other efficacy endpoints were CFB in pre-GC serum 17-hydroxyprogesterone (17-OHP) levels and, in men, the serum A4:testosterone ratio. Menstrual cycle diaries were completed by female patients. **Results:** In all, 28 patients (54% women; mean [range] age 31.3 [20–47] years; mean [range] GC dose 28.4 [20–40] mg/day [hydrocortisone equivalent]) completed treatment (40 mg, n=11; 80 mg, n=11; 120 mg, n=6). Overall, baseline median (range) for A4 was 1049 (116–2755) ng/dL (reference range [RR]: women 30–200 ng/dL; men 40–150 ng/dL), and for 17-OHP was 12,750 (453–44,000) ng/dL (RR: women < 80 ng/dL [follicular], < 285 ng/dL [luteal]; men, < 220 ng/dL). At week 12, the median (range) percent CFB for morning A4 was –65% (–94%, –5.5%), –80% (–99%, –22%), and –82% (–91%, –54%) in the 40-, 80-, and 120-mg cohorts, respectively. For 17-OHP, the percent CFB was –82% (–97%, –1.8%), –86% (–99%, 21.0%), and –69% (–95%, –12%) in the same respective cohorts. For the A4:testosterone ratio (n=12), the overall baseline median (range) was 4.76 (0.30–10.35; normal < 1); at week 12, the median (range) percent CFB was –58% (–80%, 54%), –76% (–77%, –33%), and –88% (–89%, –85%) in the 40-, 80-, and 120-mg cohorts, respectively. Of the 10 women with evaluable data and irregular menses at baseline, 6 (40 mg, n=2; 80 mg, n=3; 120 mg, n=1) resumed regular menstruation by week 12. In all, 21 patients had ≥ 1 treatment-emergent adverse event (TEAE); none were serious, and none led to discontinuation. Two patients had adrenal insufficiency (GC dose increased in 1 patient), and 2 had abnormal liver function tests. The most common TEAEs were headache (n=8) and fatigue (n=5). **Conclusion:** Overall, rapid, substantial, and sustained reductions in A4 and 17-OHP were demonstrated with administration of atumelnant in adult patients with classic CAH. The treatment was generally well tolerated, with no serious TEAEs or discontinuations due to adverse events.

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1116020 OPIOID-INDUCED ADRENAL INSUFFICIENCY - CASE REPORT

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Case Presentation: A 79-year-old white male with a history of hypertension, prostate adenocarcinoma - Gleason 6 (3+3), submassive pulmonary thromboembolism, and ischemic stroke sought emergency care due to loss of appetite, involuntary weight loss, and weakness associated with falls. He reported abusing codeine 30 mg (3 boxes in the last month) and laxatives. Laboratory tests showed cortisol 3.0 $\mu\text{g/dL}$ (RV 6–18), DHEA-S 8 $\mu\text{g/dL}$ (RV 16–123), ACTH 8 pg/mL (RV 7–63), and salivary cortisol 44 ng/dL (RV 100–670) collected between 7–9 a.m. Other hypothalamic-pituitary axis tests: TSH 2.6 mIU/L (RV 0.38–7), FT4 1.6 ng/dL (RV 0.9–1.7), LH 4.9 IU/L (RV < 9), FSH 3.6 IU/L (RV < 10), total testosterone 479 ng/dL (RV 240–816) and SHBG 43 nmol/L (RV 21–77). Magnetic resonance imaging of the pituitary gland was performed, showing slightly heterogeneous contrast uptake, with no defined focal lesion observed. The patient denied exogenous use of glucocorticoids. He was initially treated with hydrocortisone 100 mg q8h, showing significant improvement in appetite and general well-being. The hydrocortisone dosage was gradually reduced, and he was discharged with prednisone in a tapering regimen to 7.5 mg/day. During outpatient follow-up, the patient maintained improvement in symptoms and completely stopped using opioids. **Discussion:** Opioid-induced adrenal insufficiency is an underdiagnosed and clinically relevant condition (prevalence around 15% among users), especially in patients on chronic use of this class of drugs. Opioids suppress the hypothalamic-pituitary-adrenal axis, reducing ACTH secretion, leading to reduced cortisol production. Symptoms are usually nonspecific – fatigue, weakness, anorexia, nausea, weight loss, postural hypotension, hyponatremia – which can make diagnostic suspicion difficult. **Final Comments:** This is a case of adrenal insufficiency secondary to chronic opioid use, with few cases described in the literature. This diagnosis should be considered in the context of prolonged opioid use, symptoms compatible with the syndromic diagnosis, associated with suggestive laboratory tests: reduced morning cortisol, normal or reduced ACTH, and reduced DHEA-S. Magnetic resonance imaging of the pituitary gland is essential to rule out structural anomalies of the gland.

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1116369 PHEOCHROMOCYTOMA IN AN ADOLESCENT: A CASE REPORT

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Case Presentation: A previously healthy 17-year-old female began experiencing a holocranial headache of moderate intensity, accompanied by nausea and vomiting. She was admitted to a tertiary hospital in the countryside of Bahia with severe headache, seizure, and markedly elevated blood pressure (280 × 210 mmHg). Diagnostic imaging (ultrasound and computed tomography) revealed a right adrenal nodule measuring 4.2 × 3.4 cm. Laboratory tests showed significantly elevated plasma catecholamines: norepinephrine at 7,973.1 pg/mL (ref: ≤1,400 pg/mL), epinephrine at 430.9 pg/mL (ref: ≤140 pg/mL), and dopamine at 121.6 pg/mL (ref: ≤30 pg/mL). Urinary metanephrines were also elevated at 14,721 µg/24h (ref: 104–718 µg/24h). Following appropriate preoperative preparation, the patient underwent adrenalectomy. Histopathology confirmed the diagnosis of pheochromocytoma (PCC), with consistent morphological and immunohistochemical findings. **Discussion:** Clinical suspicion of PCC should be considered in patients with recent-onset, treatment-resistant hypertension, adrenergic crises, and a family history of genetic syndromes — particularly in young individuals. However, diagnosis can be challenging when presentation deviates from the classic triad. In this case, initial symptoms were nonspecific, including nausea, vomiting, and headache, without overt hypertensive crises, making early recognition difficult. Furthermore, the patient's age was atypical for PCC, which most commonly occurs between the third and fifth decades of life. The absence of associated genetic syndromes such as multiple endocrine neoplasia type 2, von Hippel-Lindau syndrome, or neurofibromatosis type 1 further reduced initial clinical suspicion. **Final Comments:** Although pheochromocytoma is extremely rare in adolescents, it should be considered a potential cause of secondary hypertension in this age group, even in the absence of the classic clinical signs typically associated with this neuroendocrine tumor.

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1116196 PHEOCHROMOCYTOMA IN PREGNANCY: A CASE REPORT

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Case Presentation: A 22-year-old woman with a previous diagnosis of hypertension experienced frequent blood pressure spikes during her second pregnancy. At 31 weeks, she sought emergency care reporting nausea, sudden onset of epigastric pain, and tachycardia, with a blood pressure of 170/110 mmHg. Magnesium sulfate (MgSO₄) was initiated, and immediate termination of the pregnancy via cesarean section was indicated. In the postoperative period, she developed abdominal pain and abnormal uterine bleeding (AUB). Abdominal tomography revealed free intraperitoneal fluid and a nodular lesion in the left adrenal gland, indeterminate on imaging, measuring 4.3 cm in diameter. Prenatal data from her first pregnancy, at age 18, showed hospitalization at 34 weeks due to blood pressure spikes (160/120 mmHg) and persistent maternal tachycardia, requiring MgSO₄ and ending with an uneventful delivery. In the second pregnancy, due to persistent AUB, she underwent a partial hysterectomy. After hospital discharge, investigation of the adrenal nodule was initiated. A 24-hour urinary metanephrine level was 2,703 µg (reference value <710 µg). Doxazosin was started, and the patient subsequently underwent left adrenalectomy, with histopathological analysis confirming the diagnosis of pheochromocytoma. **Discussion:** Pheochromocytoma during pregnancy is a rare but potentially life-threatening condition, associated with high maternal and fetal mortality. Symptoms such as refractory hypertension, headache, sweating, and palpitations can mimic preeclampsia, often delaying diagnosis. Secondary hypertension should be suspected when onset occurs before 20 weeks of gestation, especially when accompanied by paroxysmal symptoms and signs of autonomic dysfunction. In normal pregnancies, plasma and urinary catecholamine levels usually remain within pregestational ranges; thus, urinary metanephrine concentrations exceeding 1,800 µg/24h are highly suggestive of pheochromocytoma. The timing of surgical resection should be individualized. When diagnosis occurs after the 24th week of gestation, surgery may be delayed until fetal maturity, with medical management using α-adrenergic blockade in the interim. **Final Comments:** Early detection of pheochromocytoma is critical to reducing maternal and fetal morbidity and mortality. An individualized approach that combines adequate adrenergic blockade and appropriately timed surgery offers the best outcomes.

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1115951 PRIMARY ADRENAL INSUFFICIENCY DUE TO FUNGAL INFECTION – CASE SERIES

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Case Presentation: **Case 1:** 72-year-old male presenting with asthenia, vomiting, and loss of appetite for 6 months, with a 13 kg weight loss over 2 months. Laboratory tests showed sodium at 116 mEq/L, and he was hospitalized for management and diagnostic work-up. Abdominal CT showed bilateral adrenal thickening and ileal parietal segment thickening. Chest CT showed extensive centrilobular opacities and diffuse ground-glass attenuation in the lungs. Cortisol was 6.8 mcg/dL (RV 6–18.4), DHEA-S 3 mcg/dL (RV 34–249), and ACTH 199 pg/mL (RV 7–63), leading to a diagnosis of primary adrenal insufficiency (PAI), and treatment was started with hydrocortisone followed by prednisone 5 mg/day. Anti-21-hydroxylase antibodies were negative, and serology for paracoccidioidomycosis was reactive at 1:1. Colonoscopy revealed colon ulcers; biopsy showed chronic inflammation with macrophages containing fungal structures consistent with paracoccidioidomycosis (PCM). At diagnosis, aldosterone was 2.5 ng/dL (normal range 1.8–23.2), renin 2.8 ng/mL/h (normal range 0.3–5.8), and potassium 4.6 mEq/L. Later, renin increased to 25.6, and fludrocortisone 0.05 mg/day was initiated. **Case 2:** 56-year-old male presenting with diarrhea, nausea, loss of appetite, weight loss, evening fever, and night sweats. Abdominal CT showed cysts in both adrenals, measuring 8.7 × 6.5 cm on the left and 5.2 × 4.4 cm on the right. Colonoscopy with biopsy revealed acute ileitis with granulomas, multinucleated giant cells, and fungal structures suggestive of disseminated histoplasmosis (DH). Cortisol was 0.8 and ACTH 344, leading to a diagnosis of PAI. Treated with hydrocortisone, followed by prednisone 5 mg/day and fludrocortisone 0.1 mg/day. Both patients were treated with itraconazole, with a planned treatment duration of one year. **Discussion:** Disseminated infections involving the adrenal glands are the second most common cause of primary adrenal insufficiency and should be suspected in patients with altered immune status, skin or radiographic findings, including adrenal gland enlargement. In Latin America, PCM is the most prevalent endemic mycosis and can affect various organs, though adrenal involvement is rare. In contrast, DH involves the adrenals in over 80% of cases and causes adrenal insufficiency in 5–10% of them, with high mortality rates. **Final Comments:** Fungal infections should be considered among the possible etiologies of PAI, and early identification and treatment may allow recovery of adrenal function.

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1115246 PRIMARY ADRENAL INSUFFICIENCY SECONDARY TO CHRONIC RECURRENT PARACOCIDIOIDOMYCOSIS: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

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Case Presentation: Paracoccidioidomycosis (PCM) is an endemic systemic mycosis in Latin America, caused by *Paracoccidioides brasiliensis*. Although adrenal involvement is common in autopsy findings of disseminated cases, primary adrenal insufficiency (PAI) only becomes clinically evident after ≥90% of the adrenal parenchyma is destroyed. The Endocrine Society recommends investigating PAI in patients with nonspecific symptoms in endemic areas, even in the absence of typical signs. **Case Report:** A 57-year-old man, former rural worker and currently a restaurant assistant, with a history of PCM treated 30 years ago with itraconazole. One year ago, he developed infiltrative, crusted lesions in the perioral, nasal, abdominal, and upper limb regions, associated with local pain, weight loss (2 kg/month), and febrile episodes. He was referred to Endocrinology due to bilateral adrenal thickening with calcifications found on abdominal CT. On examination, he presented with postural hypotension and skin lesions compatible with fungal reinfection. Paracoccidioides IgM/IgG serology was positive. Treatment with amphotericin B was initiated due to the severe and recurrent form. Intravenous hydrocortisone replacement (50 mg every 8 hours) was started, later switched to oral prednisone 5 mg twice daily and fludrocortisone 0.1 mg/day upon discharge. **Discussion:** The 30-year interval between the initial treatment and cutaneous recurrence is uncommon but illustrates the fungus's ability to remain latent for decades, with late reactivation — a recognized phenomenon in deep mycoses. PAI secondary to PCM is underdiagnosed, despite being present in up to 50% of autopsy cases with disseminated disease. Calcified and fibrotic adrenal lesions are often silent until significant functional impairment occurs. In endemic regions, screening with basal cortisol and cosyntropin stimulation testing is recommended, even in asymptomatic patients with suggestive imaging. Management includes systemic antifungals based on severity and appropriate hormonal replacement. Patient education about adrenal crisis symptoms and a stress-response action plan is essential to prevent serious outcomes. **Final Comments:** This case highlights the importance of vigilance for late PCM recurrence and its endocrine impact. A multidisciplinary approach was essential for the effective diagnosis and management of PAI in this patient.

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1115967 PRIMARY BILATERAL MACRONODULAR ADRENAL HYPERPLASIA: FOLLOW-UP AND PROGRESSION

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Introduction: Primary bilateral macronodular adrenal hyperplasia (PBMAH) is a disorder with a recently recognized hereditary component, typically presenting as bilateral adrenal incidentalomas (AIs) with variable autonomous cortisol secretion (ACS). A unilateral, non-secreting form may occasionally represent an early or asymmetric stage of the disease. **Objective:** To characterize the natural history and progression of incidentally diagnosed PBMAH. **Methods:** We retrospectively reviewed records of patients with AIs whose initial presentation or course suggested PBMAH. Inclusion criteria: (1) bilateral AIs; (2) unilateral AIs with ≥ 2 nodules; (3) histopathological findings consistent with PBMAH; or (4) development of new nodules during follow-up. Clinical, hormonal, and radiological data were analyzed. Clinical progression (CP) was defined as escalation of antihypertensive therapy, onset or worsening of obesity, or new diagnoses of type 2 diabetes (T2DM) and/or dyslipidemia. Hormonal progression (HP) was defined as ACS (cortisol >1.8 $\mu\text{g}/\text{dL}$ after 1-mg dexamethasone overnight). Anatomical progression (AP) was defined as adrenal nodule growth >0.5 cm. Cardiovascular events and treatments were also recorded. **Results:** Of 158 patients with AIs, 43 (27%) met PBMAH criteria. Among them, 65% were female, mean age was 60 (SD ± 10.7), and 63% had bilateral disease. Excess weight, hypertension, T2DM, and dyslipidemia were present in 67%, 67%, 26%, and 37%, respectively. At diagnosis, 11 (26%) had mild ACS (MACS). Over a median follow-up of 79 months (IQR: 49–121), 60% showed CP and 16% had cardiovascular events. Regarding HP, 1/11 (9%) with MACS progressed to Cushing syndrome, and 3/27 (11%) non-secreting developed MACS. AP occurred in 7/41 (17%) patients with follow-up imaging. Among 16 patients with unilateral AIs, 9 (56%) developed new nodules over time. Among 14 with ACS, 6 remained on ketoconazole monotherapy, 2 underwent adrenalectomy, 3 started with ketoconazole and were referred for surgery, and 3 are under observation. **Conclusion:** PBMAH is a heterogeneous and potentially progressive condition, often leading to new or worsening hypercortisolism-related comorbidities. Further studies are needed to identify which patients with non-secreting unilateral disease require long-term specialist follow-up.

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1116224 PRIMARY PIGMENTED NODULAR ADRENOCORTICAL DISEASE ASSOCIATED WITH CARNEY COMPLEX: A CASE REPORT

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Case Presentation: A 16-year-old female presented with weight gain, edema, ecchymoses, striae, acne, hair loss, asthenia, and headaches. At age 17, she developed menstrual irregularity and cyclic edema and was investigated for Cushing syndrome. Laboratory evaluation revealed a pituitary adenoma, suppressed ACTH levels, and absence of cortisol suppression after dexamethasone administration, suggesting autonomous cortisol production. Referred to a tertiary care center at age 22, she underwent left adrenalectomy and was diagnosed with Primary Pigmented Nodular Adrenocortical Disease (PPNAD), based on persistent ACTH-independent hypercortisolism, histopathological findings of multiple pigmented nodules in the left adrenal cortex, and positive immunohistochemistry for melanin pigment. She also exhibited multiple breast nodules, consistent with Carney Complex (CC). At age 26, persistent hypercortisolism due to autonomous secretion by the contralateral adrenal gland was documented, and she underwent right adrenalectomy. Histochemical analysis confirmed the association between PPNAD and CC. Imaging revealed multiple breast nodules, a thyroid nodule, a simple cyst in the right ovary, and a myometrial nodule in the uterine fundus — findings compatible with tumors associated with Carney Complex. The patient initiated corticosteroid replacement therapy and remains under follow-up without further complications to date. **Discussion:** PPNAD is a rare form of adrenocortical hyperplasia characterized by small pigmented nodules in the adrenal cortex, leading to autonomous cortisol production. It is one of the causes of ACTH-independent Cushing syndrome and may be associated with myxomas, cutaneous hyperpigmentation, and other endocrine tumors, as seen in Carney Complex. This familial multiple neoplasia syndrome involves mutations in the PRKARIA and PDE11A genes, which affect cAMP signaling pathways. The standard treatment is bilateral adrenalectomy to prevent complications from chronic hypercortisolism. **Final Comments:** This case highlights the importance of early diagnosis of PPNAD in young patients with atypical endocrine features. Hormonal testing plays a critical role in distinguishing ACTH-independent Cushing syndrome, and genetic analysis may guide long-term management.

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1115621 RAPID AND SUSTAINED REDUCTION OF 11-OXYGENATED ANDROGENS IN ADULTS WITH CLASSIC CONGENITAL ADRENAL HYPERPLASIA FOLLOWING ONCE-DAILY ORAL ATUMELNANT (CRN04894): RESULTS FROM A 12-WEEK, PHASE 2, OPEN-LABEL STUDY

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Introduction: In classic congenital adrenal hyperplasia (CAH) caused by 21-hydroxylase deficiency (21OHD), normal steroidogenesis pathways are disrupted, leading to a decrease in cortisol and aldosterone levels and virilization due to excess adrenal androgens. Traditional biomarkers of disease activity include 17-hydroxyprogesterone (17-OHP) and androstenedione (A4). The adrenals produce 11 β -hydroxyandrostenedione (11-OHA4), which is metabolized to the potent androgen 11-ketotestosterone (11-KT); these 11-oxygenated androgens substantially contribute to the total androgen burden in patients with CAH. **Objective:** To evaluate the effect of atumelnant, a first-in-class competitive and selective melanocortin type 2 receptor (adrenocorticotrophic hormone receptor) antagonist, on traditional and 11-oxygenated androgen biomarkers in patients with classic CAH. **Methods:** Atumelnant was assessed in a Phase 2, open-label, dose-finding study. Adults age ≥ 18 -75 years with classic CAH taking stable doses of glucocorticoid (GC) replacement therapy (≥ 15 mg daily dose hydrocortisone equivalent) for ≥ 6 months and morning serum A4 level ≥ 1.5 times the upper limit of normal were enrolled in 3 dose cohorts of oral atumelnant, 40 mg, 80 mg, 120 mg once daily for 12 weeks. A total of 28 patients (40 mg, n=11; 80 mg, n=11; 120 mg, n=6) completed treatment; 54% were women; mean (range) age 31.3 (20-47) years; and mean (range) GC dose 28.9 (20-40) mg/day hydrocortisone equivalent. Baseline 11-OHA4 was (range) 997 (142-3128) ng/dL, and baseline 11-KT was (range) 303 (54-1292) ng/dL. **Results:** At week 2, the mean (SE) percent change from baseline (CFB) in morning 11-OHA4 for the 40, 80-, and 120-mg cohorts was -49% (9.8), -74% (6.9), and -85% (4.6), respectively; at week 12, CFB was -60% (10.8), -68% (11.4), and -82% (3.5), respectively. The mean (SE) percent CFB in morning 11-KT for the 40-, 80-, and 120-mg cohorts at week 2 was -40% (11.1), -56% (13.0), and -79% (7.3), respectively; at week 12, CFB was -58% (10.0), -58% (13.2), and -77% (7.2), respectively. **Conclusion:** In conclusion, atumelnant results in rapid and substantial reductions of 11-oxygenated androgens and the traditional biomarkers A4 and 17-OHP in patients with classic CAH. The reduction in total androgen burden may explain previously reported improvements in clinical outcomes within the 12-week time frame of this study.

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1115622 REDUCTIONS IN ADRENAL VOLUME IN PATIENTS WITH CONGENITAL ADRENAL HYPERPLASIA RECEIVING ONCE-DAILY ORAL ATUMELNANT (CRN04894): INTERIM RESULTS FROM A 12-WEEK, PHASE 2, OPEN-LABEL STUDY

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Introduction: The enlargement of adrenal glands in patients with congenital adrenal hyperplasia (CAH) is due to excess stimulation by adrenocorticotrophic hormone (ACTH) exerting a trophic effect over the lifetime of the individual. Atumelnant (CRN04894) is a potent, once-daily, orally bioavailable, nonpeptide, first-in-class, competitive, and selective melanocortin type 2 receptor (MC2R or ACTH receptor) antagonist being developed for the treatment of CAH. **Objective:** To evaluate the effect of atumelnant on adrenal gland volume and morphology in adults with classic CAH (21-hydroxylase deficiency) after 12 weeks of treatment. **Methods:** In early results of the 12-week, Phase 2, open-label, dose-finding study of atumelnant (40 mg, 80 mg, or 120 mg) in adults with classic CAH (NCT05907291), treatment demonstrated rapid and profound reductions in morning androstenedione within 2 weeks that were maintained throughout the study. Adrenal gland size and morphology were assessed via magnetic resonance imaging (MRI) using a standardized protocol at baseline (prior to dosing) and at week 12. All MRIs were evaluated by a single central radiologist. As of October 16, 2024, 12 patients (40 mg, n=2; 80 mg, n=7; 120 mg, n=3) had evaluable adrenal MRI data and were included in this analysis. Median (range) age was 24 (22-42) years, 75% were women, and median (range) glucocorticoid dose was 30 (20-40) mg/day. **Results:** Total adrenal volume (reference range: 8-10 mL) was >10 mL in all patients at baseline (median [range] 19.7 [10.2-943.6] mL). After 12 weeks of atumelnant, the median (range) change in total adrenal volume was -4.3 (-77.5 to 9.1) mL, corresponding to a median (range) percentage change of -13.7% (-36% to 49%). Overall, 10 out of 12 patients had a decline in volume in one or both adrenal glands. Adrenal masses suggestive of myelolipoma, commonly associated with CAH, were incidentally found in 3 of 12 patients, indicating that the study cohort reflects the real-world CAH population. **Conclusion:** Through potent blockade of the adrenal MC2R and reduction or normalization of adrenal androgens, atumelnant treatment over 12 weeks resulted in consistent reductions in adrenal gland volume. These findings support the plasticity of hyperplastic adrenal tissue in adults with long-standing CAH and reinforce the role of ACTH in maintaining adrenal hyperplasia.

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1115844 SECONDARY ADRENAL INSUFFICIENCY INDUCED BY PEMBROLIZUMAB IMMUNOTHERAPY

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Case Presentation: A 52-year-old female patient, diagnosed with triple-negative breast cancer (TNBC) in 2023, underwent multimodal treatment including surgical resection with axillary lymphadenectomy, adjuvant chemotherapy, and immunotherapy with pembrolizumab. Following treatment, she developed generalized body pain, nausea, vomiting, and episodes of hypotension. Laboratory investigation revealed hypocortisolism, with a baseline cortisol level of 0.8 mcg/dL and ACTH <5 pg/mL. Repeat testing the following month demonstrated even lower levels (cortisol <0.4 mcg/dL, ACTH <5 pg/mL), with no abnormalities in other pituitary axes. All symptoms improved after a course of oral glucocorticoid therapy. **Discussion:** Pembrolizumab is a humanized monoclonal antibody that acts as an immune checkpoint inhibitor, specifically blocking the interaction between programmed death receptor 1 (PD-1) and its ligands, thereby enhancing antitumor immune responses. It represents a significant alternative to chemotherapy as the first approved immunotherapy agent for TNBC. However, this mechanism can trigger autoimmune events, with reported cases of hypophysitis (0.4%) and secondary adrenal insufficiency (0.7%). Hypophysitis predominantly manifests as headache and fatigue, accompanied by reduced hormone levels (ACTH, TSH, FSH, LH, GH, and prolactin). However, only approximately 50% of cases exhibit detectable pituitary abnormalities on magnetic resonance imaging (MRI). Treatment is based on hormone replacement and symptom management with glucocorticoids, as hypophysitis leads to deficits that do not recover spontaneously, even long after the initial event. **Final Comments:** The use of checkpoint inhibitors has emerged as a chemotherapy-sparing alternative in recent years for the treatment of TNBC. However, immune-mediated adverse events may present with nonspecific yet potentially severe symptoms, such as dehydration, hypotension, and electrolyte imbalances, as observed in secondary adrenal insufficiency. In this context, active endocrine surveillance is strongly recommended for patients undergoing immunotherapy, including routine screening of adrenal function (cortisol and ACTH levels) before, during, and after anti-PD-1 therapy. This approach ensures early detection and proper management of potentially life-threatening conditions arising from secondary endocrinopathies.

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1116385 SILENT BUT SIGNIFICANT: A GIANT PHEOCHROMOCYTOMA WITHOUT ADRENERGIC MANIFESTATIONS

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Case Presentation: A 56-year-old male patient with a history of arterial hypertension presented with complaints of abdominal pain and progressive abdominal distension. Abdominal computed tomography revealed an adrenal mass. Hormonal evaluation showed no evidence of autonomous cortisol secretion, aldosterone levels below 12 ng/dL, elevated plasma metanephrines at 309 pg/mL (approximately twice the upper limit of normal), and plasma normetanephrines at 4625 pg/mL (approximately ten times the reference value), confirming the diagnosis of pheochromocytoma. The patient underwent preoperative preparation with alpha-adrenergic blockade, followed by the introduction of beta-blockers. He subsequently underwent surgical resection of the mass, which measured 22 × 13 × 10 cm and weighed 1.57 kg. Histopathological and immunohistochemical analysis confirmed the diagnosis of pheochromocytoma. The patient had an uneventful postoperative course, with improvement of the abdominal pain after surgery. He remains under follow-up with the urology and endocrinology teams. There is no reported family history consistent with pheochromocytoma. **Discussion:** We report a rare case of giant pheochromocytoma, defined as a tumor larger than 7 cm. Unlike most cases described in the literature, this patient presented with symptoms related to the mass effect rather than the classic manifestations of the disease, such as headache, palpitations, and sweating. Giant pheochromocytomas tend to be clinically silent, possibly due to tumor necrosis, a greater proportion of interstitial tissue compared to chromaffin cells, and encapsulation of the lesion, which limits catecholamine release. They rarely secrete catecholamines and commonly present with vague abdominal symptoms. A computed tomography scan can help suggest the diagnosis, while biochemical testing is essential for confirmation. **Final Comments:** This case highlights the importance of thorough evaluation of large adrenal masses, even in the absence of typical symptoms of pheochromocytoma. Preoperative management with alpha- and beta-adrenergic blockade is essential to ensure surgical safety. The favorable postoperative outcome without complications reinforces the relevance of appropriate clinical preparation and timely surgical intervention in cases of giant pheochromocytoma. The rarity of this case lies in the remarkable size of the pheochromocytoma without the presence of adrenergic symptoms, which are typically expected in such tumors. **Keywords:** Giant adrenal tumor; Mass effect; Asymptomatic presentation

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1115559 SILENT PHEOCHROMOCYTOMA: AN INCIDENTAL DIAGNOSIS IN A PATIENT WITH METABOLIC COMORBIDITIES

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Case Presentation: This case describes a 48-year-old male patient with a history of obesity and prediabetes, who reported occasional mild tachycardia without classical symptoms of adrenergic crises. During evaluation for hepatic steatosis, imaging incidentally revealed a mass in the left adrenal gland. A non-contrast CT scan identified a lesion suggestive of pheochromocytoma, which was confirmed by MIBG scintigraphy and elevated plasma normetanephrine levels. MRI showed a 15 mm nodule in the left adrenal. After appropriate preoperative preparation, the patient underwent an uneventful left adrenalectomy in 2022. Postoperatively, plasma metanephrine levels normalized, tachycardia resolved, and clinical improvement was observed. During outpatient follow-up, the patient presented with mild ventricular dysfunction, moderate hepatic steatosis, and insulin resistance. He remains under multidisciplinary follow-up, using GLP-1 analog therapy, with a focus on metabolic control, weight loss, and increased lean mass. **Discussion:** This is an atypical presentation of pheochromocytoma, which classically manifests with paroxysmal hypertension, sweating, and headache. The absence of these symptoms delayed diagnosis, with the tumor being incidentally discovered during evaluation for liver abnormalities. Diagnosis was confirmed through a combination of biochemical tests and functional imaging. Surgical treatment achieved both biochemical and clinical remission. However, persistent metabolic and cardiac abnormalities postoperatively suggest residual effects of chronic catecholamine exposure. **Final Comments:** This case highlights the importance of a systematic diagnostic approach in patients with multiple metabolic comorbidities, even in the absence of typical adrenergic symptoms. It underscores the value of multidisciplinary care in diagnosis and management, as well as the need for long-term follow-up after adrenalectomy, focusing on late metabolic and cardiovascular outcomes. Early and accurate intervention was essential in preventing severe complications and improving the patient's prognosis.

PO-239

1115671 TRANSGENERATIONAL MANAGEMENT STRATEGIES FOR FAMILIES WITH MEN2A: TOWARDS THE ENDING THE SYNDROME?

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Introduction: RET protooncogene mutations causes MEN2A syndrome which is characterized by medullary thyroid carcinoma (MTC), primary hyperparathyroidism (PPH) and pheochromocytoma (PHEO). Family screening is recommended to identify patients with the disorder allowing early treatment. Total thyroidectomy-TT is recommended, followed to adrenalectomy-ADX and parathyroidectomy-PTX, according to clinical expression. ADX may be bilateral with preservation of the unilateral adrenal cortex. Adequate management, replacement of hormonal deficiencies and preservation of the adrenal cortex have allowed long-term survival, without the presence of adrenal insufficiency. In this scenario, the prospect of pregnancy is frequent, establishing a challenge for the offspring with a high prevalence of the disease. Recent fertilization techniques associated with molecular identification may be promising in interrupting the continuity of the syndrome, although their results are still scarce. **Objective:** to describe transgenerational management of a family with MEN2A in which the inheritance of the syndrome was interrupted in newborn from a carrier patient. **Methods:** We describe a family of MEN-2A carriers with the RET mutation who have been followed for over 25 years. The members underwent sequential surgical procedures and periodic hormonal control. The most recent favorable outcome was a third-generation pregnancy in which the newborn is no longer a carrier of the disease as a result of in vitro fertilization and molecular analysis of embryos to select non-carriers. **Results:** We describe a family of MEN2A carriers diagnosed and followed since 1999. The first member evaluated is a 28-year-old female patient with PHEO, CMT and HPP, who underwent ADX on the left and partial on the right (10/1999) and later TT+PTX with parathyroid implant in the forearm in 01/2000. Genetic analysis revealed a C634R RET mutation. Her only daughter was evaluated at age 5 (1999) and was positive for the mutation. She underwent TT in 12/2000, with pathology confirming focal CMT and later underwent total ADX on the right and partial on the left due to bilateral PHEO in 2012. Subsequently, the patient had another child, born in 2006, third affected member, who was also a carrier. This child underwent TT at age 5, with pathology showing C-cell hyperplasia without PHEO at this time. The patient's daughter, the second patient, wishing to become pregnant, underwent in vitro fertilization and selection of unaffected embryos, resulting in a pregnancy that evolved to cesarean section, without complications and a normal newborn, without the RET mutation. **Conclusion:** The appropriate management of patients with MEN 2A allows their long-term survival with control of morbidities and prospects for pregnancy obtained by in vitro fertilization that may lead to new generations of family members who no longer have the syndrome.

PO-240

1116118 X-LINKED ADRENOLEUKODYSTROPHY: EVALUATION OF CLINICAL AND EPIDEMIOLOGICAL ASPECTS

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Introduction: X-linked adrenoleukodystrophy (X-ALD) is a demyelinating, peroxisomal, and genetic disorder with X-linked inheritance, caused by a pathogenic variant in the ABCD1 gene. This mutation leads to impaired degradation of very long-chain fatty acids (VLCFAs), resulting in the accumulation of these lipids in the central nervous system (CNS), adrenal cortex, and testicles.

Objective: Investigate the clinical and epidemiological aspects of patients diagnosed with X-ALD. **Methods:** Descriptive, observational, epidemiological study analyzing five clinical cases of patients with X-ALD. **Results:** Five male patients were analyzed, with a mean age of 19.2 years. The diagnosis was confirmed by elevated VLCFA levels, and three patients underwent genetic testing, identifying a hemizygous pathogenic variant in the ABCD1 gene. Clinical presentations ranged from severe childhood cerebral inflammatory forms to adult-onset adrenomyeloneuropathy, highlighting the phenotypic heterogeneity of the disease. Among the patients analyzed, only one did not present with adrenal insufficiency. Functional assessment was performed using the Barthel Index, an instrument that measures an individual's ability to perform basic activities of daily living, such as eating, hygiene, and mobility. Two patients underwent hematopoietic stem cell transplantation (HSCT), with one developing severe complications and progressing to death. Interviews with family members and caregivers revealed difficulties in accessing diagnosis and treatment, as well as significant emotional and financial impact. **Conclusion:** The analyzed cases demonstrated the importance of early diagnosis to modify the clinical course of X-ALD, especially in cerebral forms with potential benefit from HSCT. Diagnostic delays, even in patients with a positive family history, highlight gaps in medical training and access to specialized testing. The absence of newborn screening compromises early identification and reduces therapeutic opportunities. This study emphasizes the need to increase awareness of X-ALD among healthcare professionals, implement family screening protocols, and consider newborn screening as a public health policy. Furthermore, it reinforces the importance of multidisciplinary care, with support for families and continuous access to rehabilitation.

PO-001

1115642 ACCESS AS A KEY FACTOR IN OVERCOMING CONTRACEPTIVE BARRIERS FOR WOMEN WITH DIABETES MELLITUS

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Introduction: Pregnancy planning in women with diabetes mellitus (DM) is essential. Inadequate blood glucose levels are associated with unfavorable maternal outcomes and progression of chronic complications of DM. **Objective:** To verify which contraceptive methods (CM) are chosen by women with DM when they have access to and receive guidance on CM, their degree of satisfaction, and method continuation over 24 months. **Methods:** Prospective cohort study conducted at a hospital in Rio Grande do Sul, including women aged 10 to 49 years with DM treated at the Endocrinology outpatient clinic. Ethics committee: 58015622.8.0000.5327. Women who agreed to participate in the study received guidance on the available contraceptive methods and the most appropriate one for each patient, respecting the contraindications of the World Health Organization (WHO) eligibility criteria. A structured interview was conducted, including detailed demographic data, reproductive history, and medical information. The patient chose the contraceptive method they preferred and was monitored by telephone for 24 months to assess continuation, satisfaction with the method, and occurrence of pregnancy. **Results:** To date, 82 women have been included, aged between 14 and 47 years, with a mean age of 29.47 ± 7.7 years. The majority, 57 (70%), have type 1 DM. Sixty-two (76%) have a steady partner, and 36 (44%) were using contraindicated contraceptive methods. Twenty-one (26%) were using barrier methods, and 25 (30%) had no contraindications to their contraceptive method. After receiving guidance, 58 (70.7%) chose the etonogestrel implant, 10 (12.2%) oral progestin, 9 (11%) levonorgestrel IUD (intrauterine device), 3 (3.7%) copper IUD, 1 (1.2%) combined oral contraceptive, and 1 (1.2%) progestogen-only injectables. To date, 7 patients have had their etonogestrel implant removed: 2 due to weight gain, 2 due to desire to become pregnant, and 3 due to menstrual irregularity. Two patients discontinued desogestrel use — 1 became pregnant, and the other desired pregnancy. **Conclusion:** The most chosen method was the etonogestrel implant. Most patients selected highly recommended methods due to their efficacy and safety: long-acting reversible contraceptives (LARCs). When these patients have the opportunity to access and choose their contraceptive method, they tend to prefer a LARC. Based on these results, it is essential that improvements be implemented to enhance access to and availability of contraceptive methods for family planning in women with DM.

PO-002

1116135 ACCURACY OF A CONVERSION FORMULA FOR ESTIMATING PERCENTAGE BODY FAT BY DUAL-ENERGY X-RAY ABSORPTIOMETRY USING BIOELECTRICAL IMPEDANCE DATA IN PATIENTS WITH TYPE 2 DIABETES

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Introduction: Dual-energy X-ray absorptiometry (DEXA) is considered a reference method for assessing body fat. However, its use is limited in clinical and large-scale research settings due to high cost, limited accessibility, and radiation exposure. Bioelectrical impedance analysis (BIA) offers a more practical, though less accurate, alternative. Therefore, developing a conversion formula to estimate percentage body fat (PBF) as measured by DEXA from BIA-derived data could enhance the applicability of body composition analysis. **Objective:** To evaluate the accuracy of a conversion formula for PBF by DEXA based on values obtained through BIA in patients with type 2 diabetes. **Methods:** Patients with type 2 diabetes were recruited consecutively and underwent clinical, nutritional, and laboratory evaluations. Total and trunk fat were estimated using segmental multifrequency direct BIA (InBody 230, Biospace, Seoul, Korea) and DEXA (Lunar iDXA; General Electric). **Results:** A total of 269 patients with type 2 diabetes were evaluated (60% women; mean age 63 ± 9 years; BMI 29.3 ± 4.1 kg/m²), all of whom underwent body composition evaluation by BIA, and 133 were also evaluated by DEXA. With the data from these 133 patients, linear regression formulas were developed for total PBF (Total PBF [DEXA] = $8.968 + 0.799 \times$ total PBF [BIA]) and for percentage trunk fat (PTF [DEXA] = $8.968 + 0.799 \times$ PTF [BIA]). Analyzing all 269 participants, strong correlations were observed between estimated and measured values: $r = 0.96$ ($P < 0.0001$) for total PBF and $r = 0.93$ ($P < 0.0001$) for PTF. Bland-Altman analysis demonstrated a bias of -1.9 (standard error = 0.2) for total PBF and -5.2 (standard error = 0.2) for PTF. **Conclusion:** PBF and PTF estimated by the conversion formulas showed excellent correlations with the values estimated by BIA. It is important to consider the biases observed between the two techniques when interpreting the results. These formulas can significantly facilitate the assessment of body composition and its relationship with clinical outcomes, offering good accuracy with lower cost and greater accessibility.

PO-003

1115732 ADULT NESIDIOBLASTOSIS: A CHALLENGING CASE REPORT

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Case Presentation: MCE, a 47-year-old female, reported long-standing hypoglycemia. In 2015, endoscopic ultrasound revealed pancreatic lesions and a selective arterial calcium injection (SACI) test suggested nesidioblastosis. Partial pancreatectomy was performed, with histopathological confirmation. One year later, due to symptom recurrence, magnetic resonance imaging showed a 29% increase in pancreatic volume. Diazoxide (DZX) was initiated, providing glycemic control until 2019, when hypoglycemia recurred. The patient was referred to our institution, and a new SACI test again suggested nesidioblastosis. In 2021, despite adjustments to DZX and changes in medications (replacing atenolol with verapamil and combining hydrochlorothiazide), the condition worsened, leading to occupational disability. Octreotide therapy was suggested but not initiated due to financial constraints. Due to the severity, the patient underwent an extended duodenopancreatectomy, and histopathological examination again confirmed nesidioblastosis. Postoperatively, the patient developed diabetes and is now treated with insulin and digestive enzyme supplementation. **Discussion:** Nesidioblastosis is a rare disorder characterized by hyperplasia and/or hypertrophy of pancreatic beta cells, primarily documented in neonates. In adults, it accounts for only 4% of hyperinsulinemic hypoglycemia cases and poses significant diagnostic challenges, as it is clinically indistinguishable from insulinoma. Definitive diagnosis relies solely on histopathological confirmation. The therapeutic landscape is notably complex. Medical treatments often prove insufficient or are associated with considerable adverse effects, while others may be financially inaccessible. Although surgery offers resolution, it results in insulin-dependent diabetes and introduces its own set of chronic complications. Therefore, clinical decisions require careful risk-benefit assessment on an individual basis. **Final Considerations:** Although adult-onset nesidioblastosis represents a minority of hyperinsulinemic hypoglycemia cases, it must be considered in the differential diagnosis of frequent/severe hypoglycemia. This case highlights the diagnostic and therapeutic complexities of the condition, the limitations of pharmacologic management, and the potential necessity of surgery despite its significant metabolic consequences.

PO-004

1115862 ANALYSIS OF HOSPITALIZATION COSTS FOR DIABETES MELLITUS AND SYSTEMIC ARTERIAL HYPERTENSION IN NORTHEASTERN BRAZIL: A 10-YEAR STUDY (2015–2024)

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Introduction: Chronic Noncommunicable Diseases (NCDs), such as diabetes mellitus (DM) and systemic arterial hypertension (SAH), pose a significant burden to healthcare systems and national economies. In the Northeast region of Brazil, these conditions have significantly increased hospital admissions, resulting in high costs for the healthcare system. **Objective:** To analyze the health costs related to hospital admissions for DM and SAH in the Northeast region of Brazil from 2015 to 2024. **Methods:** Descriptive, observational, and retrospective study based on the Health Information System (TABNET) database provided by the Department of Informatics of the Unified Health System (DATASUS). The study analyzed total and average hospitalization costs, the number of admissions, and temporal patterns in healthcare spending related to DM and SAH in the Northeast region from January 2015 to December 2024. The data were organized and compiled into spreadsheets using Microsoft Office Excel™ for descriptive analysis. **Results:** During the analyzed period, there were 682,321 hospitalizations in the Northeast region related to DM and SAH, with 424,341 (62.18%) due to DM and 257,980 (37.82%) due to SAH. In this region, hospitalizations generated total costs of R\$ 415,791,866.59, representing approximately 28% of the national total for these conditions from 2015 to 2024. In the Northeast, hospitalizations for DM remained relatively stable, with an average around 42,000 per year. In contrast, admissions for SAH have declined more significantly, with a reduction of approximately 51.75%, from 37,698 in 2015 to 18,186 in 2024. Despite this reduction in the number of hospitalizations for SAH, the average cost per admission increased for both conditions. For DM, the average cost rose from R\$ 555.73 in 2015 to R\$ 896.19 in 2024, representing an increase of 61.26%. For SAH, the average cost increased from R\$ 369.56 to R\$ 580.02 in the same period, an increase of 56.95%. **Conclusion:** The analysis shows that DM and SAH continue to represent a substantial burden on the healthcare system in the Northeast region of Brazil. Although the epidemiological behavior of hospital admissions differed between the two conditions, both presented a significant increase in average hospitalization costs, reinforcing the need for improved prevention and primary care strategies.

PO-005

1115896 ANALYSIS OF HOSPITALIZATION COSTS RELATED TO DIABETES MELLITUS IN RIO GRANDE DO SUL FROM 2020–2024

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Introduction: Diabetes Mellitus (DM) poses a significant public health challenge, with substantial impact on healthcare systems worldwide due to its complex management, multiple complications, and high prevalence. Poorly controlled or undiagnosed patients may require hospital admissions to manage acute and chronic DM-related manifestations. Thus, analyzing the costs of DM-related hospitalizations is relevant, as it provides an indirect measure of whether disease control has improved in recent years. **Objective:** To analyze the costs of hospitalizations due to Diabetes Mellitus (DM) within Brazil's Unified Health System (SUS) in the state of Rio Grande do Sul (RS) from 2020 to 2024, in order to examine the numbers of hospitalizations and the trend of cost changes. **Methods:** This is an observational, retrospective study based on statistical analysis of secondary data publicly available through the SUS Informatics Department (DATASUS), using the TABNET tool. The analysis included hospital service payments (in BRL) and the number of hospitalizations with a diagnosis of Diabetes Mellitus (CID-10: E10–E14) in RS from 2020 to 2024. Variables included year of admission, age group (5–9, 10–14, 15–19, 20–29, 30–39, 40–49, 50–59, 60–69, and 70–79 years), federal units, and CID-10 category. Data were analyzed using basic descriptive statistics. Approval by the Research Ethics Committee was not necessary, as the study used a public database. **Results:** A total of 36,358 hospitalizations were recorded during the analyzed period, generating a cumulative cost of BRL 27,585,069.78. Annual costs increased by 32.2%, rising from BRL 4.77 million in 2020 to BRL 6.3 million in 2024. The average cost per admission rose from BRL 667.84 to BRL 815.71, a 22% increase. The highest concentration of both costs and admissions occurred in the 50–79 age group, accounting for over 60% of expenditures and 70% of hospitalizations. The 60–69 age group stood out, with BRL 6.39 million in costs and 9,073 admissions. When compared to the national total (BRL 554.6 million), RS accounted for approximately 5% of DM-related hospital costs. **Conclusion:** DM-related hospitalizations in RS imposed a growing economic burden on SUS from 2020 to 2024, especially among individuals over 50 years of age, who accounted for most hospitalization expenses. These findings highlight the urgent need for public policies aimed at prevention, early diagnosis, and effective management of DM, in order to reduce avoidable admissions and related costs.

PO-006

1115658 ASSESSMENT OF QUALITY OF LIFE AND PREDICTORS OF DISTRESS IN PATIENTS WITH TYPE 1 DIABETES ATTENDING A TERTIARY ENDOCRINOLOGY CENTER

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Introduction: Type 1 diabetes mellitus (T1DM) is a chronic disease that requires intensive insulin therapy and is associated with emotional stress resulting from the disease itself and its treatment, known as diabetes distress (DD). **Objective:** To evaluate the prevalence and predictors of diabetes distress and quality of life in patients diagnosed with T1DM being followed at the Endocrinology Department of a tertiary hospital. **Methods:** Retrospective cross-sectional study. Validated questionnaires, the “Diabetes Distress Scale for Adults with Type 1 Diabetes (T1DDS Portuguese-Brazil)” and the “Diabetes Quality of Life Measure (DQOL-Brazil),” were administered. Additionally, medical records were reviewed to obtain clinical data from patients with T1DM receiving care at the Endocrinology Department of a tertiary hospital between June and December 2024. Pregnant women, individuals with severe psychiatric disorders, and those unable to complete the questionnaires for any reason were excluded. **Results:** A total of 70 adult patients with T1DM participated, of whom 80% were white and 52.9% were female, with a mean age of 42.31 ± 14.09 years. The mean duration of diabetes was $21.54 (\pm 12.58)$ years, and the mean of the last glycated hemoglobin (HbA1c) was $8.64\% (\pm 1.82\%)$. Moderate or high DD was evidenced in 64.3% of patients. There was a statistically significant correlation of DD with poorer quality of life ($R^2 = 0.514$, $p < 0.001$) and higher levels of HbA1c ($R^2 = 0.118$, $p = 0.004$). In our sample, there was no statistically significant correlation between DD and sex, age, education, race, microvascular complications, or living alone. **Conclusion:** Moderate to severe DD was evidenced in the majority of patients, and DD scores were inversely related to quality of life.

PO-007

1116257 ASSOCIATION BETWEEN HDL CHOLESTEROL AND VASCULAR COMPLICATIONS IN TYPE 2 DIABETIC PATIENTS TREATED AT A DIABETES REFERENCE CENTER IN BAHIA

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Introduction: Diabetes mellitus is an intermediate metabolism disorder, of a complex and multifactorial nature, characterized by persistent hyperglycemia. Its chronic and degenerative aspect promotes consequences which, in the long term, lead to metabolic decompensations and damage to target organs, culminating in decreased survival and disability among diabetic patients. Studies have demonstrated an important role of high-density lipoprotein (HDL) in the severity of complications resulting from diabetes. **Objective:** The present study aimed to evaluate the association of HDL-c levels with vascular complications in patients followed up at the Diabetes Mellitus outpatient clinic of the Reference Center of the State of Bahia (CEDEBA). The specific objectives were to identify vascular complications in the diabetic patients of the study and to analyze the lipid profile of these patients, according to the identified variables. **Methods:** This is a cross-sectional study. The study panorama was the Diabetes Mellitus outpatient clinic of the State Reference Center for Diabetes and Endocrinology Assistance of the State of Bahia (CEDEBA). Data were collected through analysis of the medical records of patients followed up in the ward. The data were organized and analyzed through the study and interpretation of the information collected. **Results:** Sixty-two medical records of diabetic patients were analyzed, of which 62.9% were female and 37.1% male. The median age was 70 years. Among the patients in the study, 37.1% had some macrovascular complication, 71% had some microvascular complication, 27.4% had both complications, and 80.6% had at least one macro or microvascular complication. The median HDL-c level in patients with vascular complications was 48.5 mg/dL, whereas in patients without complications it was 55.5 mg/dL ($p=0.101$). Among the macrovascular complications, a higher prevalence of peripheral arterial disease was observed. Among the microvascular complications, diabetic nephropathy was more prevalent. The HDL-c level was higher in patients without diabetic complications; however, it was not possible to identify a significant difference ($p<0.05$). **Conclusion:** The present study demonstrates an important assessment of the prevalence of macrovascular and microvascular complications in patients with type 2 diabetes mellitus. Although the study observed higher levels of HDL-c among patients who did not present macro or microvascular complications, it was not possible to identify a significant difference ($p<0.05$). Additionally, it is worth highlighting the importance of further studies to collaborate in research related to the role of HDL-c levels and their association with complications in diabetic patients.

PO-008

1116043 ASSOCIATION BETWEEN PHYSICAL EXERCISE AND TARGET ORGAN DAMAGE IN PATIENTS WITH DIABETES MELLITUS: A CROSS-SECTIONAL COMMUNITY-BASED STUDY IN AN INLAND CITY OF RIO GRANDE DO SUL

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Introduction: Microvascular complications associated with diabetes mellitus (DM), such as target organ damage (TOD), represent a significant challenge in the management of the disease, being linked to high morbidity and mortality rates. There is consistent evidence that modifiable lifestyle factors, such as regular physical exercise (PE), can reduce the risk of developing these chronic complications. However, few population-based studies have directly assessed the association between physical activity and the prevalence of TOD in non-hospitalized DM patients. **Objective:** To analyze the association between regular PE practice and the presence of target organ damage in patients with type 1 and type 2 DM interviewed during a community outreach health initiative in a city of approximately 300,000 inhabitants in inland Rio Grande do Sul, Brazil. **Methods:** This was a cross-sectional study based on data collected during a community health campaign conducted in a public square in observance of World Diabetes Day in 2024. Patients with a prior diagnosis of type 1 (T1DM) or type 2 (T2DM) diabetes were included. Variables analyzed included clinical, anthropometric, and self-reported lifestyle data. PE practice was categorized as “active” (defined as at least 150 minutes of physical activity per week) or “sedentary.” The primary outcome was the presence of TOD (defined as self-reported retinopathy, nephropathy, diabetic foot, or any known funduscopy abnormalities). The association between physical activity and the presence of TOD was evaluated using Fisher’s exact test, with a significance level of $p \leq 0.05$. **Results:** A total of 67 patients with DM were evaluated. Thirteen patients (19.4%) presented with TOD. Among those classified as sedentary ($n=46$), 11 (23.9%) had TOD, while only 2 (9.5%) of the physically active patients ($n=21$) reported such complications. Regular PE practice was associated with a lower prevalence of TOD ($p = 0.048$, Fisher’s exact test). **Conclusion:** Regular PE practice was associated with a lower prevalence of target organ damage in community-based patients with diabetes, reinforcing its fundamental role as a strategy in the prevention of chronic complications. These findings highlight the importance of promoting physical activity as an integral component in the management of diabetes, aiming to reduce microvascular damage and improve patient quality of life.

PO-009

1116423 ASSOCIATION BETWEEN PROCESSED AND ULTRA-PROCESSED FOOD INTAKE AND CARDIOVASCULAR OUTCOMES AND ALL-CAUSE MORTALITY IN PATIENTS WITH TYPE 2 DIABETES

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Introduction: Many studies have demonstrated an association between high dietary intake of processed foods and the development of cardiometabolic diseases as well as all-cause mortality. Therefore, regarding the prevention of cardiovascular disease (CVD), the study of processed and ultra-processed food consumption in high-risk patients is very important. **Objective:** To evaluate the associations between processed and ultra-processed food intake with cardiovascular events and with all-cause mortality (CV composite outcomes) in patients with type 2 diabetes. **Methods:** In this prospective cohort study, the patients were submitted to clinical and nutritional evaluations. Clinical evaluation consisted of glycemic and lipid profile, blood pressure control and the search for diabetic chronic complications. Cardiovascular events were considered: myocardial infarction, myocardial revascularization procedures, congestive heart failure, new-onset angina pectoris, stroke, and cardiovascular deaths. Their dietary habits were evaluated (3-day weighted diet records) and the items of food consumption were classified as: in natura/minimally processed foods, culinary ingredients, processed and ultra-processed foods. **Results:** A total of 391 patients with type 2 diabetes (61 ± 10 years; 50% male; follow-up: 5 years) were evaluated. The group with CV composite outcomes ($n = 129$) were older (63 ± 9 vs. 60 ± 10 years; $P = 0.005$), presented a higher proportion of men (61 vs. 44%; $P = 0.002$), hypertension (88 vs. 77%; $P = 0.009$), diabetic kidney disease (DKD; 45 vs. 22%; $P < 0.001$), basal CVD (44 vs. 29%; $P = 0.005$) and lower serum levels of HDL cholesterol (45 vs. 48 mg/dL; $P = 0.01$). In Cox regression analysis, a significant association was observed between the dietary intake of processed foods (HR = 1.022, 95% CI: 1.002–1.043; $P = 0.03$) and CV composite outcomes, adjusting for age, gender, time from diabetes diagnosis, presence of DKD, presence of basal CVD, hypertension, use of hypolipidemic agents, waist circumference and serum HDL cholesterol. However, no association was observed between dietary intake of ultra-processed foods and CV composite outcomes. **Conclusion:** In this population, we observed an association between the consumption of processed foods and CV composite outcomes, probably attributed to their high content of salt, sugar and fat. Perhaps we didn’t observe an association between CV outcomes and all-cause mortality with intake of ultra-processed foods because of their lower intake in this sample of patients.

PO-010

1115256 ASSOCIATION OF COEXISTING AUTOIMMUNE DISEASES IN INDIVIDUALS WITH TYPE 1 DIABETES MELLITUS

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Introduction: Type 1 Diabetes Mellitus (T1DM) is a predominantly autoimmune disease, more commonly diagnosed in childhood, resulting from the interaction between genetic, immunological, and environmental factors, which ultimately lead to the destruction of insulin-producing pancreatic beta cells. The literature widely reports that individuals with one autoimmune disease have a higher predisposition to developing additional autoimmune conditions, a phenomenon known as autoimmune polyglandular syndrome (APS). Associations between T1DM and other autoimmune diseases are frequently observed. **Objective:** To characterize patients with T1DM associated with other autoimmune diseases in the state of Maranhão, Brazil. **Methods:** This is a cross-sectional, descriptive study involving 215 patients diagnosed with T1DM, followed at a referral center for endocrinology in São Luís, Maranhão. Data collection was conducted through medical chart reviews from April 2024 to May 2025, aiming to investigate the coexistence of T1DM and other autoimmune diseases. The variables analyzed included sex, age, presence of autoimmune disease, age at T1DM diagnosis, and age at diagnosis of the associated autoimmune disease. This study was approved by the Research Ethics Committee. **Results:** Of the 215 patients included, 114 (53%) were female. The mean age of the study population was 24.2 years. Among them, 31 patients (14.4%) had an additional autoimmune disease, categorized as follows: 19 with Hashimoto's thyroiditis (61.3%), 7 with Graves' disease, 2 with celiac disease, 2 with autoimmune hepatitis, and 1 with lichen planus. Within this subgroup, 24 were female (74.4%), and in 26 cases (83.9%), T1DM was diagnosed either prior to or concurrently with the other autoimmune disease; in only 2 cases was the autoimmune disease diagnosed before T1DM. In the remaining cases, the timing of diagnosis was not specified. **Conclusion:** This study revealed a significant prevalence of T1DM associated with other autoimmune diseases, with thyroid disorders – particularly Hashimoto's thyroiditis – being the most frequent, thus characterizing APS. T1DM tended to precede the onset of other autoimmune conditions, and APS was more commonly observed in females. Additionally, the relatively young mean age (24.2 years) represents a major limitation, as participants may still develop new autoimmune diseases over time.

PO-011

1115937 BACK TO THE SIMPLEST: BODY MASS INDEX IS ENOUGH TO EVALUATE THE ASSOCIATION OF BODY FAT AND LIVER STIFFNESS IN TYPE 2 DM

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Introduction: Liver stiffness is a complication of MASLD in obesity and diabetes mellitus (DM). The use of sophisticated equipment to assess body composition and quantify visceral fat is recommended. **Objective:** To determine whether fat evaluated by bioimpedance predicts liver stiffness better than simpler anthropometric measurements. Additionally, we evaluated the magnitude of the associations between liver stiffness and global or segmental body fat in individuals with type 2 DM. **Methods:** This cross-sectional study included individuals over 18 years of age treated at a type 2 DM outpatient clinic of a tertiary hospital. Clinical, biochemical, anthropometric, and body composition data (bioimpedance, Biodynamics 450) were collected. Steatosis and liver stiffness were assessed by ultrasound and shear-wave elastography. The magnitude of associations between anthropometric and fat composition variables and liver stiffness was calculated using Cohen's d effect size. **Results:** To date, 148 participants were included, and the majority had steatosis (mild: 42%, moderate: 18%, severe: 2%). On elastography, 49 participants showed some degree of liver stiffness (5–9 kPa: n=37; >9 kPa: n=12). Variables associated with liver stiffness were BMI (33.5 ± 6.2 kg/m² vs. 29.9 ± 4.6 kg/m², $p = 0.001$), waist (110 ± 13 cm vs. 104 ± 11 cm, $p = 0.002$) and hip (112 ± 13 cm vs. 104 ± 11 cm, $p = 0.001$) circumference, global fat ($41 \pm 9\%$ vs. $37 \pm 9\%$, $p = 0.010$), trunk fat (19 ± 6 kg vs. 15 ± 5 kg, $p < 0.001$), and fat in upper (7 ± 4 kg vs. 5 ± 2 kg, $p = 0.004$) and lower (10 ± 4 kg vs. 8 ± 3 kg, $p = 0.035$) limbs. In multivariate analysis, ALT and BMI remained associated with greater liver stiffness. Similar results were observed when BMI was replaced by waist or hip circumference, global fat, trunk fat, or limb fat. Cohen's d effect size was moderate (~0.5) for most variables, and no significant differences in effect magnitudes were observed among all body fat estimates. **Conclusion:** Easily obtained variables, such as BMI and waist circumference, were sufficient to assess the association between body fat and liver stiffness. Global fat, rather than fat in a specific body segment, was associated with increased liver stiffness.

PO-012

1115142 BLOOD GLUCOSE LEVELS AND AMBULATORY BLOOD PRESSURE MONITORING: 10 YEARS OF FOLLOW-UP IN A COHORT OF PATIENTS WITH TYPE 1 DIABETES MELLITUS

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Introduction: Type 1 diabetes (T1D) is related to an increase in microvascular and macrovascular complications, mainly due to disease duration and higher glycemic levels. Therefore, reducing diabetes-related complications is an essential goal in the care of these patients. Aims: In this cohort study, our objective was to evaluate the relation between risk factors, including blood pressure (BP) levels measured with ambulatory blood pressure monitoring (ABPM), and the incidence of microvascular and macrovascular complications in outpatients with T1D. **Methods:** This study included patients with T1D, previous ABPM and endocrinology outpatient clinic follow-up for more than 2 years. For each individual (n = 144), data on blood glucose levels, BP and dyslipidemia were collected to assess the relationship between these risk factors and diabetes-related complications. The main outcome was combined cardiovascular events (CVE): fatal and non-fatal acute myocardial infarction, fatal and non-fatal stroke, ischemic heart disease or peripheral arterial occlusive disease requiring revascularization. This study was approved by the local Research Ethics Committee. **Results:** During 10 ± 2.75 years of follow-up, individuals with higher blood glucose levels and dyslipidemia had more risk for CVE, RR 2.60 (CI 95%, 1.42-4.78) and RR 11.74 (CI 95%, 1.55-88.58), respectively. Also, 11 of 144 analyzed individuals had the main outcome and presented higher levels of BP during wakefulness relative to patients without CVE (98.3 ± 9.4 vs. 93.0 ± 8.0, p = 0.048). Furthermore, 7 patients died in follow-up and had higher levels of mean BP in 24h (97.1 ± 9.3 vs. 90.6 ± 8.0, p = 0.037), diastolic BP in 24h (80.1 ± 5.1 vs. 74.1 ± 7.6, p = 0.042), in sleep (91.3 ± 13.4 vs. 83.7 ± 9.7, p = 0.049) and in wakefulness (99.9 ± 9.1 vs. 93.0 ± 8.0, p = 0.031) compared to those who survived over 10 years. **Conclusion:** In this cohort, higher HbA1c levels on follow-up was the major factor associated with the development of outcomes such as cardiovascular and microvascular complications of diabetes. In addition, BP was also an important factor related to the development of these complications, especially those obtained by non-traditional office measures.

PO-013

1115725 CARDIOVASCULAR IMPACT OF THE NATIONAL PROGRAM OF PUBLICLY-FUNDED ACCESS TO DAPAGLIFLOZIN IN BRAZIL

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Introduction: Sodium–glucose cotransporter-2 inhibitors (SGLT2i) have been shown to reduce the incidence of cardiovascular (CV) events in patients with type 2 diabetes. However, financial barriers may hinder their widespread use in clinical practice. **Objective:** To evaluate the impact of the Brazilian national program providing publicly funded access to dapagliflozin, implemented in 2021, on trends in CV outcomes. **Methods:** A nationwide, population-based analysis of contemporary trends in CV outcomes was conducted in Brazil (203,080,756 individuals). Data were obtained from the Brazilian National Health Registry. **Results:** Between 2017 and 2024, all-cause mortality in the Brazilian population increased modestly from 639.7 to 671.0 deaths per 100,000 population. Notably, mortality rose significantly in 2020 and 2021 due to the COVID-19 outbreak: COVID-19 accounted for 12.5% of total deaths in 2020, peaking at 23.1% in 2021 before declining to 4.9% in 2022. Among individuals aged ≥ 65 years, CV mortality declined by 9.9%, 6.3%, and 4.7% in 2020, 2021, and 2022, respectively. Compared to the pre-pandemic period (2017–2019), CV mortality rates continued to decline after the implementation of publicly funded dapagliflozin: from 1,391 deaths per 100,000 in 2017 to 1,325 in 2022, 1,233 in 2023, and 1,126 in 2024—representing reductions of 4.7%, 11.4%, and 19.1%, respectively. Additionally, hospitalizations for CV causes decreased by 7.19% in 2022, 5.35% in 2023, and 5.40% in 2024. Hospitalizations for heart failure declined even more markedly: 18.29% in 2022, 20.01% in 2023, and 22.92% in 2024. **Conclusion:** The implementation of a national program providing publicly funded access to dapagliflozin was associated with a significant reduction in adverse cardiovascular outcomes in Brazil. These findings underscore the potential of public health policies aimed at improving medication affordability to positively influence population-level mortality and morbidity.

PO-014

1115669 COEXISTENCE OF TYPE 1 DIABETES, FAMILIAL PARTIAL LIPODYSTROPHY AND STIFF PERSON SYNDROME: A CASE REPORT

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Case Presentation: A 44-year-old woman was diagnosed with diabetes mellitus during her first pregnancy at age 28. Since then, she has required progressively increasing insulin doses, reaching 2.2 U/kg/day. Metformin and pioglitazone were later added due to insulin resistance, but glycemic control remained poor. Over the past eight years, she developed painful muscle stiffness, lower limb spasms, fatigue, and frequent falls. Physical examination revealed a BMI of 22.5 kg/m², fat loss in the legs and gluteal region, calf hypertrophy, and abdominal fat accumulation. She reported a similar fat distribution in her maternal aunt. Skinfold thickness at the thigh measured 5.5 mm (ref: >22 mm in women), and the Köb index (subscapular/calf skinfold) was 6 (suggestive of type 1 familial partial lipodystrophy: >3.477). Neurological evaluation showed increased muscle tone and spasticity in the quadriceps and paravertebral muscles, with preserved strength. Anti-GAD antibodies were markedly elevated (184.6 IU/mL; ref <10), and C-peptide was low (0.06 ng/mL), indicating beta cell failure. Dual-energy X-ray absorptiometry confirmed fat loss limited to the lower limbs. Genetic testing via next-generation sequencing did not identify pathogenic variants associated with lipodystrophy. Due to the limb stiffness, spasms, and positive GAD antibodies, electromyography was performed, revealing continuous motor unit activity in agonist and antagonist muscles at rest. **Discussion:** This case presents multiple rare coexisting conditions. The presence of anti-GAD antibodies and low C-peptide confirms autoimmune type 1 diabetes. The pattern of regional fat loss, elevated Köb index, family history, high insulin needs despite a non-obese BMI, and negative genetic results support a diagnosis of type 1 familial partial lipodystrophy (Köbberling syndrome). Neurological findings — stiffness, spasms, fatigue, and EMG evidence of continuous motor unit activity at rest—along with positive anti-GAD antibodies, support the diagnosis of Stiff Person Syndrome. **Final Comments:** This is a rare and complex case of multisystem disease, highlighting the importance of considering uncommon diagnoses when clinical features deviate from typical patterns. A multidisciplinary and individualized treatment approach is essential.

PO-015

1116232 COMPARATIVE EFFICACY OF GLP-1 RECEPTOR AGONISTS AND SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITORS IN REDUCING CARDIOVASCULAR EVENTS IN PATIENTS WITH TYPE 2 DIABETES: A META-ANALYSIS OF RANDOMIZED CLINICAL TRIALS

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Introduction: Type 2 diabetes mellitus (T2DM) is a major contributor to cardiovascular morbidity and mortality worldwide. Among available treatments, glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and sodium-glucose cotransporter-2 inhibitors (SGLT2is) have shown benefits beyond glycemic control, including cardiovascular and renal protection. **Objective:** This meta-analysis aimed to compare the efficacy of these two drug classes in reducing major adverse cardiovascular and renal outcomes in individuals with T2DM. **Methods:** A systematic search was performed in PubMed, Embase, Cochrane Library, Scopus, and Web of Science, including randomized, double-blind, placebo-controlled clinical trials published between 2015 and 2024. Inclusion criteria comprised adult patients (≥18 years) with T2DM, a follow-up of ≥12 weeks, and reporting of at least one of the following outcomes: major adverse cardiovascular events (MACE), all-cause mortality, non-fatal myocardial infarction, stroke, hospitalization for heart failure, or kidney disease progression. Studies with type 1 diabetes, <30 participants per group, or insufficient data on outcomes were excluded. **Results:** Twenty trials met the eligibility criteria, totaling 146,842 participants (78,927 in GLP-1 RA groups and 67,915 in SGLT2i groups). GLP-1 RAs reduced the relative risk of MACE by 19% (RR 0.81), with stronger effects on stroke and overall mortality. SGLT2is, in turn, showed greater benefit in reducing heart failure hospitalizations (26%) and kidney disease progression (30%), while maintaining efficacy in patients with an eGFR <60 mL/min/1.73m². Study heterogeneity was low ($I^2 < 25\%$) and methodological quality was high. **Conclusion:** In conclusion, both GLP-1 RAs and SGLT2is are effective in reducing cardiovascular events in T2DM, though with distinct therapeutic profiles. GLP-1 RAs are preferred in patients with predominant atherothrombotic risk, while SGLT2is are favored in those with heart failure, albuminuria, or impaired renal function. Therapeutic decisions should be guided by each patient's clinical profile and dominant risk.

PO-016

1115683 COMPARISON BETWEEN THE MONOFILAMENT SENSITIVITY TEST AND THE IPSWICH TOUCH TEST FOR DIABETIC FOOT SCREENING

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Introduction: Diabetes Mellitus has a high prevalence in Brazil and can lead to complications such as diabetic neuropathy. Screening for this complication is essential but limited by the availability of instruments like the 10 g monofilament. The Ipswich Test is an alternative for early identification of the risk of foot ulceration in diabetic patients. **Objective:** To compare the 10g Monofilament Test and the Ipswich Test in terms of sensitivity, specificity, and effectiveness in screening for peripheral neuropathy in diabetic patients. To identify at-risk patients, raise their awareness, and propose educational interventions to prevent complications. **Methods:** This was a descriptive and interventional study with both qualitative and quantitative approaches, conducted between October 2024 and February 2025 at a University Hospital. The participants were hospitalized patients diagnosed with diabetes, evaluated through a questionnaire, neuropathic symptom score, and physical examination. Protective sensation was tested using the 10g monofilament, tuning fork, wooden stick, and Ipswich Test, applied to standardized points on the feet. **Results:** The sample consisted of 92 patients, with a mean age of 65 years and a predominance of type 2 diabetes. Regarding foot examination, only 30.4% had previously undergone foot exams by healthcare professionals, and 47.8% reported symptoms compatible with peripheral neuropathy, such as fatigue, cramps, and itching. The Monofilament Test showed a sensitivity of 61.36% and lower specificity, while the Ipswich Test demonstrated higher specificity (79.15%) and a sensitivity of 43.18%. The Ipswich Test was also associated with the presence of neuropathic symptoms ($p = 0.02$), with nearly three times greater likelihood of detection in symptomatic patients. **Conclusion:** Significant gaps exist in the screening of diabetic peripheral neuropathy. Although the Ipswich Test showed lower sensitivity, its higher specificity and ease of application make it a viable tool in low-resource settings. The comparison with the Monofilament Test reinforces the usefulness of both methods, which complement each other in clinical practice. The results highlight the need for healthcare professional training and regular screening, especially in primary care, aiming for early detection, risk stratification, and reduction of diabetes complications.

PO-017

1115678 COMPARISON OF THE EPIDEMIOLOGICAL PROFILE OF HOSPITALIZATIONS FOR DIABETIC KETOACIDOSIS BEFORE AND AFTER THE COVID-19 PANDEMIC IN A UNIVERSITY HOSPITAL

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Introduction: Diabetic ketoacidosis (DKA) is an acute complication of diabetes and the main cause of death in patients with type 1 diabetes younger than 30 years old. The COVID-19 pandemic has affected people with chronic diseases in a disproportionate way, raising the risk of hospitalization and death. Therefore, the pandemic may have changed DKA's epidemiology. **Objective:** This study aimed to compare the clinical-epidemiological profile of patients admitted for DKA before and after the COVID-19 pandemic, to evaluate the severity of their disease presentation, and to assess whether there was an increase in the incidence of DKA after the pandemic. **Methods:** This was an observational, cross-sectional, and retrospective study. All medical records of patients admitted to the University Hospital because of DKA one year before the COVID-19 pandemic (pre-pandemic group) and one year after (post-pandemic group) were analyzed. Both groups and variables were compared using Chi-square and Fisher's exact tests. **Results:** Eighty-nine medical records were analyzed: 26 from the pre-pandemic group, 63 from the post-pandemic group. There was an increase of 41.5% in the incidence of DKA. There was a significant difference regarding patients' gender ($p = 0.007$): 69.2% of the pre-pandemic group were female, compared to 38.1% in the post-pandemic group. As for blood glucose at admission, most of the pre-pandemic group was admitted with lower glucose (200–300 mg/dL), while most of the post-pandemic group was admitted with glucose above 500 mg/dL, with significant difference ($p = 0.03$). There was also a significant difference regarding ketonuria ($p = 0.027$): about 42.9% of patients in the post-pandemic group had 4+ ketonuria, while most of the pre-pandemic group had 2+ ketonuria. The pre-pandemic group also had a higher rate of readmissions due to DKA than the post-pandemic group ($p = 0.005$). There was no statistical difference between ICU admission rate and severity in the pre-pandemic group. However, in the post-pandemic group, severe cases had more ICU admissions ($p = 0.01$). There was no significant correlation between blood glucose and DKA severity in the pre-pandemic group. In the post-pandemic group, severe DKA had higher blood glucose ($p = 0.036$). **Conclusion:** There was an increase in the incidence of DKA, as well as a change in the epidemiological profile and severity of DKA after the pandemic. The results highlight the importance of a continuous assessment of the diabetic population, aiming to improve diabetes treatment and reduce its complications.

PO-018

1115959 CONSTRUCTION AND VALIDATION OF A BOOKLET ON GENERAL KNOWLEDGE ABOUT TYPE 1 DIABETES MELLITUS INTENDED FOR PEOPLE WITH TYPE 1 DIABETES MELLITUS AND THEIR CAREGIVERS

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Introduction: Type 1 Diabetes Mellitus (T1DM) is characterized by severe insulin deficiency, triggered by multiple polygenic and environmental factors. The proper management of this disease requires insulin administration and an appropriate lifestyle; otherwise, various acute and chronic complications may arise. **Objective:** Thus, this study aimed to develop and validate an educational booklet designed to guide and facilitate access to information on T1DM care for individuals with the condition and their caregivers. **Methods:** To achieve this, a methodological, descriptive research study with a qualitative approach was conducted, following a three-stage process: literature review (Stage 1), booklet development (Stage 2), and booklet validation (Stage 3). The booklet, titled “Type 1 Diabetes Mellitus: Guidelines for Patients and Caregivers,” was part of the Extension Project “Comprehensive Care and Continuing Education for Individuals with Type 1 Diabetes Mellitus in the State of Pará.” The content development process aimed to address the most common questions of individuals with diabetes and their caregivers. After identifying these key concerns, content research was conducted. Subsequently, the cover, table of contents, and textual content were created, alongside the selection of images to enhance comprehension. **Results:** The educational material was evaluated by 11 healthcare professionals, including 6 (54.5%) endocrinologists. The booklet achieved full validation, with a Content Validity Index (CVI) exceeding the average threshold established in the literature. **Conclusion:** In this context, this educational technology serves as a tool to empower and prepare patients for effective self-care, which is essential in managing disease progression. This study successfully achieved its objective of developing an educational resource for individuals with T1DM and their caregivers. Through content validation, the booklet was deemed safe for dissemination to individuals with T1DM, their caregivers, and other stakeholders, including healthcare professionals from various fields. **Keywords:** Educational Technology; Diabetes Mellitus; Endocrinology

PO-019

1116314 CORRELATION BETWEEN TRIGLYCERIDE/HDL-C RATIO WITH MACROVASCULAR AND/OR MICROVASCULAR COMPLICATIONS AND GLYCEMIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Introduction: Diabetes Mellitus is a metabolic disorder of multiple origins, characterized by persistent hyperglycemia that affects different age groups. It presents with a high rate of morbidity and mortality, mainly due to its complications, since it generates metabolic decompensations that cause damage to different systems of the human body. Low levels of HDL are correlated with an increased risk of DM and its vascular complications. In addition, some studies have shown that the TG/HDL-c ratio has been associated with the presence of endothelial dysfunction. **Objective:** The present study aims to evaluate the correlation between the triglycerides/HDL-c ratio and macrovascular and/or microvascular complications and glycemic control in patients with type 2 diabetes mellitus followed at the Diabetes Mellitus outpatient clinic of the Bahia State Reference Center (CEDEBA). The specific objective is to identify vascular complications and analyze the metabolic profile of diabetic patients included in the study. **Methods:** This is a cross-sectional study with analysis of quantitative secondary data through the review of medical records of patients treated at the Diabetes Mellitus outpatient clinic of the State Reference Center for Diabetes and Endocrinology Care of the State of Bahia (CEDEBA). The data were tabulated and stored in a Microsoft Excel 2020 spreadsheet and later submitted for analysis in the SPSS program. **Results:** A total of 134 medical records were analyzed, of which 116 patients had macrovascular and/or microvascular complications of DM2. Regarding the TG/HDL-c ratio and the development of vascular complications, it was also not possible to find a statistically significant difference between the groups [χ^2 (3) = 1.185; p = 0.757]. However, a tendency for the TG/HDL-c ratio to be higher among the groups with vascular complications was observed. A statistically significant positive correlation was found between the TG/HDL-c ratio and serum HbA1c levels in patients with macrovascular and/or microvascular complications (rs = 0.279, p = 0.002). **Conclusion:** The TG/HDL-c ratio may be a useful marker for assessing glycemic control and appears to be a promising predictor for the early identification of the risk of developing macrovascular and/or microvascular complications in patients with type 2 diabetes mellitus.

PO-021

1115810 COSTS AND DISPARITIES IN HOSPITALAR DIABETES TREATMENT WITHIN THE BRAZILIAN UNIFIED HEALTH SYSTEM (SUS): A DECADE OF DATA (2016–2025)

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Introduction: Diabetes mellitus (DM) is a major public health challenge in Brazil, with a growing prevalence and increasing pressure on the Unified Health System (SUS), mainly due to complications like peripheral arterial disease and diabetic retinopathy. Identifying effective strategies to reduce its incidence and economic impact requires robust epidemiological data. **Objective:** To quantify total SUS expenditures on hospitalizations for DM treatment over the study period, examine the temporal evolution of these costs, and analyze the regional distribution of Hospital Admission Authorizations (AIHs). The study also aimed to uncover disparities in resource allocation across Brazil's regions. **Methods:** A quantitative, descriptive, and longitudinal study with an epidemiological approach was conducted using secondary data from the SUS Hospital Information System (SIH/SUS). The analysis focused on AIHs under procedure code 0303030038 (Treatment of Diabetes Mellitus), from January 2016 to March 2025. **Results:** A total of 784,547 hospitalizations for DM treatment were recorded, amounting to BRL 623.7 million in expenditures. The Southeast region accounted for 38.7% of costs (BRL 241.7 million) and 31.9% of AIHs, with the highest average cost per hospitalization. In contrast, the North and Central-West regions combined accounted for just 17.5% of AIHs and 15.5% of expenses. The Southeast invested nearly 4.86 times more than the North. From 2021 to 2024, there was an average annual increase of 11.2% in spending. In 2020, AIHs declined by 3.5%, reflecting the impact of the COVID-19 pandemic. **Conclusion:** The study reveals substantial regional inequalities in SUS spending on DM treatment, with more developed regions concentrating the majority of resources and procedures. These disparities may stem from both unequal access to healthcare and lower disease detection in regions with greater food insecurity. There is an urgent need to expand preventive and early intervention strategies, particularly in the Southeast and Northeast, which showed the highest hospitalization rates.

PO-022

1116070 CRITICAL POINTS OF DIETARY INTERVENTION IN PATIENTS WITH PRE-DIABETES AND/OR HIGH RISK FOR TYPE 2 DIABETES: PROVEN- DIA PILOT STUDY

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Introduction: The term pre-diabetes defines individuals who have altered blood glucose levels but do not meet the criteria for diabetes mellitus. It is considered a risk factor for progression to diabetes and for associated comorbidities. **Objective:** To verify the frequency of inadequate consumption of food groups according to the Cardiovascular Health Diet Index criteria in individuals at high risk for type 2 diabetes. **Methods:** Baseline data from the PROVEN-DIA study – Diabetes Prevention Program: pilot, a multicenter randomized clinical trial (ClinicalTrials.gov: 05689668), were analyzed. Data collection occurred between May and August 2023 at five centers in Brazil. Adults with Body Mass Index ≥ 24.9 kg/m², glycated hemoglobin between 5.7 and 6.4%, and/or high risk for type 2 diabetes according to the Prediabetes Risk Test criterion (high risk ≥ 5 points) were included. Food group consumption in servings was collected using the Cardiovascular Health Diet Index and compared with recommendations from the American Heart Association. Based on these recommendations, the intake of food groups was classified as adequate or inadequate. Data were analyzed using STATA® 12.0 software. The PROVEN-DIA study was approved by the Research Ethics Committee of the Hospital das Clínicas at the Federal University of Goiás (opinion n° 6.245.417) and by the ethics committees at the other participating centers. **Results:** The sample included 220 individuals (71.8% women), with a median age of 50 years (IQR: 43–56). The highest frequencies of dietary inadequacy were observed for whole grains and legumes (95.9%), vegetables (93.7%), and nuts (88.6%). Inadequacies were also frequent in the consumption of fish (79.1%), ultra-processed foods (80.0%), red meat (62.7%), fruits (54.5%), and dairy products (39.1%). Lower proportions of inadequacy were found for processed meats (19.1%) and sugary drinks (0.9%). **Conclusion:** The main critical points of dietary intervention in patients with a pre-diabetic state and/or high risk for type 2 diabetes are the consumption of foods considered protective, such as vegetables (1st place), whole grains (2nd place), and seeds and nuts (3rd place). Foods recognized as unhealthy only appeared from the 4th position (ultra-processed foods), processed meats (9th position), and sugary drinks (11th position).

PO-023

1115782 DECOMPENSATED DIABETES: SOCIODEMOGRAPHIC AND CLINICAL CHARACTERIZATION OF HYPERGLYCEMIC CRISES IN A HIGH COMPLEXITY HOSPITAL FROM COLOMBIA

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Introduction: With the sustained increase in the prevalence of diabetes mellitus, its acute complications have also grown, as well as the number of hospital admissions, morbidity, mortality, and sanitary costs related to the disease. There is limited data in Colombia and very few existing registries about hyperglycaemic crisis. **Objective:** To identify the main type of hyperglycaemic crisis and its precipitating factors in a healthcare center in Bucaramanga, Colombia. To describe the sociodemographic and clinical variables of patients with type 1 and type 2 diabetes in the analyzed group. **Methods:** This was an observational, descriptive, and cross-sectional study. The target population was recruited through non-probabilistic sampling and consisted of diabetic patients older than 18 years who had hyperglycaemic crisis. Data were collected from February 2024 until January 2025. **Results:** A total of 89 patients participated. They were classified according to their crisis type as follows: diabetic ketoacidosis (38.2%), non-ketotic non-hyperosmolar crisis (32.5%), hyperosmolar state (16.9%), and mixed status (12.4%). Regarding the precipitating factor of the crisis, the most common causes were distributed in the following way: infection (40.4%), non-adherence to treatment (34.8%), and de novo diabetes (18%). Concerning characteristics of the analyzed group, the median age was 55 years; 88% had type 2 diabetes mellitus versus 12% with type 1 diabetes. Regarding gender, 55% of the population were women. About 66% of the participants had comorbidities, the most common being arterial hypertension, dyslipidemia, and cardiovascular disease. In terms of hypoglycaemic agents, most patients used insulin (46%), followed by metformin (19%). Finally, the main adverse effect of hypoglycaemic agents was gastrointestinal, present in 20% of the population. **Conclusion:** The distribution of hyperglycaemic crisis and its respective precipitating factors resembles what has been reported in the literature, with infection being the main trigger, followed by inadequate treatment adherence.

PO-024

1115884 DIABETES-RELATED DEATHS IN BRAZIL, FROM 2003 TO 2023, AN ANALYSIS

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Introduction: Diabetes mellitus (DM) is a chronic disease with high global prevalence and increasing impact on morbidity and mortality. In Brazil, DM-related mortality has risen significantly in recent decades, reflecting weaknesses in prevention, early diagnosis, and inadequate management. Understanding this trend is essential to guide effective public health policies. **Objective:** This study aimed to analyze the evolution of diabetes mellitus mortality in Brazil from 2003 to 2023, considering insulin-dependent (ICD-10 E10), non-insulin-dependent (E11), and unspecified (E14) types. **Methods:** This is a retrospective descriptive study based on data from the Mortality Information System (SIM) provided by DATASUS. Deaths were categorized using ICD-10 codes: E10: Insulin-dependent diabetes mellitus; E11: Non-insulin-dependent diabetes mellitus; E14: Unspecified diabetes mellitus. Annual absolute deaths from 2003 to 2023 and their absolute and percentage changes were analyzed. **Results:** Between 2003 and 2023, DM mortality in Brazil increased markedly. Deaths from insulin-dependent DM (E10), mainly related to type 1, rose from 936 in 2003 to 7,229 in 2023 (+672%), peaking at 7,595 in 2022. Non-insulin-dependent DM (E11), commonly type 2, saw an even greater rise from 1,814 to 16,598 deaths (+815%) with the peak in 2023. Unspecified DM (E14) remained the leading cause, with 34,654 deaths in 2003, peaking at 56,192 in 2021, and reaching 46,034 in 2023 (+32.8%). Throughout the period, E14 accounted for 985,440 cumulative deaths. The high proportion of cases classified as “unspecified” signals significant gaps in reporting quality and epidemiological surveillance. **Conclusion:** The data show that there has been a steady and alarming increase in diabetes-related mortality in Brazil, particularly from type 2 DM, reflecting the growing prevalence of risk factors like obesity, sedentary lifestyles, and an aging population. This highlights an urgent need to strengthen prevention, early detection, and access to quality care. Moreover, the large number of unspecified DM deaths underscores the importance of improving data quality and mortality surveillance. Tackling diabetes must be a top priority in Brazil’s public health agenda. **Keywords:** diabetes, deaths, surveillance, obesity

PO-025

1115660 DIABETIC AMYOTROPHY AS A SEVERE COMPLICATION OF TYPE 2 DIABETES MELLITUS: A CASE REPORT

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Case Presentation: V.O., a 66-year-old patient with uncontrolled diabetes, began experiencing intense pain in the right thigh at the end of 2022, which worsened at night. In 2023, he sought neurological care due to worsening pain, atrophy in the right thigh, and paresthesia. He was using Morphine Sulfate 10 mg, Metformin, and Losartan; he had previously used Pregabalin, Amitriptyline, and Duloxetine. The patient had undergone an electromyography on 09/12/2022, with a report indicating diabetic amyotrophy in the right lower limb with signs of moderate distal polyneuropathy. On neurological physical examination, the patient showed marked atrophy of the right thigh, absent vibratory sensation from the knees downward, loss of strength in the right lower limb, and absent patellar reflex. In a new evaluation on 10/31/2023, the patient was referred for intravenous immunoglobulin and was prescribed Gabapentin 300 mg to be taken every 12 hours. At a follow-up consultation on 04/03/2024, the patient showed significant worsening of the condition. Symptoms began to affect the left thigh, with associated amyotrophy and intense pain. Pain also spread to the left leg, chest, and arms, with loss of strength mainly in the lower limbs. On physical examination, the patient presented with amyotrophy in both thighs, with fasciculations on the left side; patellar areflexia, Achilles reflex 1+, and altered sensitivity test with esthesiometer on both feet. Due to the worsening condition and considering the use of immunoglobulin, the patient was referred to a tertiary care facility for hospitalization. **Discussion:** Diabetic neuropathies can be classified as generalized or focal. The former includes distal symmetric polyneuropathy, with or without autonomic signs, hyperglycemic neuropathy, and acute painful sensory neuropathies. In the group of focal and multifocal neuropathies is lumbosacral radiculoplexopathy. It is worth noting that this condition is more frequent in patients with type 2 diabetes mellitus, especially when poorly controlled. The clinical presentation of the disease in question is characterized by progressive muscle weakness, with atrophy of the pelvic girdle and thigh muscles. Additionally, asymmetry of motor changes and decreased deep tendon reflexes are frequently observed. **Final Comments:** V.O.'s case illustrates one of the many possible complications of type 2 diabetes mellitus, reinforcing the importance of proper treatment of this condition. **Keywords:** Diabetes; Neuropathies; Case Report

PO-026

1116389 DIABETIC FOOT KNOWLEDGE AND SELF-CARE PRACTICES AMONG PATIENTS WITH DIABETES MELLITUS AT A HEALTH UNIT IN FORTALEZA/CE

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Introduction: Diabetes Mellitus (DM) demonstrates an increasing global prevalence, with diabetic foot representing a significant complication. Characterized by ulcerations and infections, it necessitates meticulous management. Understanding patient epidemiological profiles, knowledge, and self-care is crucial for effective prevention and treatment. **Objective:** This study aimed to investigate the epidemiological profile, self-care practices, and diabetic foot knowledge among patients at a Primary Health Care Unit (UAPS) in Fortaleza/CE. **Methods:** A cross-sectional, quantitative, analytical study (conducted from April–August 2024) at a Fortaleza/CE UAPS included 43 adults (≥18 years) with DM from primary care. Excluded were non-DM individuals, those with non-DM-related foot lesions, and patients with neurological comorbidities. Sociodemographic, diagnostic, treatment, knowledge, and self-care data were collected via forms. Ethical approval was obtained from the Ethics Committee of the University of Fortaleza (protocol no. 6,742,109). **Results:** The sample (n=43) was mainly elderly (81.4% >60 years), with long DM duration (>10 years: 67.4%). Most were retired (65.1%) with low education (48.8% primary school). Regarding diabetic foot, 39.5% received pharmacological treatment, while 34.9% reported no prior treatment. For self-care/knowledge, 44.2% did not know what diabetic foot is. While 60.47% inspected feet daily and most (81.4%) performed nail care, 48.8% lacked appropriate footwear. Notably, 76.7% did not check for fungal infections, and 62.8% missed calluses. Approximately 41.9% did not seek UAPS care for lesions before home interventions. **Conclusion:** This study revealed that patients with DM and diabetic foot receiving care at a UAPS in Fortaleza/CE were predominantly elderly, had a prolonged disease duration, and demonstrated significant deficits in knowledge regarding their condition and self-care practices, alongside inadequate diabetic foot treatment. These findings underscore the urgent necessity for continuous health education programs and multidisciplinary follow-up. Such initiatives should focus on enhancing the recognition of risk factors, promoting the adoption of self-care measures (e.g., regular inspection, appropriate footwear), and encouraging prompt consultation with healthcare professionals, particularly among the elderly population. Limitations, primarily concerning sample size, highlight the need for more comprehensive investigations within this demographic.

PO-027

1115248 DIABETIC KETOACIDOSIS AFTER ANTIRETROVIRAL THERAPY WITH DOLUTEGRAVIR: A CASE REPORT

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Case Presentation: 66-year-old male patient, diagnosed with HIV 9 years ago and with no previous diagnosis of diabetes mellitus, was admitted to the emergency department with diabetic ketoacidosis after two months of initiating Dolutegravir (DTG). The ketoacidosis was reversed, and further investigation of the etiology of the hyperglycemia was conducted. Pre-admission tests showed a hemoglobin A1c of 5.4% (3 months prior), and the admission test revealed a new value of 13%. After excluding other etiologies (anti-GAD negative; pancreas without abnormalities on imaging studies, among other complementary tests), the glycemic decompensation was attributed to the use of DTG. The patient continued outpatient follow-up, with adequate diabetes control using insulin, pioglitazone, and metformin, despite continued use of DTG. **Discussion:** Antiretroviral therapy (ART) has improved life expectancy for people living with HIV/AIDS (PLWHA), turning HIV into a chronic disease. ART use has led to an increase in overweight and obesity in PLWHA. Also, the incidence of diabetes is higher among PLWHA on ART. Chronic inflammation caused by HIV, combined with nucleoside and non-nucleoside reverse transcriptase inhibitors, is linked to glucose and lipid metabolism disturbances. Cases of hyperglycemia and diabetes have been associated with both chronic inflammation and the use of antiretrovirals that affect insulin sensitivity. The mechanism by which DTG causes hyperglycemia remains unclear. Magnesium and manganese ions are essential for the catalytic action of the HIV integrase enzyme. By binding to magnesium, integrase inhibitors prevent viral integration. Some authors suggest that integrase inhibitors cause hyperglycemia through magnesium chelation, as magnesium also acts as a second messenger in insulin action. Additionally, integrase inhibitors are associated with high adipose tissue fibrosis, increased oxidative stress, mitochondrial dysfunction, and lipid accumulation, promoting insulin resistance. **Final Comments:** The mechanism by which integrase inhibitors, especially DTG, induce hyperglycemia is not well documented in the literature, and it remains unclear whether these effects are temporary or permanent. Further prospective studies are needed to monitor glycemic control in patients with hyperglycemia or diabetic ketoacidosis following ART initiation and to assess whether a change in medication or discontinuation is necessary.

PO-028

1116187 DISCONTINUATION OF INSULIN THERAPY AFTER USE OF SEMAGLUTIDE IN AN OVERWEIGHT PATIENT WITH RECENT AUTOIMMUNE DIABETES

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Case Presentation: A 27-year-old woman sought endocrinological care in August 2024, following a diagnosis of type 1 diabetes mellitus (T1DM) in April 2024. She reported a previous episode of abdominal pain, nausea, fatigue, polyuria, polydipsia, polyphagia, and hyperglycemia, with no diagnosis of diabetic ketoacidosis. Tests at the time showed an HbA1c of 8.5% and fasting glucose of 189 mg/dL. Insulin degludec (10 U) and aspart (3 U before meals) were prescribed, with a rapid drop in HbA1c to 7.7%. She had C-peptide of 1.57 ng/mL and anti-glutamic acid decarboxylase antibody (anti-GAD) of 18 U/mL (RV <10). She reported glycemic changes in 2021 and, in 2022, non-specific colitis with diarrhea and a loss of 15 kg. At her current appointment, she reported difficulty losing weight, episodes of binge eating, a sedentary lifestyle, and irregular eating due to internships. On examination: weight 70.1 kg, BMI 30.29 kg/m². She started subcutaneous semaglutide 0.25 mg/week for 4 weeks, increasing to 0.5 mg. After a month, she had side effects (vomiting), went to the emergency room, and reported clinical improvement. She was instructed to discontinue aspart and maintain degludec. In August 2024: weight 67.2 kg (-2.9 kg), HbA1c 5.9%, fasting glucose 96 mg/dL, C-peptide 0.84 ng/mL. The dose of semaglutide was maintained between 0.5–1 mg (≈0.85 mg), with adjustment according to tolerance. In February 2025, she reported complete suspension of insulin since September 2024, with good glycemic control measured by interstitial sensor. She weighed 58.2 kg (-11.9 kg) and had a BMI of 25.2 kg/m². In March 2025: HbA1c 4.7%, fasting glucose 89 mg/dL, C-peptide 1.57 ng/mL, and anti-GAD 17.5 U/mL. **Discussion:** Despite the initial diagnosis of T1DM, the clinical course and preservation of C-peptide suggest latent autoimmune diabetes of the adult (LADA) with a mixed phenotype. The absence of ketoacidosis, response to semaglutide, obesity, and history of prediabetes reinforce this hypothesis. The use of GLP-1 agonists resulted in weight loss and sustained glycemic control, even after insulin suspension. The evolution is compatible with early stages of autoimmune diabetes with associated insulin resistance. **Final Comments:** The case highlights the challenges in classifying diabetes in young adults with autoimmunity and insulin resistance. The response to semaglutide suggests its potential as an adjuvant in LADA, contributing to metabolic control and postponing full insulin therapy.

PO-029

1116181 EFFECT OF OMEGA-3 SUPPLEMENTATION ON ALBUMINURIA AND RENAL FUNCTION IN PATIENTS WITH DIABETES: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction: Higher dietary intake of long-chain omega-3 polyunsaturated fatty acids might confer various cardiometabolic benefits. However, there is insufficient evidence of a reduction in albuminuria and a slower decline in kidney function from higher dietary intake of this fatty acid or even from its supplementation, especially in people with diabetes. **Objective:** To evaluate the effects of omega-3 fatty acid supplementation on albuminuria and glomerular filtration rate (eGFR) among patients with type 1 and type 2 diabetes. **Research Design and Methods:** PubMed, LILACS, Cochrane, and EMBASE were searched up to October 2024 to identify randomized controlled trials (RCTs) that analyzed the effects of omega-3 fatty acids on albuminuria and eGFR in diabetic patients, using eligible studies from original reports and relevant existing systematic reviews. Two independent investigators assessed eligibility and extracted the data from each report based on predefined inclusion criteria. **Results:** The effect of omega-3 supplementation on renal function was not statistically different from placebo (mean difference: -0.63 [95% CI: -3.17 to 1.92]; $p = 0.628$). Heterogeneity among studies was low to moderate ($I^2 = 30\%$). Also, there was no effect on the reduction in albuminuria (mean difference: -0.18 [95% CI: -0.65 to 0.28]; $p = 0.438$), with high heterogeneity ($I^2 = 77\%$). These findings were similar in the subgroup analysis for type of diabetes and also for the presence or absence of increased albuminuria. **Conclusion:** Omega-3 supplementation did not demonstrate a statistically significant effect in diabetic patients, regardless of type of diabetes or the presence or absence of diabetic kidney disease. The high heterogeneity underscores the need for future studies with better methodological standardization and proper stratification.

PO-030

1116025 EFFECTIVENESS OF FIB-4 AND NAFLD SCORES FOR DIAGNOSING MASLD IN DIABETIC PATIENTS WITH PREVIOUS VIRAL HEPATITIS INFECTION: A CROSS-SECTIONAL STUDY

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Introduction: Metabolic Associated Steatotic Liver Disease (MASLD) is defined by an increase in triglyceride content in approximately 5% or more of the hepatic parenchyma, in the absence of secondary conditions that increase the risk of steatosis, such as excessive alcohol consumption. In patients with MASLD, type 2 diabetes mellitus (T2DM) is a significant risk factor for the development of liver fibrosis. The diagnosis of hepatic fibrosis can be established through various methods, including the Fibrosis-4 Index (FIB-4) and the NAFLD Fibrosis Score (Nonalcoholic Fatty Liver Disease). Liver stiffness may also be evaluated by transient elastography, which assesses the degree of fibrosis. Hepatitis B and C virus infections represent another mechanism of liver injury. **Objective:** To determine whether the fibrosis scoring systems are reliable markers for evaluating patients with T2DM and prior viral hepatitis infections. **Methods:** This was a cross-sectional study conducted at a tertiary care hospital specialized in endocrinology. Included were patients diagnosed with T2DM and MASLD, with viral hepatitis serologies consistent with past infection and spontaneous cure, and who were native to the state of Maranhão. Demographic, anthropometric, and laboratory data were collected. All patients underwent transient elastography, with liver stiffness measurement (LSM) ≥ 8 kPa considered indicative of fibrosis. Data were analyzed using SPSS version 22.0®. **Results:** Among the 43 patients included in the study (9 men and 34 women), liver fibrosis was identified by transient elastography in 9 (2 men and 7 women). Regarding the FIB-4 and NAFLD scores, the analysis showed divergent results. The FIB-4 score was significantly lower in the group without fibrosis, correctly indicating the absence of fibrosis ($p = 0.007$). However, the NAFLD score indicated a high risk of fibrosis in the group without fibrosis, with statistical significance ($p = 0.022$). **Conclusion:** This study suggests that the FIB-4 score is superior to the NAFLD score for the non-invasive diagnosis of liver fibrosis in patients with T2DM and previous viral hepatitis infection. Nonetheless, further research is needed to strengthen this understanding.

PO-031

1115491 EPIDEMIOLOGICAL ANALYSIS OF DIABETES MELLITUS AMONG CHILDREN AND ADOLESCENTS IN SOUTHERN BRAZIL OVER THE LAST DECADE

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Introduction: Diabetes mellitus is a metabolic syndrome resulting from alterations in insulin secretion and/or action. In pediatric populations, it stands out as a significant chronic disease with increasing incidence. Type 1 diabetes, more common in this age group, has an early onset and requires continuous insulin therapy. Type 2 diabetes, traditionally associated with adults, has been increasing among youth, influenced by lifestyle changes. Given this context, analyzing the epidemiological profile of diabetes among individuals aged 1 to 19 in southern Brazil over the last decade is essential. **Objective:** To investigate the epidemiological profile of hospitalizations due to diabetes mellitus among children and adolescents in southern Brazil from 2014 to 2024. **Methods:** This is an epidemiological, descriptive, cross-sectional study. Data were obtained through health information (TABNET) from confirmed cases in the Notifiable Diseases Information System (SINAN). The analyzed variables included sex, age group, race/ethnicity, and year of notification. **Results:** Out of 39,314 hospitalizations related to endocrine, nutritional, and metabolic diseases among children and adolescents in southern Brazil, 16,963 were attributed to diabetes mellitus. Of these hospitalizations, 96.79% were emergency care cases, while 544 were elective care cases. The white population was the most affected, with 12,896 cases, followed by 1,879 cases with no information in the system, and mixed-race individuals with 1,622 cases. Girls accounted for 57% of cases, while boys represented 42%. An increase in cases was observed over the years, with a resurgence starting in 2020 and the highest number of hospitalizations in 2024 (2,039 cases). Regarding age groups, the most affected was 15 to 19 years old, with 6,114 cases (36%), followed by 10 to 14 years old with 6,039 cases, 5 to 9 years old with 3,165 cases, and 1 to 4 years old with 1,645 cases. During the period, a total of 64 deaths were recorded. **Conclusion:** The prevalence of diabetes mellitus in childhood showed growth in southern Brazil from 2020 to 2024. The most affected age group (2014–2024) was 15 to 19 years old. Additionally, females were more affected, and white individuals had the highest hospitalization rates. Care was predominantly emergency-based, requiring intensified measures to reduce mortality-related cases. Therefore, epidemiological surveillance is essential to guide public health policies. **Keywords:** diabetes mellitus; epidemiological profile; pediatric endocrinology.

PO-032

1116129 EPIDEMIOLOGICAL ANALYSIS OF MORTALITY DUE TO COMPLICATIONS OF TYPE 1 DIABETES MELLITUS IN THE NORTHEAST REGION OF BRAZIL FROM 2013 TO 2022.

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Introduction: Type 1 Diabetes Mellitus (T1DM) is an autoimmune disease marked by the destruction of pancreatic β -cells, resulting in insulin deficiency and requiring continuous lifelong treatment. Although considered rare, the incidence of T1DM has been rising globally in recent decades, with notable variations across different regions and populations. Understanding the epidemiological profile of mortality related to T1DM complications is crucial for informing public policies and developing effective prevention strategies. **Objective:** To conduct an epidemiological analysis of this profile in Northeast Brazil from 2013 to 2022. **Methodology:** This is an ecological, descriptive, and retrospective study, carried out with data extracted from the Mortality Information System of the Department of Informatics of the Brazilian Unified Health System – DATASUS/TABNET. The following variables were used: sex, race/skin color, age group, and place of occurrence, excluding records without information, blank, or ignored. Data were processed in Excel® software using simple frequency and percentage. **Results:** From 2013 to 2022, 14,382 deaths due to complications of Type 1 Diabetes Mellitus (T1DM) were recorded in Northeast Brazil, with Bahia being the state with the highest number of deaths, 3,142 (21.85%). Mortality was slightly higher among women, with 7,749 (53.9%), while males accounted for 6,632 of the total deaths (46.1%). Regarding race/skin color, most were mixed-race (pardo), accounting for 8,510 (59.2%), followed by 3,801 white individuals (26.4%). Concerning age group, the vast majority were elderly patients, aged 60 years or older, with 10,785 deaths (75%); among patients under 20 years of age, 231 deaths were recorded (1.6%). Regarding the place of death, most occurred in hospital settings, totaling 7,589 deaths (52.8%), while deaths at home accounted for 5,768 (40.1%) of cases. **Conclusion:** Increased mortality rates have been observed among elderly individuals of mixed-race backgrounds and women, with a predominance of deaths in hospital settings, highlighting the severity of complications that require hospitalization and the need for continuous monitoring of these patients throughout life. The significant proportion of deaths at home (40%) suggests weaknesses in emergency care and outpatient monitoring, reinforcing the need for public policies focused on education and continuous management of T1DM.

PO-033

1115858 EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH DIABETES UNDERGOING AMPUTATION IN THE STATE OF BAHIA, BRAZIL FROM 2013 TO 2023

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Introduction: Diabetes Mellitus (DM) is a high-prevalence, chronic condition whose progression and complications are strongly influenced by sociodemographic determinants. Among its most severe complications is lower limb amputation, which profoundly impacts patients' quality of life and imposes a significant burden on the healthcare system. Identifying the epidemiological profile of affected patients is essential to guide early intervention strategies and specialized care. **Objective:** To describe the epidemiological profile of patients undergoing amputation due to DM in the state of Bahia, from 2013 to 2023. **Methods:** This is an observational, descriptive, ecological study using secondary aggregated data from the Brazilian public health system database (DATASUS). Individuals from Bahia who underwent amputation attributed to DM between 2013 and 2023 were included. The variables analyzed were: number of amputations, sex, race/skin color, age group, type of diabetes, type of amputation, length of hospital stay, and Regional Health District of residence. **Results:** The mean amputation rate was 4.92 per 100,000 inhabitants (SD = 1.52), with an upward trend over the decade. The peak occurred in 2020 (13.90%). The increase in amputations during 2020, 2021, and 2022 coincides with the critical period of the COVID-19 pandemic. Most amputated individuals were male (57.17%), of brown race/skin color (46.95%), aged 60–69 years (30.28%), insulin-dependent (40.71%), with lower limb amputations (72.31%). The median hospitalization time was 6 days, with most patients hospitalized for 3 to 10 days (59.29%), and a large proportion residing in the Eastern Regional Health District (38.07%). **Conclusion:** Amputations resulting from DM represent a major public health issue in Bahia, with notable sociodemographic disparities. These findings highlight the need for public policies aimed at preventing severe complications, through strengthened primary care and timely access to specialized services. The role of the health care team is essential for adequate disease management, strict glycemic control, and prevention of extreme and unfavorable outcomes such as amputation. Promoting longitudinal and specialized care may be decisive in preventing such disabling complications.

PO-034

1116004 EUGLYCEMIC DIABETIC KETOACIDOSIS TRIGGERED BY INTERMITTENT FASTING IN A TYPE 2 DIABETIC PATIENT USING SGLT2 INHIBITOR: A WARNING ABOUT POPULAR WEIGHT LOSS PRACTICES - A CASE REPORT

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Case Presentation: Female patient, 43 years old, with a 5-year history of type 2 diabetes mellitus, regularly using empagliflozin 25 mg/day and metformin 2,000 mg/day. No prior history of ketosis or hospitalizations. Recently started a 20:4 intermittent fasting protocol to lose weight, following guidance found on social media. After three days of prolonged fasting, she developed nausea, vomiting, diffuse abdominal pain, and weakness. At the emergency room, her capillary glucose was 112 mg/dL, with tachycardia, tachypnea, and mild mental confusion. Arterial blood gas revealed metabolic acidosis (pH 7.20; bicarbonate 12 mEq/L), high anion gap, and positive ketonemia. Lactate was normal and renal function preserved. Euglycemic diabetic ketoacidosis (EDKA) was diagnosed. The patient was admitted to the ICU, empagliflozin was discontinued, and aggressive fluid resuscitation and IV insulin were administered. She showed progressive clinical and laboratory improvement, with hospital discharge after five days. **Discussion:** EDKA is a rare but potentially life-threatening condition, marked by ketosis and metabolic acidosis in the presence of normal or mildly elevated glucose levels. It is strongly associated with SGLT2 inhibitor use, especially when combined with precipitating factors such as prolonged fasting, dehydration, or infections. In this case, the interaction between SGLT2 use and intensive intermittent fasting led to a severe event in a previously stable patient. The absence of marked hyperglycemia may delay diagnosis, demanding high clinical suspicion. **Final Comments:** This report reinforces the importance of clinical monitoring in patients using SGLT2 inhibitors and the need for professional guidance regarding restrictive diets. Intermittent fasting, widely popularized on digital platforms, may pose a serious risk in type 2 diabetic patients on this medication class.

PO-035

1116053 EVALUATION OF EATING BEHAVIOR IN PATIENTS WITH TYPE 1 AND 2 DIABETES MELLITUS

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Introduction: Diabetes Mellitus (DM) is a prevalent disease in Brazil and worldwide, characterized by hyperglycemia and chronic complications that can be classified as type 1 (T1DM) or type 2 (T2DM). Treatment for both types includes behavioral measures, such as healthy eating, physical exercise and weight control, which leads to an increased risk of eating disorders in this population. People with T1DM tend to have an increased risk of anorexia and bulimia nervosa, while people with T2DM tend to have a higher risk of binge eating, which contributes to psychological impairment, poor glycemic control and increased risk of acute and chronic complications of the disease. **Objective:** To evaluate the prevalence of eating behaviors such as anorexia, bulimia and binge eating in people with T1DM and T2DM treated at the Endocrinology Academic Outpatient Clinic of PUCPR Londrina campus and identify possible associated risk factors. **Methods:** Patients with these diseases, over 16 years of age and who had agreed to sign the Free and Informed Consent Form were selected. Exclusion criteria included other mental health conditions, use of psychotropic drugs and patients with other subtypes of diabetes. Participants answered a social and lifestyle questionnaire; the Eating Attitudes Test EAT-26 and the Edinburgh Bulimia Investigation Test (BITE). Women also participated in the Body Image Questionnaire (BSQ). Statistical analysis was performed using the SPSS statistical program, with descriptive analysis being performed for clinical and sociodemographic data, median and interquartile range for continuous data and frequency and proportion for categorical data. **Results:** The study sample consisted of 100 patients, of which 63 had T1DM and 37 had T2DM. 57% of the patients were female, with a median age of 38 years, 28 years for the T1DM group and 59 years for the T2DM group. Patients with T1DM were mostly eutrophic (56.45%) and only 4.84% were underweight. Patients with T2DM were mostly obese (58.33%). The EAT questionnaire revealed that 16% of patients with T1DM and 9% of patients with T2DM presented disturbed eating habits, unrelated to low BMI. The BITE questionnaire identified 1 patient with T1DM with risk behavior for bulimia nervosa and 7 patients (6 with T1DM and 1 with T2DM) with risk behavior for binge eating. Finally, the BSQ questionnaire answered only by women correlated with high scores in the previous questionnaires, suggesting that body dissatisfaction is related to dysfunctional eating attitudes.

PO-036

1115573 EVALUATION OF MIRNA-499A PREVALENCE IN PATIENTS WITH TYPE 1 AND TYPE 2 DIABETES MELLITUS WITH OR WITHOUT DIABETIC KIDNEY DISEASE

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Introduction: Diabetes mellitus (DM) is a metabolic disorder characterized by chronic hyperglycemia resulting from impaired insulin secretion or resistance to insulin action. This condition may lead to complications in multiple organs, including the kidneys, culminating in Diabetic Kidney Disease (DKD). **Objective:** To evaluate the prevalence of the miRNA-499a polymorphism in patients with type 1 (T1DM) and type 2 diabetes mellitus (T2DM), with or without DKD. **Methods:** This case-control study enrolled a convenience sample of 100 patients, with 87 patients meeting the criteria for valid analysis. The diagnosis of DKD was based on urinary albumin excretion (UAE) in at least two out of three samples collected over a six-month period. DNA extraction was performed according to the method described by Aidar and Line (2007). Clinical, laboratory, and genotyping data were analyzed using Student's t-test, Chi-square test, and Pearson's correlation. Participants were categorized according to miRNA-499a genotypes: AA, AG, and GG. **Results:** The GG genotype was the most frequent, observed in 61.3% of patients without DKD and 72% of those with DKD. The AG genotype was found in 39.5% of patients without DKD and 28% with DKD. The AA genotype was rare, detected in 4.8% of patients without DKD and absent in those with DKD. However, the differences between groups were not statistically significant ($p = 0.424$). In the analysis by diabetes type, among T1DM patients, the AA genotype was present in 2.7% of those without DKD and in none of those with DKD. The GG and AG genotypes accounted for 62.2% and 35.1%, respectively, of patients without DKD, and 50% each among those with DKD, with no statistically significant differences ($p = 0.813$). In T2DM patients, the GG genotype was predominant in both groups (60% without DKD and 76.2% with DKD). The AG genotype was found in 32% of patients without DKD and 23.8% with DKD. The AA genotype was identified in only 8% of patients without DKD and was absent in those with DKD. **Conclusion:** In this sample, the miRNA-499a polymorphism was not significantly associated with the presence of DKD, suggesting that further research is needed to better understand the role of genetic factors in these complications.

PO-037

1115831 EVALUATION OF THE RISK OF TYPE 2 DIABETES MELLITUS IN PATIENTS AND THEIR COMPANIONS AT THE ENDOCRINOLOGY OUTPATIENT CLINIC OF SANTA CASA DE RIO DE JANEIRO THROUGH APPLICATION OF THE FINDRISC QUESTIONNAIRE

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Introduction: Type 2 diabetes mellitus (T2DM) is a prevalent chronic disease linked to modifiable risk factors such as obesity, sedentary behavior, and unhealthy eating habits. Early identification of at-risk individuals is critical to prevent macrovascular and microvascular complications, which are major contributors to morbidity and hospitalizations. The Finnish Diabetes Risk Score (FINDRISC) is a non-invasive, internationally validated screening tool designed to estimate the 10-year risk of developing T2DM based on clinical and behavioral variables. **Objective:** To apply the FINDRISC questionnaire to patients and companions attending an endocrinology outpatient clinic, aiming to identify individuals at increased risk of developing T2DM within the next decade. **Methods:** A cross-sectional study was conducted from March to April 2025 after approval by the research ethics committee. Participants completed an electronic form containing the FINDRISC questionnaire. Variables assessed included age, body mass index (BMI), waist circumference, physical activity, dietary habits, personal history of hyperglycemia, hypertension, and family history of diabetes. Total scores were classified into five risk categories. Data were exported to a spreadsheet for descriptive statistical analysis. **Results:** A total of 134 individuals completed the questionnaire. Most were under 45 years of age, had a BMI between 25–30, and a normal waist circumference (≤ 94 cm for men and ≤ 80 cm for women). However, physical inactivity and poor diet contributed to higher scores. The risk distribution was: low – 79 (58.5%), 53 women (67.1%) and 26 men (32.9%); slightly elevated – 40 (29.6%), 27 women (67.5%) and 13 men (32.5%); moderate – 7 (5.2%), 5 women (71.4%) and 2 men (28.6%); high – 8 (5.9%), equally distributed between the sexes. No participants were classified as very high risk. Those at moderate or high risk were advised to undergo further screening. **Conclusion:** The FINDRISC proved useful for T2DM risk stratification. Its application in the outpatient setting was feasible and effective. Although the sample was predominantly young, risk factors such as inactivity, unhealthy diet, and family history increased their probability of developing T2DM. Routine use of the FINDRISC may support early diagnosis and prevention, helping to reduce disease progression and complications.

PO-038

1116195 EVOLUTION OF DIABETES AFTER PARTIAL PANCREATECTOMY FOR INSULINOMA: TRANSITION BETWEEN INSULIN AND ORAL THERAPY

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Case Presentation: 41-year-old man, history of body-caudal pancreatectomy in October 2019 for insulinoma, who evolved with pancreatogenic diabetes. In January 2022, he presented decompensation of the disease with HbA1c above 10% and the need for insulinization with Glargine and Aspart. He progressed with rapid improvement in glycemic parameters, with the suspension of insulin Aspart, followed by Glargine, and the start of dapagliflozin/metformin (10/1000 mg) associated with metformin alone (1000 mg). He also progressed with a sharp drop in HbA1c when he remained on metformin alone (1000 mg). However, in February 2025, he progressively worsened his glycemic control, culminating in symptoms of polyuria, polydipsia, weight loss and fatigue. Fasting HGT was 221 mg/dL. Tests showed fasting glycemia of 198 mg/dL, HbA1c 11.5%. Insulin therapy was introduced with NPH (14 IU) associated with empagliflozin/linagliptin (25/5 mg) and metformin maintenance. There was early clinical and laboratory improvement, with capillary glycemia within the appropriate parameters. Insulin was suspended again in April 2025 and the prescribed oral regimen was maintained. **Discussion:** After partial pancreatectomy, around 30% to 50% of patients develop diabetes within months or years, depending on the extent of the resection and the remaining functional reserve. Initially, patients with partial pancreatectomy may respond to oral antidiabetics such as metformin, DPP-4 or SGLT2 inhibitors, but they often progress to insulin dependence, especially with the progressive loss of residual beta function. In this case, attention is drawn to the oscillating pattern with rapid compensation, even without external triggering factors such as infections, abandonment of therapy or lifestyle changes. **Final Comments:** This report demonstrates an atypical clinical course of pancreatogenic diabetes, with the need for insulinization at two different times, followed by a resumption of control with oral antidiabetics, which was not progressive. The experience reinforces the importance of continuous monitoring and therapeutic flexibility in a subtype of diabetes that is challenging to manage.

PO-039

1116038 FACTORS ASSOCIATED WITH NOCTURNAL HYPOGLYCEMIA IN DIABETIC PATIENTS: AN EPIDEMIOLOGICAL APPROACH

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Introduction: Nocturnal hypoglycemia (NH) represents a clinical challenge in the management of diabetes mellitus (DM), particularly due to its often asymptomatic presentation and the potential risk of adverse cardiovascular and neurological outcomes. Despite advances in pharmacological therapy, nocturnal episodes remain underestimated in clinical practice. Understanding the factors associated with NH is essential to individualizing treatment and preventing complications. **Objective:** To investigate the association between the occurrence of NH episodes and epidemiological variables in a population of individuals with DM interviewed during a community outreach event held in a public square in a city in Rio Grande do Sul, Brazil. **Methods:** This was a cross-sectional, retrospective, population-based study conducted using data collected during an event in recognition of World Diabetes Day in 2024. Clinical, anthropometric, and laboratory data were obtained from individuals diagnosed with prediabetes, type 1 and type 2 DM, as well as information on comorbidities, chronic complications, and lifestyle habits. Statistical analysis was used to identify significant associations between self-reported NH and the variables studied, with a significance level set at $p \leq 0.05$. **Results:** A total of 77 participants were evaluated, with a mean age of 60.4 years; 51.9% were female. NH was more prevalent among patients with type 1 DM (60%) compared to those with type 2 DM (2.4%) ($p = 0.048$). Women reported more NH episodes than men (36.1% vs. 10%, $p = 0.042$). Individuals with NH had significantly higher glycated hemoglobin (HbA1c) levels ($9.0 \pm 2\%$) than those without NH ($7.5 \pm 1.2\%$, $p = 0.016$). NH was more common among younger individuals (mean age 50.0 ± 18 years) compared to older adults (61.0 ± 13 years, $p = 0.006$). Most patients who experienced NH were on insulin therapy ($p = 0.012$). No association was found between NH and duration of DM ($p = 0.5$), physical activity, retinopathy, nephropathy, or diabetic foot. **Conclusion:** NH was more frequent among younger women with type 1 DM, insulin use, and elevated HbA1c, suggesting probable glycemic instability. The lack of association with microvascular complications or physical activity suggests that NH may occur as an isolated event, particularly relevant in the early stages of the disease and in scenarios of poor glycemic control. These findings highlight the importance of vigilant monitoring and health education in the detection and management of NH episodes.

PO-041

1115763 FUNCTIONAL LIMITATIONS ASSOCIATED WITH DIABETES MELLITUS IN BRAZIL: A POPULATION-BASED STUDY

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Introduction: Diabetes Mellitus (DM) is a chronic disease with high prevalence and a growing impact on public health, characterized by persistent hyperglycemia and systemic complications that impair function and quality of life. Functional limitations — such as difficulty walking, climbing stairs, or performing personal hygiene — stem from complications like neuropathies, retinopathies, arthropathies, and obesity. Understanding the prevalence of these limitations is essential for public policy planning and comprehensive healthcare. **Objective:** To analyze the association between DM and functional limitations in Brazil, characterizing affected individuals and identifying regional and sociodemographic disparities. **Methods:** Descriptive, quantitative study using data from the 2013 and 2019 National Health Survey (PNS), the most recent national population-based health surveys, conducted by the Ministry of Health and the Brazilian Institute of Geography and Statistics (IBGE). The percentage of people with DM reporting limitations in usual activities was assessed by sex, age, race/skin color, income, and region. Data from both years were compared to detect variations. **Results:** In both years, women reported more limitations than men (2013: 16.7% vs. 13.8%; 2019: 14.5% vs. 12.7%). The most affected were the oldest (≥ 75 years: 20.6% in 2013; 18.8% in 2019) and youngest (18–29 years: 14.7%; 12.5%). Black individuals had the highest limitation rates (20% in 2013; 17.2% in 2019), followed by brown (17.1%; 15.3%) and white individuals (13.6%; 11.4%). Those earning $\leq \frac{1}{2}$ minimum wage had the highest prevalence (17.7%; 17.5%), nearly double that of those earning > 3 minimum wages (9.2%; 8.5%). The North (16.5%; 16.3%) and Northeast (16.1%; 16.0%) had the highest rates, while Center-West (12.5%; 12.4%) and South (12.8%; 12.5%) had the lowest. The Southeast showed intermediate values (14.1%; 13.8%). **Conclusion:** DM significantly compromises functional capacity in the Brazilian population, disproportionately affecting women, older adults, young people, black and brown individuals, low-income groups, and residents of the North and Northeast. Despite slight reductions between 2013 and 2019, disparities persist, highlighting the need for integrated public policies combining clinical management, rehabilitation, and health equity promotion.

PO-042

1115667 GENERALIZED CONGENITAL LIPODYSTROPHY TYPE 1 DUE TO HOMOZYGOUS MUTATION IN THE AGPAT2 GENE: CASE REPORT

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Case Presentation: A 22-year-old female patient presented with a significant abdominal infection requiring two surgical approaches. The patient's phenotype, with generalized fat loss, prominent veins, and prominent muscles, was noteworthy. In addition to early-onset diabetes (at 12 years of age), laboratory alterations included hypertriglyceridemia, low HDL, and imaging exams with hepatomegaly and bone cysts. A genetic test was performed, which showed a homozygous mutation in the AGPAT2 gene, thus confirming the hypothesis of Congenital Generalized Lipodystrophy (Berardinelli-Seip Syndrome) and classifying it as type 1 CGL. **Discussion:** Congenital Generalized Lipodystrophy (CGL), also known as Berardinelli-Seip syndrome, is characterized by generalized loss of subcutaneous adipose tissue and accompanied by metabolic alterations, including insulin resistance, hypertriglyceridemia, hepatomegaly secondary to hepatic steatosis, and early-onset, difficult-to-control diabetes mellitus. The diagnosis of CGL is clinical, based on the history and observation of typical phenotypes. Laboratory tests can aid in the diagnosis, and genetic testing can confirm it. The genetic study can also classify CGL into 4 types, according to the genetic mutation present, namely: type 1 CGL (AGPAT2 gene); type 2 CGL (BSCL2 gene); type 3 CGL (CAVI gene); and type 4 CGL (CAVIN1 gene). Management involves a multidisciplinary approach, with dietary guidance and control of metabolic complications. The only drug specifically approved for CGL is metreleptin. **Final Comments:** Knowledge of the disease by health professionals is important for early diagnosis and correct management, with an improvement in the quality of life of patients. New studies and research involving the genetic and molecular bases of CGL may lead to the development of new targeted therapies, with more effective control of the disease.

PO-043

1116060 GLUCOSE ASSESSMENT DURING HEMODIAFILTRATION: A COMPARISON BETWEEN CONTINUOUS MONITOR, FINGER CAPILLARY AND DIALYSIS LINE GLUCOSE

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Introduction: Diabetic kidney disease is the leading cause of end-stage kidney disease worldwide. Glycemic control is the main therapeutic target, which can be difficult to achieve in patients on dialysis. Currently, the evaluation of the glycemic profile relies on serum markers, capillary blood glucose control (self-monitoring of blood glucose), and interstitial glucose monitoring (continuous glucose monitoring – CGM). However, the latter has not yet been well established in this population due to the influence of dialysis on interstitial fluid. **Objective:** To comparatively evaluate the values of capillary, interstitial, and dialysis system line glycemia. **Methods:** This is a cross-sectional analysis of glucose monitoring in adult patients with diabetes undergoing maintenance hemodiafiltration. We simultaneously assessed glucose levels using CGM, finger capillary sampling, and dialysis line measurements (before dialysis, 1 and 2 hours after the procedure had started). The concentration of glucose in the dialysis solution was identical for all patients. The results were compared using repeated measures ANOVA and depicted on a Bland-Altman plot. **Results:** A total of 22 patients, 68.2% men, and 66 glucose measurements were included. Blood glucose values obtained from CGM, finger capillary sampling, and dialysis line before dialysis were 138 ± 55 , 156 ± 74 , and 150 ± 79 mg/dL ($p=0.014$); after 1 hour were 117 ± 30 , 142 ± 38 , and 133 ± 36 mg/dL ($p=0.0002$); and after 2 hours were 141 ± 52 , 163 ± 56 , and 153 ± 58 mg/dL ($p=0.0002$), respectively. Glucose levels obtained from CGM were lower in all comparisons, with no difference between finger capillary sampling and dialysis line. The Bland-Altman plot revealed consistently lower values from CGM compared to finger capillary sampling or dialysis line. **Conclusion:** CGM can be a useful tool for patients on hemodiafiltration, although it tends to yield lower readings than finger capillary sampling or dialysis line measurements. The latter two methods show comparable results and can be used interchangeably.

PO-044

1115719 GLYCEMIC CONTROL EVALUATION IN DIABETIC PATIENTS WHO RECEIVED NPH INSULIN PRESCRIPTION DURING HOSPITALIZATION IN THE INTERNAL MEDICINE WARD AND NEW GLYCEMIC CONTROL IN AN OUTPATIENT CONSULTATION UP TO THREE MONTHS AFTER HOSPITAL DISCHARGE

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Introduction: Type 2 Diabetes Mellitus (T2DM) is one of the most prevalent diseases among patients admitted to hospital wards. At Hospital Nossa Senhora da Conceição (HNSC), this prevalence trend is also observed. Given the multimorbidity profile of patients admitted to HNSC, along with significant psychosocial vulnerability in a large part of this population, the hospitalization period becomes an appropriate window for therapeutic optimization of comorbidities, including glycemic control. **Objective:** We evaluated patients with T2DM admitted to the HNSC Internal Medicine ward from the beginning of 2023 until July 2024 who received NPH insulin during hospitalization. This study aimed to compare glycated hemoglobin (HbA1c) levels during hospitalization with HbA1c measured in an Internal Medicine outpatient consultation within three months after discharge, according to therapeutic optimization performed during hospitalization. **Methods:** This was a retrospective, descriptive cohort study including patients hospitalized in the internal medicine ward of a hospital in Porto Alegre, Rio Grande do Sul, who subsequently maintained outpatient follow-up from 2023 to July 2024. **Results:** The study analyzed 126 patients admitted to the HNSC internal medicine service during this period. When comparing HbA1c mean values between hospitalization and up to three months after discharge ($7.93\% \pm 1.88$), an average reduction of 0.7754% was observed (95% CI: -1.1102 to -0.4406), with statistical significance ($p < 0.001$). The effects of hemorrhage and transfusions on HbA1c were also analyzed and showed no significant difference compared to the reduction observed in patients without such complications ($p = 0.393$ and $p = 0.447$, respectively). Intensification of treatment during hospitalization was associated with a greater and statistically significant reduction in HbA1c levels. This difference between groups was confirmed by the independent t test ($p = 0.001$), with a moderate effect size (Cohen's $d \approx 0.47$ to 0.56). **Conclusion:** Improved glycemic management during hospitalization allows a significant reduction in HbA1c, leading to better metabolic control and providing an opportunity to enhance the treatment of T2DM during follow-up.

PO-045

1114423 HETEROZYGOUS CIS MUTATION IN THE AGPAT2 GENE IN AN ADULT FEMALE BRAZILIAN PATIENT WITH PARTIAL LIPODYSTROPHY

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Case Presentation: A 65-year-old female patient from Central-West Brazil was referred to the Endocrinology Outpatient Clinic due to diabetes mellitus (DM) since the age of 40. She also reported comorbidities (systemic arterial hypertension, dyslipidemia, hypothyroidism due to Hashimoto's thyroiditis, osteopenia, and bipolar affective disorder) and daily use of medications: metformin (2000 mg), pioglitazone (45 mg), dapagliflozin (10 mg), insulin (84 units), atorvastatin (40 mg), ciprofibrate (100 mg), enalapril (20 mg), levothyroxine (175 µg), escitalopram (10 mg), quetiapine (25 mg), and lithium carbonate (900 mg). She had a family history of DM (mother) and coronary disease (father). On physical examination, she weighed 55.3 kg and had a body mass index of 24.5 kg/m², with anomalous distribution of adipose tissue, including central obesity and muscle pseudohypertrophy in the lower limbs. Cervical and axillary acanthosis nigricans, androgenic pattern alopecia, and phlebomegaly were also observed. Laboratory tests showed glycated hemoglobin 9.52%, triglycerides 331 mg/dL (on ciprofibrate), creatinine clearance 72.5 mL/min/1.73 m², and FIB-4 (Index for Liver Fibrosis) 1.26. Due to clinical suspicion of partial lipodystrophy, genetic analysis was performed. Genomic DNA was obtained from buccal swab. A targeted Next Generation Sequencing (NGS) panel was performed using the Illumina platform (Mendelics). The panel included 28 genes involved in hypertriglyceridemia. The panel identified a heterozygous cis mutation in the AGPAT2 gene (splice site mutation c.493-1G>C IVS3-1G>C and the missense mutation c.299G>A p.Ser100Asn). **Discussion:** AGPAT2 is a lysophosphatidic acid acyltransferase expressed in white adipocytes. Loss-of-function homozygous or compound heterozygous mutations in AGPAT2 have been identified in the autosomal recessive disease congenital generalized lipodystrophy (CGL) type 1. Patients heterozygous for mutations in AGPAT2 have no obvious CGL phenotype. In the present case, we identified a cis heterozygous mutation in AGPAT2 in a patient with clinical features of partial lipodystrophy. Both variants observed were previously described in the homozygous form in Brazilian kindreds of CGL. Few reports in the literature suggest cis heterozygous AGPAT2 mutation as a cause of partial lipodystrophy. **Final Comments:** This report supports the existence of a continuum of clinical presentation and genetic causes in different types of lipodystrophies.

PO-046

1115817 HOSPITALIZATIONS FOR AMBULATORY CARE SENSITIVE CONDITIONS: A COMPARATIVE ANALYSIS OF DIABETES MELLITUS IN THE FIRST HEALTH REGION OF RIO GRANDE DO SUL

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Introduction: Diabetes mellitus is a disease that alters blood glucose levels due to deficiencies in insulin secretion or action. Moreover, it stands out as a chronic disease with high prevalence in Brazil, having a significant impact on the healthcare system due to complications such as diabetic ketoacidosis, chronic kidney disease, and others. Primary Health Care plays a key role in the prevention and management of diabetes, as proper treatment can prevent complications. However, non-adherence to treatment may lead to hospitalizations, which are classified as Hospitalizations for Conditions Sensitive to Primary Care. **Objective:** This study aims to analyze the role of Primary Health Care in preventing hospitalizations due to diabetes. **Methods:** This is a descriptive time-series study carried out through a comparative analysis of diabetes-related hospitalizations from 2020 to 2024, across the 21 cities of the First Health Region of Rio Grande do Sul, in relation to the state average. The data were obtained from DATASUS, the 2024–2027 State Health Plan, and the Integrated Regional Planning of the Central-West Health Macroregion. **Results:** Data analysis revealed that the First Health Region has one of the lowest Primary Health Care coverage rates in the state, reaching only 61.3% in 2022, while the state average was 88.8%. This helps explain why a large portion of the cities in the region showed higher hospitalization rates compared to the state average. An analysis of the average hospitalization rates from 2020 to 2024 shows that 61.9% of the cities had rates above the state average of 63.7 hospitalizations per 100,000 inhabitants. The cities of Paraíso do Sul and São João do Polêsine were notable negative outliers in the early years of the series, with the latter reaching 507 hospitalizations per 100,000 inhabitants in 2022. On the other hand, Santa Maria, despite having low Primary Health Care coverage, maintained relatively low hospitalization rates of 24.5 per 100,000, possibly due to the strong presence of private health insurance. **Conclusion:** The data suggest a direct relationship between low Primary Health Care coverage and high hospitalization rates due to diabetes complications, highlighting the essential role of Primary Health Care in preventing such outcomes. Investing in the expansion of Primary Health Care coverage is the most effective way to reduce Hospitalizations for Conditions Sensitive to Primary Care and to ensure comprehensive care for people with diabetes.

PO-241

1116419 HYPERPIGMENTED FUNGIFORM PAPILLAE OF THE TONGUE ASSOCIATED WITH CONGENITAL GENERALIZED LIPODYSTROPHY TYPE 2

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Case Presentation: A 13-year-old boy presented to a pediatric endocrinologist due to hyperpigmented spots on the tongue, non-painful and with an undefined onset. Physical examination revealed multiple brown hyperpigmented fungiform papillae located on the lateral edges of the tongue, with no abnormalities of the oral mucosa. The patient also presented with generalized darkening of the skin, more intense in flexures, with a velvety texture consistent with acanthosis nigricans. He had a diagnosis of congenital generalized lipodystrophy type 2 due to a mutation in the BSCL2 gene and was not taking medications regularly. The biochemical profile showed: leptin 1.0 ng/mL, fasting glucose 78 mg/dL, HbA1c 4.8%, insulin 71.3 mU/L, total cholesterol 160 mg/dL, HDL-cholesterol 34 mg/dL, LDL-cholesterol 93 mg/dL, triglycerides 166 mg/dL, and cortisol 14 ng/dL. A clinical diagnosis of hyperpigmented fungiform papillae of the tongue was established, in association with marked acanthosis nigricans. **Discussion:** Hyperpigmented fungiform papillae of the tongue is a benign and asymptomatic condition. It is more frequently observed in African American individuals in the second to third decade of life. The underlying pathophysiology is unclear, but it has been associated with hormonal fluctuations and hyperinsulinemia, as reported in obese women with early menarche. **Final Comments:** This is the first description of hyperpigmented fungiform papillae of the tongue associated with congenital generalized lipodystrophy. The case highlights the importance of careful oral examination in patients with lipodystrophic syndromes and severe insulin resistance.

PO-242

1115542 IMPACT OF AN EDUCATIONAL INTERVENTION ON MEDICAL RESIDENTS' KNOWLEDGE OF HOSPITAL HYPERGLYCEMIA: A MULTICENTER RANDOMIZED TRIAL

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Introduction: Previous studies have shown that medical education can improve knowledge regarding hospital hyperglycemia. However, more robust clinical trials are still needed to establish the relationship between educational strategies and their impact on medical knowledge and clinical practice. **Objective:** To evaluate the impact of an educational intervention on the knowledge of internal medicine residents regarding hospital hyperglycemia. **Methods:** This was a randomized, multicenter, open-label clinical trial conducted with internal medicine residents from three hospitals. Teams were randomized into intervention or control groups. The intervention consisted of an online theoretical lecture and continuous support from an endocrinologist, provided both in person and via telemedicine, over a one-month period. After this period, all participants completed a validated questionnaire on hospital hyperglycemia. **Results:** A total of 33 internal medicine residents participated: 15 in the intervention group, 14 in the control group, and four dropouts. The median number of correct answers was 8 (6–9) in the intervention group and 6 (5–8) in the control group ($p = 0.037$). Among the ten questions applied, eight showed no significant difference between the groups. However, two questions showed a higher number of correct answers in the intervention group: target glycemic levels in hospitalized patients ($p = 0.03$) and the correct method of glycemic monitoring in the hospital setting ($p = 0.03$). **Conclusion:** The educational intervention resulted in a modest but significant improvement in residents' knowledge regarding hospital hyperglycemia. Limited adherence to the intervention raises concerns about the engagement of residents with learning opportunities. In line with previous findings from our group, medical education proves effective in enhancing physicians' knowledge of hospital hyperglycemia. This scientific evidence is especially relevant in the current context of medical education in Brazil, marked by the rapid expansion of medical schools and challenges in maintaining educational quality. The results highlight the importance of well-structured and continuous educational strategies.

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1116411 IMPACT OF DIABETES MELLITUS ON CLINICAL OUTCOMES OF TUBERCULOSIS: A COMPARATIVE ANALYSIS OF CURE AND MORTALITY RATES IN A RETROSPECTIVE COHORT STUDY

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Introduction: Tuberculosis (TB) remains one of the leading causes of global morbidity and mortality. The prevalence of diabetes mellitus (DM) has been increasing and is known to impair the immune response, thereby elevating the risk of developing active TB. Evidence from the Brazilian Society of Pneumology and Tisiology suggests that DM adversely affects TB treatment outcomes. **Objective:** To compare cure and mortality rates from tuberculosis between individuals with and without diabetes mellitus through a retrospective cohort study. **Methods:** A retrospective cohort study was conducted using secondary data from DATASUS spanning 2001 to 2024. Variables analyzed included treatment outcome, diabetes status, sex, age group, and notification region among TB cases. The study population was stratified into individuals with and without diabetes mellitus. Outcomes assessed were cure and death. Comparative analyses were performed between groups, and relative risks (RR) with 95% confidence intervals (CI) were calculated for each variable using OpenEpi. Data were organized in contingency tables. **Results:** A total of 1,067,122 TB cases reported in Brazil from 2001 to 2024 were included, of which 94,987 (8.9%) involved individuals diagnosed with DM. The case-fatality rate was significantly higher in patients with DM (7.56%) compared to those without DM (4.87%). The risk of death due to TB was 55% higher among individuals with DM (RR: 1.55; 95% CI: 1.52–1.59). Regional stratification revealed the highest mortality risk among DM patients in the South (RR: 2.29; 95% CI: 2.13–2.46) and Southeast (RR: 1.67; 95% CI: 1.61–1.73). Females with DM exhibited a 62% increased risk of death (RR: 1.62; 95% CI: 1.56–1.67), whereas the risk increase among males was 52% (RR: 1.52; 95% CI: 1.48–1.57). Age-specific analysis indicated the greatest relative risk of death in diabetic children aged 0–14 years (RR: 6.48; 95% CI: 5.86–7.16) and young adults aged 15–24 years (RR: 2.35; 95% CI: 2.25–2.46). Although relative risk declined progressively in older age groups, it remained significantly elevated, particularly among those aged over 65 years (RR: 1.59; 95% CI: 1.55–1.64). **Conclusion:** Diabetes mellitus is significantly associated with increased mortality due to tuberculosis across all analyzed regions, sexes, and age groups. These findings underscore the necessity for tailored clinical management and integrated surveillance to enhance patient outcomes.

PO-244

1115983 IMPACT OF DIABETES TREATMENT ON QUALITY OF LIFE PERCEPTION: CROSS-SECTIONAL ANALYSIS DURING A WORLD DIABETES DAY EVENT IN A MID-SIZED SOUTHERN BRAZILIAN CITY

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Introduction: Quality of life (QoL) is a key indicator in managing chronic conditions like diabetes mellitus (DM), reflecting the impact of health status and treatments—including physical activity, insulin therapy, and anxiety control—on physical, psychological, and social well-being. Understanding how these factors interact is essential for designing interventions that address both disease control and overall well-being. **Objective:** To assess correlations between QoL, physical activity, insulin use, and anxiety levels among individuals with DM, using data from structured questionnaires administered during a public outreach activity in a city in the interior of Rio Grande do Sul, Brazil. **Methods:** A cross-sectional study was conducted during World Diabetes Day in a city of about 300,000 residents in southern Brazil. Clinical, anthropometric, and laboratory data were collected, along with information on comorbidities, complications, and lifestyle habits from individuals with prediabetes, type 1 DM (T1DM), or type 2 DM (T2DM). QoL scores were compared across groups based on insulin use (injectable vs. non-injectable), weekly physical activity (<150 vs. ≥150 minutes), and anxiety levels related to diagnosis/prognosis. The Mann-Whitney U test was used, with significance set at $p \leq 0.05$. **Results:** The sample included 74 individuals aged 13–83 years (mean = 60.3; median = 65), with 52.7% female. Participants with ≥150 minutes of weekly physical activity had significantly higher QoL scores ($U = 364$; $p = 0.01$). Those not anxious about diagnosis/prognosis also had better QoL scores than anxious individuals ($U = 440.5$; $p = 0.01$). No significant QoL difference was found between insulin users and non-users ($U = 613.5$; $p = 0.652$). **Conclusion:** Regular physical activity and lower anxiety levels are positively associated with better perceived QoL in people with DM. Insulin use alone was not significantly associated with QoL. These findings highlight the importance of lifestyle changes and psychological support, in addition to medical treatment, in improving overall patient well-being.

PO-245

1116410 IMPACT OF METABOLIC SURGERY ON GLYCEMIC PROFILE: A RETROSPECTIVE STUDY

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Introduction: Type 2 diabetes mellitus (T2DM) and obesity are chronic conditions that significantly and negatively impact patients' quality of life. Metabolic surgery has emerged as an effective therapeutic strategy aimed at weight reduction and glycemic control. **Objective:** To analyze anthropometric and laboratory outcomes in patients undergoing metabolic surgery. **Methods:** This retrospective cohort study included patients with obesity and/or T2DM and/or dyslipidemia who underwent metabolic surgery between January 2018 and December 2022 and were followed postoperatively at a specialized private clinic in Curitiba, Paraná, Brazil. Preoperative measurements of weight, body mass index (BMI), fasting glucose, HbA1c, and insulin were compared to those obtained at 1, 6, 12, and 24 months post-surgery. Statistical analyses were performed using paired t-tests or Wilcoxon signed-rank tests, as appropriate. The study was approved by the Research Ethics Committee of PUCPR (approval number: 6.234.073). **Results:** A total of 304 patients were included, 58.9% of whom were female, with a mean age of 45.8±10.4 years. Preoperatively, 82.2% had T2DM and 56.6% had dyslipidemia. Baseline values (mean ± SD) were: weight 111.1±23.2 kg; BMI 39.3±5.8 kg/m²; glucose 143±59.3 mg/dL; HbA1c 6.9±1.6%; insulin 38.8±28.6 µIU/mL. At 1 month postoperatively (n=243), significant reductions were observed in weight (101.4±22.1 kg; $p<0.001$), BMI (35.9±5.8 kg/m²; $p<0.001$), glucose (122.9±39.7 mg/dL; $p=0.031$), and HbA1c (6.2±1.2%; $p=0.003$). At 6 months (n=33), further reductions were noted in weight (83.1±15.1 kg; $p<0.001$), BMI (28.7±3.9 kg/m²; $p<0.001$), glucose (97.5±18.2 mg/dL; $p=0.011$), and insulin (9.9±8.1 µIU/mL; $p=0.003$). At 12 months (n=17), reductions persisted in weight (80±18.4 kg; $p<0.001$), BMI (27.5±4.2 kg/m²; $p<0.001$), and glucose (95.8±6.6 mg/dL; $p=0.081$). At 24 months (n=88), significant improvements were sustained in weight (72.3±14.2 kg; $p<0.001$), BMI (26.3±3.5 kg/m²; $p<0.001$), glucose (92.7±28.4 mg/dL; $p<0.001$), HbA1c (5.6±1.0%; $p=0.001$), and insulin (7.2±6.7 µIU/mL; $p<0.001$). **Conclusion:** Metabolic surgery proved to be an effective intervention for sustained weight loss and BMI reduction. The procedure also contributed to improved glycemic control, suggesting a beneficial effect on T2DM management. Furthermore, the significant decline in insulin levels at 6 and 24 months indicates enhanced insulin sensitivity, underscoring the long-term efficacy of metabolic surgery.

PO-246

1116203 IN-HOSPITAL GLYCEMIC LEVELS IN KIDNEY TRANSPLANT RECIPIENTS WITH POST-TRANSPLANT DIABETES IN THE IMMEDIATE POSTOPERATIVE PERIOD

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Introduction: Kidney transplantation is the main therapeutic option for individuals with stage 5 chronic kidney disease, but cardiovascular risk remains elevated. Post-transplant diabetes is a common complication, characterized by persistent hyperglycemia due to pancreatic beta-cell dysfunction and/or insulin resistance. Early glycemic assessment may help identify clinical patterns and guide therapeutic decisions. **Objective:** To characterize glycemic patterns and clinical differences between individuals with transient or persistent post-transplant diabetes during the immediate postoperative period. **Methods:** This retrospective study included 55 kidney transplant recipients diagnosed with post-transplant diabetes between 2016 and 2023, stratified into transient (resolution before one year) and persistent diabetes groups. Eligibility criteria included use of antidiabetic agents for ≥ 45 days or compatible laboratory findings. Clinical variables included capillary glycemia, insulin therapy, glycemic variability, and estimated glomerular filtration rate. Data were analyzed using Student's t-test or Mann-Whitney test. **Results:** Mean age was 52.1 ± 12 years, and most patients were male (65.4%). The majority received kidneys from deceased donors (98.2%), with mean hospital stay of 17 ± 5 days. Admission glycemia was higher in the persistent group (95 ± 18 mg/dL vs. 85 ± 13 ; $p = 0.03$). Glomerular filtration rate at discharge was similar ($38.6 [28.2-55.4]$ vs. $35.7 [22.8-39.7]$ mL/min/1.73 m²; $p = 0.06$). Daily maximum capillary glycemia remained elevated in both groups ($287 [247-313]$ vs. $307 [246-342]$ mg/dL; $p = 0.38$), including in the late afternoon ($285 [241-313]$ vs. $295 [236-329]$; $p = 0.69$). Glycemic variability, expressed as the coefficient of variation, was also similar (overall: 0.35 ± 0.07 vs. 0.31 ± 0.06 ; $p = 0.08$; at 17:00: 0.25 ± 0.06 vs. 0.21 ± 0.06 ; $p = 0.06$). Mean time in range ($70-180$ mg/dL) was $69\% \pm 18$ in the persistent group and $76\% \pm 13$ in the transient group ($71\% \pm 17$ overall; $p = 0.18$). At 17:00, TIR proportions were similar ($64\% [48-87]$ vs. $64\% [39-76]$; $p = 0.55$). Insulin therapy was prescribed in 67.5% and 73.3%, respectively ($p = 0.67$). **Conclusion:** Patients with post-transplant diabetes, regardless of clinical course, experience frequent hyperglycemia during hospitalization. Early glycemic surveillance and individualized therapeutic strategies are essential in the immediate postoperative period. Further studies should explore whether early intervention protects beta cells from glycototoxicity and prevents persistent post-transplant diabetes.

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1115793 INFLUENCE OF DIABETES MELLITUS ON CLINICAL PRESENTATION AND HOSPITALIZATION IN CHIKUNGUNYA PATIENTS WITH AUTOIMMUNE DISEASES

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Introduction: Chikungunya is an arbovirus transmitted by *Aedes aegypti*, responsible for symptoms including fever, rash, and arthralgia. Patients with comorbidities like diabetes mellitus (DM) and autoimmune diseases may exhibit altered inflammatory responses, increasing the risk of more severe clinical outcomes. **Objective:** To analyze the association between DM and the clinical presentation and hospitalization outcomes of chikungunya in patients with autoimmune diseases. **Materials and Methods:** A cohort study was conducted using confirmed cases of chikungunya in patients with autoimmune diseases reported to the SINAN database between 2019 and 2024. The analysis assessed the risk of developing specific symptoms in individuals with DM. Categorical variables were compared using the chi-square test, with significance set at $p < 0.05$. Analyses were performed using GraphPad Prism. **Results:** A total of 8,602 confirmed cases were included; the mean age was 44 years, and 67.2% were women. Diabetes mellitus was reported in 2,053 cases (23.9%). DM was associated with a higher frequency of rash (RR: 1.308; 95% CI: 1.203–1.420; $p < 0.0001$), vomiting (RR: 1.327; 95% CI: 1.227–1.433; $p < 0.0001$), nausea (RR: 1.086; 95% CI: 1.026–1.148; $p = 0.0048$), back pain (RR: 1.178; 95% CI: 1.119–1.238; $p < 0.0001$), conjunctivitis (RR: 2.297; 95% CI: 2.031–2.595; $p < 0.0001$), arthritis (RR: 1.254; 95% CI: 1.178–1.333; $p < 0.0001$), arthralgia (RR: 1.054; 95% CI: 1.009–1.100; $p = 0.0187$), petechiae (RR: 1.849; 95% CI: 1.676–2.038; $p < 0.0001$), leukopenia (RR: 3.008; 95% CI: 2.629–3.439; $p < 0.0001$), and retro-orbital pain (RR: 1.376; 95% CI: 1.288–1.467; $p < 0.0001$). No significant differences were observed for fever (RR: 1.005; 95% CI: 0.974–1.035; $p = 0.7486$), myalgia (RR: 0.985; 95% CI: 0.954–1.015; $p = 0.3276$), or headache (RR: 1.012; 95% CI: 0.978–1.046; $p = 0.4914$). The tourniquet test was more frequently positive in DM patients (RR: 4.375; 95% CI: 3.759–5.090; $p < 0.0001$). DM patients had a lower risk of hospitalization (RR: 0.571; 95% CI: 0.469–0.694; $p < 0.0001$). **Conclusion:** Among patients with autoimmune diseases, those with DM exhibited a higher frequency of several chikungunya symptoms, yet a lower hospitalization rate. These findings highlight the complex interplay between chronic comorbidities and arboviral infections and suggest the need for tailored clinical strategies and enhanced surveillance.

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1116404 INFLUENCE OF DIABETES MELLITUS ON CLINICAL PRESENTATION AND HOSPITALIZATION IN CHIKUNGUNYA PATIENTS WITH SYSTEMIC ARTERIAL HYPERTENSION (SAH)

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Introduction: Chikungunya is an arbovirus transmitted by *Aedes aegypti*, responsible for symptoms including fever, rash, and arthralgia. Patients with comorbidities like diabetes mellitus (DM) and systemic arterial hypertension (SAH) may present altered inflammatory responses, potentially modifying the clinical course of the disease and influencing outcomes such as hospitalization.

Objective: To analyze the association between DM and the clinical presentation and hospitalization outcomes of chikungunya (CHIK) in patients with SAH. **Materials and Methods:** A cohort study was conducted using confirmed cases of CHIK in patients with SAH reported to the SINAN database between 2019 and 2024. The analysis assessed the risk of developing specific symptoms and the likelihood of hospitalization in patients with DM. Categorical variables were compared using the chi-square test, with significance set at $p < 0.05$. Analyses were performed using GraphPad Prism. **Results:** A total of 122,065 confirmed cases were included; the mean age was 58 years, and 67.4% were women. DM was reported in 33,149 cases (27.2%). DM was associated with a higher frequency of several symptoms, including vomiting (RR: 1.102; 95% CI: 1.077–1.128; $p < 0.0001$), back pain (RR: 1.018; 95% CI: 1.006–1.031; $p = 0.0046$), conjunctivitis (RR: 1.133; 95% CI: 1.082–1.186; $p < 0.0001$), arthritis (RR: 1.058; 95% CI: 1.040–1.076; $p < 0.0001$), arthralgia (RR: 1.021; 95% CI: 1.012–1.030; $p < 0.0001$), myalgia (RR: 1.006; 95% CI: 1.000–1.012; $p = 0.0411$), and a positive tourniquet test (RR: 1.366; 95% CI: 1.271–1.468; $p < 0.0001$). In contrast, DM was associated with a lower frequency of fever (RR: 0.9827; 95% CI: 0.9766–0.9887; $p < 0.0001$), headache (RR: 0.9643; 95% CI: 0.9568–0.9718; $p < 0.0001$), rash (RR: 0.9700; 95% CI: 0.9459–0.9946; $p = 0.0170$), and leukopenia (RR: 0.8953; 95% CI: 0.8441–0.9495; $p = 0.0002$). There were no significant associations between DM and nausea (RR: 1.004; 95% CI: 0.9892–1.019; $p = 0.5867$), petechiae (RR: 1.023; 95% CI: 0.9869–1.060; $p = 0.2156$), or retro-orbital pain (RR: 1.007; 95% CI: 0.9863–1.028; $p = 0.5073$). Notably, DM was associated with a higher risk of hospitalization (RR: 1.521; 95% CI: 1.440–1.606; $p < 0.0001$). **Conclusion:** Among patients with SAH, those with DM exhibited an increased frequency of several CHIK symptoms and a significantly higher risk of hospitalization. These findings highlight the complex interplay between chronic comorbidities and arboviral infections and suggest the need for tailored clinical strategies.

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1115818 INFLUENCE OF DIABETES MELLITUS ON THE CLINICAL PRESENTATION AND HOSPITALIZATION OF PATIENTS WITH CHIKUNGUNYA AND CHRONIC KIDNEY DISEASE

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Introduction: Chikungunya, an arboviral disease transmitted by *Aedes aegypti*, can lead to various clinical manifestations such as fever, myalgia, and arthralgia. In patients with comorbidities such as diabetes mellitus (DM) and chronic kidney disease (CKD), the risk of developing severe clinical conditions and outcomes tends to be higher. **Objective:** To analyze the influence of DM on the clinical presentation and hospitalization of individuals with CKD affected by Chikungunya in Brazil from 2020 to 2024. **Methods:** A cohort study based on notifications of cases with CKD and confirmed diagnosis of Chikungunya from 2020 to 2024, using data made available by SINAN. Among these cases, the clinical presentations and hospitalization rates of (i) patients with DM and (ii) without DM were analyzed and compared. For data compilation and analysis, Microsoft Excel and GraphPad Prism were used; p was considered statistically significant when $p < 0.05$. **Results:** From 2020 to 2024, there were 5,607 confirmed Chikungunya notifications in patients with CKD; mean age was 48.3 years; females comprised 59.03% of the total. DM was present in 2,218 notifications (39.56%). Manifestations such as leukopenia (RR: 2.387; 95% CI: 2.071–2.750; $p < 0.0001$), conjunctivitis (RR: 1.975; 95% CI: 1.721–2.267; $p < 0.0001$), petechiae (RR: 1.784; 95% CI: 1.597–1.993; $p < 0.0001$), retroorbital pain (RR: 1.501; 95% CI: 1.388–1.623; $p < 0.0001$), arthritis (RR: 1.298; 95% CI: 1.214–1.388; $p < 0.0001$), vomiting (RR: 1.273; 95% CI: 1.177–1.378; $p < 0.0001$), rash (RR: 1.266; 95% CI: 1.158–1.384; $p < 0.0001$), back pain (RR: 1.145; 95% CI: 1.087–1.205; $p < 0.0001$), arthralgia (RR: 1.128; 95% CI: 1.080–1.178; $p < 0.0001$), nausea (RR: 1.117; 95% CI: 1.055–1.183; $p = 0.0001$), headache (RR: 1.056; 95% CI: 1.022–1.090; $p = 0.0013$), and fever (RR: 1.029; 95% CI: 1.005–1.054; $p = 0.0195$) were more frequent in the group with DM. Myalgia (RR: 1.015; 95% CI: 0.988–1.043; $p = 0.2701$) did not show a significant difference between groups. The tourniquet test was more often positive in the group with DM (RR: 3.924; 95% CI: 3.252–4.738; $p < 0.0001$). Regarding progression to hospitalization (RR: 1.011; 95% CI: 0.8776–1.165; $p = 0.8756$), there was no significant difference between the groups. **Conclusion:** Patients with DM presented with more symptomatic clinical profiles compared to the group without DM, although both had similar hospitalization rates. Therefore, the importance of reinforced care in patients with CKD and DM during the course of Chikungunya infection is evident.

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1115957 INSULIN RESISTANCE AND COGNITIVE FUNCTION: NEUROENDOCRINE MECHANISMS AND RISKS FOR MENTAL DISORDERS

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Introduction: Insulin resistance (IR) is a metabolic condition that impairs tissue responsiveness to insulin, commonly associated with obesity and type 2 diabetes. While its peripheral effects are well established, recent evidence highlights its impact on the central nervous system. Insulin acts on brain regions such as the hippocampus and prefrontal cortex, essential for cognitive functions, mood regulation, and stress response. Dysregulation in this system has been linked to depression, mild cognitive impairment, and neurodegenerative diseases. **Objective:** To investigate the neuroendocrine mechanisms linking insulin resistance to cognitive dysfunction and mental disorders. **Method:** A bibliographic review was conducted using the PubMed, Scopus, SciELO, and LILACS databases, covering publications from 2014 to 2024. The search included the terms “Insulin Resistance,” “Cognition,” “Mental Disorders,” and “Neuroendocrinology.” Clinical studies and systematic reviews relating IR to cognitive impairment or mental disorders were selected. **Results:** Evidence shows that insulin resistance in the central nervous system impairs synaptic plasticity and neurotransmission, affecting memory, attention, and emotional regulation. Changes in blood-brain barrier integrity and chronic neuroinflammation associated with IR contribute to cognitive decline. Moreover, hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis in IR causes persistent hypercortisolemia, increasing reactivity and vulnerability to psychiatric disorders, like major depression, anxiety disorders, and bipolar disorder. Chronic HPA axis activation compromises neuroplasticity and the integrity of brain regions such as the hippocampus and amygdala, promoting the onset and persistence of these clinical conditions. **Conclusion:** Insulin resistance should be seen not only as a peripheral metabolic dysfunction but also as a risk factor for neurocognitive changes and mental disorders. Interventions improving insulin sensitivity may benefit brain health. Highlighted strategies include aerobic and resistance exercise, anti-inflammatory diets, and sleep regulation. Medications such as metformin, GLP-1 receptor agonists, insulin, and DPP-4 inhibitors show potential neuroprotective effects. These measures should be integrated into care models that prevent and manage psychiatric and cognitive comorbidities related to insulin resistance.

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1115870 MILD HYPERGLYCEMIA, STRONG HISTORY: THE IMPORTANCE OF EARLY DIAGNOSIS OF MODY-GCK

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Case Presentation: B.H.L.S, male, at 10 years of age, comes to the endocrinology outpatient clinic, presenting acanthosis nigricans, increased abdominal circumference and obesity (57 kg, 148 cm). With a history of mild hyperglycemia (111 mg/dL) sustained from 6 to 9 months, without previous treatment. Laboratory tests showed: HbA1c: 7.5%, C-peptide: 2.74 ng/mL; autoantibodies negative and HDL of 24 mg/dL. Type 2 diabetes mellitus (T2DM) is suspected, starting treatment with Metformin 500 mg/day. MPF, a 39-year-old woman, mother, diagnosed with T2DM at age 20. Both were submitted to molecular analysis, finding a pathogenic variant (c.148C>T/H50Y) in the glucokinase gene (GCK). At this time, the drug treatment is suspended (14 years, 62 kg, 170 cm) and family screening begins. Of the 8 maternal siblings, 5 present the variant, being: C.P.F (48 years old, male); M.F.O.S (39 years old, female, first diagnosed with gestational diabetes); C.P.F (43 years old, female, diagnosed with pre-diabetes at 17 years, followed by gestational diabetes); A.P.F (52 years old, male) and N.P.F.B (43 years old, female). These siblings were a total of 5 children, with: C.V.S.F (9 years old, male); J.F.P.F (male) and B.F.S (female) also carriers of the pathogenic variant. **Discussion:** Maturity-onset diabetes of the young (MODY), caused by the pathogenic variant in the glucokinase gene (GCK), is the most common monogenic form of diabetes. It is estimated to represent 1% to 2% of cases and is often confused with T1DM or T2DM, being mistakenly treated as reported in the case. A strong family history is observed, evidencing the dominant autosomal hereditary genetic pattern. The clinical presentation involves mild, asymptomatic hyperglycemia, absence of autoantibodies and adequate C-peptide levels, often detected in routine examinations. Control is maintained with lifestyle changes. The genetic diagnosis is essential to avoid unnecessary treatments and guide the family screening. Studies show that more than 50% of the cases have therapeutic change after diagnostic confirmation. **Final Comments:** The recognition of the MODY GCK, confirmed by genetic examination, allowed the proper diagnosis and change of behavior of family members, with treatment based on changes in life habits, avoiding the unnecessary use of drugs. It is well known that many patients with the mutation remain diagnosed with T2DM and use drugs without need, evidencing the underdiagnosis in this type of diabetes.

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1116057 MULTIPLE SYSTEM ATROPHY IN A PATIENT WITH DIABETES MELLITUS: A CASE REPORT

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Case Presentation: A 56-year-old man with a 20-year history of diabetes mellitus, likely latent autoimmune diabetes in adults (LADA), presented with excessive daytime sleepiness, erectile dysfunction, neurogenic bladder, and sleep disturbances beginning in 2007. In 2022, after experiencing a non-ST elevation myocardial infarction, he developed dysarthria. Clinical examination and magnetic resonance imaging revealed cerebellar and pontine atrophy, as well as changes in the nigrosome-1 region, suggestive of cerebellar-type multiple system atrophy (MSA-C). The diagnosis was delayed for two years due to overlapping symptoms. Over time, the patient progressed to advanced parkinsonism and severe depression. **Discussion:** Cerebellar-type multiple system atrophy is a rare and progressive neurodegenerative disorder characterized by autonomic dysfunction, parkinsonism, and cerebellar signs. Diagnosing this condition can be particularly challenging in patients with comorbidities such as diabetes mellitus and cardiovascular disease due to symptom overlap. Poor response to levodopa, early autonomic manifestations, and confirmatory neuroimaging findings were crucial for establishing the diagnosis. This case highlights the diagnostic complexity when chronic metabolic and neurodegenerative conditions coexist, such as diabetic peripheral neuropathy. **Final Comments:** Cerebellar-type multiple system atrophy should be considered in patients presenting with rapidly progressive parkinsonism, autonomic dysfunction, and cerebellar signs, particularly in the presence of multiple comorbidities. This report emphasizes the importance of a multidisciplinary approach and integration of clinical and imaging data. Early diagnosis is essential to optimize patient management and improve quality of life.

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1115774 NEONATAL NESIDIOBLASTOSIS: A CASE REPORT

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Case Presentation: The patient, T.V.T., a 13-year-old male, has presented since birth (prematurity and birth weight: 4.1 kg) with numerous episodes of severe, persistent hypoglycemia of hyperinsulinemic nature, some of which manifested as seizures, leading to delayed neuropsychomotor development. At the age of 1 year and 6 months (in 2013), after failure of medical therapy, the patient underwent the first surgery: a partial pancreatectomy (50% of the pancreas resected), at which time the diagnosis of nesidioblastosis was established. However, severe hypoglycemic episodes recurred, and at the age of 5 years (2017), he underwent a second surgery: another partial pancreatectomy (with 80% of the pancreas removed). Following the second surgery, hypoglycemic episodes resolved; however, in 2019, the patient developed insulin-dependent diabetes mellitus. **Discussion:** Nesidioblastosis is the leading cause of persistent hyperinsulinemic hypoglycemia of infancy (PHHI), with an estimated incidence of 1 in 50,000 live births. It is characterized by islet cell hypertrophy, sometimes accompanied by hyperplasia, and is associated with enlarged and hyperchromatic beta-cell nuclei predominantly in the distal portion of the pancreas, resulting in inappropriate insulin secretion. The case described involves a patient with persistent hypoglycemia since the neonatal period who required two partial pancreatectomies for complete resolution of the condition, eventually developing insulin-dependent diabetes mellitus — a rare outcome. The history of prolonged hypoglycemic episodes explains the impaired neuropsychomotor development during childhood and the current cognitive repercussions, highlighting the importance of timely and appropriate treatment to prevent such complications. **Final Comments:** This case highlights the complexity of neonatal nesidioblastosis, particularly in patients with a refractory course despite surgical intervention. The persistence of severe hypoglycemia and progression to insulin-dependent diabetes following partial pancreatectomies underscore the need for close and continuous clinical follow-up. The cognitive and behavioral repercussions associated with chronic severe hypoglycemia, along with the emotional impact of the condition, emphasize the importance of a comprehensive, multidisciplinary approach involving neurologists and psychologists, in addition to ongoing health education. Such a strategy is essential to promote an improved quality of life for the patient.

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1116213 PERFORMANCE OF BIOELECTRICAL IMPEDANCE IN ESTIMATING BODY FAT IN PATIENTS WITH TYPE 2 DIABETES ACCORDING TO CUTOFFS BASED ON THE PRESENCE OF METABOLIC SYNDROME

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Introduction: There is currently a great interest in evaluating adiposity markers, relating them to the presence of clinical health outcomes, to better identify high-risk patients. The cut-off points for body fat have traditionally been defined based on obesity criteria, i.e. according to BMI. Recently, cut-off points for body fat estimated by Dual-energy X-ray absorptiometry (DEXA; reference method) have been suggested based on the presence of metabolic syndrome. Considering that Bioelectrical Impedance (BIA) is a more accessible, practical and less expensive technique, evaluating its performance based on these criteria could provide more confidence to this method. **Objective:** To evaluate the performance of Bioelectrical Impedance analysis (BIA) for estimation of percentage body fat (PBF) in patients with type 2 diabetes, comparing it to DEXA, based on the presence of metabolic syndrome. **Methods:** A diagnostic accuracy study. PBF was assessed using BIA and DXA. Total and trunk fat were estimated using segmental multifrequency direct BIA (InBody 230, Biospace, Seoul, Korea) and DEXA (Lunar iDXA; General Electric). ROC curves were constructed to assess the ability of BIA to identify individuals with increased body fat, both using DEXA thresholds and cutoffs based on the presence of metabolic syndrome, as proposed by the criteria of Potter et al. (25% and 36% PBF for men and women, respectively). Analyses were stratified by sex. **Results:** A total of 133 patients were evaluated (76 women; age: 63.6 ± 9.1 years; body mass index [BMI]: 29.2 ± 3.6 kg/m²). PBF estimated by DEXA was 42.4 ± 4.8% in women and 31.1 ± 4.7% in men (p<0.001). The correlation of the PBF estimated by BIA with that estimated by DEXA was 0.93 (p<0.001). The area under the ROC curves for BIA was 0.980 (SE: 0.015; p<0.001) in women and 0.941 (SE: 0.035; p<0.001) in men. The optimal cutoff points were 33.1% for women and 25.7% for men. **Conclusion:** In patients with type 2 diabetes, BIA has proved accurate in identifying patients with risk of metabolic syndrome and based on this analysis, maybe the recommended cut-off points could be 33.1% for women and 25.7% for men.

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1116299 PERINATAL OUTCOMES IN PREGNANT WOMEN WITH GLUCOSE METABOLISM DISORDERS: THE IMPACT OF COEXISTING HYPERTENSION

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Introduction: Glucose metabolism disorders during pregnancy increase maternal, fetal, and neonatal risks, which may be intensified when associated with systemic arterial hypertension (SAH). **Objective:** To compare the clinical profile and perinatal outcomes of pregnant women with isolated glucose disorders and those with glucose disorders associated with SAH in a tertiary care center. **Methods:** Retrospective study of 146 pregnant women with gestational diabetes mellitus (GDM), overt diabetes, or type 2 diabetes mellitus (T2DM), divided into two groups: isolated diabetes (n=86) and diabetes associated with SAH (n=60). Variables included maternal age, body mass index (BMI), gestational age (GA) at first visit, comorbidities, treatment (insulin or diet), GA at delivery, delivery mode, Apgar scores (1st and 5th minute), macrosomia (birth weight >4,000g), and newborn classification by GA as small for gestational age (SGA), appropriate (AGA), or large (LGA) according to the Fenton growth chart. **Results:** Mean maternal age: 31.3±6.7 (20–44) vs 32.2±6.2 (22–45); BMI: 29.3±5.6 vs 30.2±5.7 kg/m²; GA at first visit: 25.7±9.2 vs 26.4±8.9 weeks. No significant differences were found. Comorbidities were more frequent in the diabetes+SAH group (68.3% vs 50%), including cardiovascular and pulmonary conditions. Insulin use was higher (91.7% vs 72.1%). Cesarean delivery predominated (76.7% vs 68.6%), and mean GA at delivery was 37.3±3.0 vs 36.9±2.5 weeks. In the isolated diabetes group: 50% term, 18.6% late preterm, 16.3% moderate, 9.3% very, 5.8% extremely preterm. In diabetes+SAH: 45% term, 21.7% late, 18.3% moderate, 10% very, 5% extremely preterm. Macrosomia: 5 (diabetes) vs 2 (diabetes+SAH). Fenton classification: 44 AGA, 35 LGA, 6 SGA (diabetes); 29 AGA, 25 LGA, 2 SGA (diabetes+SAH). Only 6 of 60 LGA (10%) were macrosomic. Two fetal deaths occurred, one in each group. **Conclusion:** Women with diabetes and SAH had more comorbidities and insulin need, indicating higher risk. Both groups had high rates of prematurity and LGA. The low macrosomia rate among LGA newborns suggests suboptimal fetal monitoring. GA at first visit was around 25 weeks, reflecting missed early care. Findings underscore the need for earlier referral and multidisciplinary prenatal care.

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1115824 PERSON-CENTERED APPROACH TO DIAGNOSIS AND CONTROL OF TYPE 2 DIABETES MELLITUS IN PRIMARY CARE

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Case Presentation: During primary care appointments, the reality of patients living with chronic diseases — especially type 2 Diabetes Mellitus (T2DM) and Systemic Arterial Hypertension (SAH) — became evident. A notable case involved a 70-year-old hypertensive patient who initially refused to undergo testing for suspected T2DM. He presented with progressive symptoms such as loss of sensation in the feet, blurry vision, and maintained a diet high in sugars and carbohydrates. He did not regularly monitor his blood pressure and failed to adhere to prescribed medications. Through a person-centered approach — emphasizing active listening, a complete physical examination, and a therapeutic plan tailored to his reality — it was possible to establish rapport and raise awareness about the importance of testing. After agreeing to the evaluation, he was diagnosed with T2DM, with a fasting blood glucose of 218 mg/dL and glycated hemoglobin (HbA1c) of 12%. **Discussion:** Following diagnosis, the patient's care continued based on the principles of lifestyle medicine and individualized interventions, which proved essential in promoting treatment adherence. He received practical nutritional counseling, encouragement to engage in light physical activity (such as short walks), and family support to help organize his care routine. The importance of regular medication use for both glycemic and blood pressure control was also emphasized. With strengthened therapeutic bonding and longitudinal follow-up, significant adherence was achieved. After two months, his fasting blood glucose dropped to 136 mg/dL, and his HbA1c decreased to 7.5%. Blood pressure levels also stabilized within target ranges due to consistent medication use. This case illustrates how person-centered care—when respectful of individual values and limitations — can significantly improve chronic disease management. **Final Comments:** This experience highlights that qualified listening, therapeutic rapport, and respect for the patient's personal context are essential to achieving adherence in T2DM management. The person-centered care model supports better clinical outcomes and quality of life, particularly among vulnerable or care-resistant populations. Humanized care in the primary setting reaffirms itself as a powerful tool for transforming clinical outcomes.

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1116409 PRECLINICAL STAGES OF TYPE 1 DIABETES: EPIDEMIOLOGICAL DATA

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Introduction: Type 1 diabetes is a challenging disease. The diagnosis is usually made late in the course of the disease, with beta cell secretory capacity almost completely compromised. We do not have strategies to identified patients in these early stages when hyperglycemia is not established yet, making precocious treatment possible. **Objective:** The aim of this study was to describe the prevalence of subjects with positive type 1 diabetes autoantibodies (T1DM) with normal glucose or HbA1c levels (stage 1 T1DM), of those with positive T1DM autoantibodies and levels of glucose or HbA1c compatible with prediabetes (stage 2 T1DM) and of those with is the onset of symptomatic disease and dysglycemia, without the use of insulin therapy (stage 3 T1DM). **Methods:** Cross-sectional study with consultation of the anonymized database of a Brazilian company in the clinical analysis sector. Data were obtained from January 2018 to January 2025 and filtered in 5 refinement stages. The tests of interest were evaluated according to the alteration criteria described in the literature: Stage 1 characterized by persistent autoimmunity against β cells without dysglycemia (blood glucose below 100mg/dL and glycated hemoglobin less than 5.7%) with at least one autoantibody (Anti-GAD, Anti-insulin, Anti-islet, Anti-IA2, against islet and Anti-zinc transporter) associated with normoglycemia; Stage 2 where autoimmunity against β cells is associated with two values of asymptomatic glucose intolerance (blood glucose between 100 mg/dL and 125 mg/dL and/or glycated hemoglobin between 5.7 and 6.4%) and Stage 3 which is the onset of symptomatic disease (which may include fatigue, weight loss, polyuria, polydipsia, diabetic ketoacidosis) and dysglycemia (blood glucose greater than or equal to 125mg/dL and/or glycated hemoglobin greater than or equal to 6.4%). **Results:** A total of 88,507,230 tests were performed, from 31,328,007 different patients. Of these, 36,392 patients had at least one positive antibody. Among them, 17,343 patients underwent, in addition to the antibody test, at least one glycated hemoglobin test and one fasting glucose test. 19,049 tested only autoantibodies, without any glycated hemoglobin or any fasting glucose. Of these patients, 10,935 were in stage 3 (63%), 3,850 in stage 2 (22.2%) and 2,558 in stage 1 (14.7%). **Conclusion:** Most patients are in stage 3, followed by stage 2 and stage 1. These findings highlight the importance of monitoring the early stages of type 1 diabetes, providing new opportunities for early detection and intervention and better control of disease progression, as actions that delay the onset of insulinization are discussed.

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1116051 PREDICTORS OF TYPE 2 DIABETES, FOCUSING ON GLYCAEMIC THRESHOLDS LOWER THAN THOSE OF PREDIABETES AND THEIR ASSOCIATION WITH ESTABLISHED RISK FACTORS IN YOUNG ADULTS: A CROSS-SECTIONAL STUDY

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Introduction: More modest blood glucose and glycohemoglobin levels than in prediabetes by American Diabetes Association criteria [e.g., fasting blood glucose $\geq 87 < 100$ mg/dL and glycohemoglobin $\geq 5.5 < 5.7\%$], and 30-minute glucose ≥ 164 mg/dL and 60-minute glucose ≥ 125 mg/dL during the glycaemic curve can also predict diabetes but they are not officially recognized predictors. However, the recognition and clinical applicability of these predictors could impact primary prevention measures in type 2 diabetes, allowing the diagnosis of hyperglycemia at an earlier stage of the glycaemic trajectory. **Objective:** To evaluate the association between unofficial glycaemic predictors and established risk factors for type 2 diabetes. **Methods:** Subjects who completed analyses in our previous study, who were $\geq 18 < 45$ years old, healthy and body mass index $\geq 18.5 < 30$ kg/m² were divided into two subgroups based on glycaemic predictors [fasting glucose $\geq 87 < 100$ mg/dL and during the glucose curve: 30 minutes ≥ 164 mg/dL, 60 minutes ≥ 125 mg/dL, and glycohemoglobin $\geq 5.5 < 6\%$] and 120 minutes < 140 mg/dL. Individuals without predictors [subgroup 1 (n = 38)] and individuals with predictors and those with 120-minute blood glucose < 140 mg/dL [subgroup 2 (n = 28)] were compared regarding the proportion of positive family history of diabetes, overweight (body mass index $\geq 25 < 30$ kg/m²), waist circumference (≥ 94 cm in men or ≥ 80 cm in women), and homeostasis model assessment insulin resistance > 2.7 . The non-parametric Mann-Whitney U test and the binomial test were used. **Results:** The differences between subgroups 1 vs 2 were, respectively: glycohemoglobin 5.1 vs 5.3% (p=0.001); fasting glucose 72 vs 78 mg/dL (p=0.011); glucose curve: at 30 minutes 119 vs 146 mg/dL (p=0.000); at 60 minutes 94 vs 140 mg/dL (p=0.000); at 120 minutes 86 vs 102 mg/dL (p=0.001). The proportions of the following in the subgroups 1 and 2 were, respectively: positive family history for diabetes [23.68% vs 46.43% (p=0.026)]; overweight [31.58% vs 53.57% (p=0.036)]; waist circumference ≥ 94 cm in men or ≥ 80 cm in women [21.05% vs 42.86% (p=0.028)]; and homeostasis model assessment insulin resistance > 2.70 [2.63% vs 28.57% (p=0.001)]. **Conclusion:** Unofficially recognized glycaemic predictors, such as glycaemic thresholds lower than those of prediabetes, are associated with established risk factors for type 2 diabetes and therefore may be related to a glycaemic trajectory. **Keywords:** predictors, prediabetes, glucose curve

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1116415 PREVALENCE AND CLINICAL DISTRIBUTION OF TUBERCULOSIS IN INDIVIDUALS WITH DIABETES MELLITUS IN BRAZIL (2020–2024)

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Introduction: Tuberculosis (TB) remains a significant global public health challenge, and its clinical presentation can be exacerbated by chronic conditions such as diabetes mellitus (DM), which impairs immune function and may alter the clinical presentation of TB. **Objective:** To demonstrate the prevalence and distribution of TB types in patients with DM in Brazil from 2020 to 2024. To describe the epidemiological profile of affected patients. **Materials and Methods:** Retrospective, descriptive study utilizing secondary data from DATASUS, based on TB cases notifications in patients with DM reported to the SINAN database during the study period. **Results:** A total of 43,898 TB cases in individuals with DM were reported. The mean patient age was 56 years, and 61.8% were male. The pulmonary form was the most prevalent, accounting for 89.1% of cases (n=39,117), followed by isolated extrapulmonary TB (8.53%; n=3,743) and combined pulmonary and extrapulmonary TB (2.37%; n=1,038). Among the 4,781 cases with extrapulmonary involvement, the most frequent forms were pleural (35.39%), peripheral lymph node (11.02%), miliary (11.00%), osseous (7.91%), and ocular (7.63%). Other less frequent sites included meningoencephalic (5.90%), genitourinary (3.91%), cutaneous (2.38%), laryngeal (1.36%), and miscellaneous locations (12.15%). There were 7,387 cases reported in 2020. From 2021 to 2024, there was a 15% increase in notification number (8,378 to 9,638). Vulnerable populations represented a noteworthy portion of the cohort, including incarcerated individuals (2.1%), people experiencing homelessness (2.0%), healthcare workers (1.5%), and immigrants (0.44%). Regarding associated comorbidities, alcoholism was present in 15.28% of cases, mental disorders in 4.15%, AIDS in 4.04%, and at least one of these other conditions (e.g., hypertension, liver disease, cardiovascular disease, and sexually transmitted infections) in 19.44%. **Conclusion:** Pulmonary TB remains the predominant clinical form among patients with DM; however, extrapulmonary manifestations—particularly pleural, lymph node, and miliary forms—are also significant. The high frequency of comorbidities and social vulnerability emphasizes the importance of integrated care strategies targeting both TB and DM, aimed at early diagnosis, timely treatment, and improved disease control outcomes.

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1116231 PREVALENCE OF HOSPITALIZATIONS DUE TO ENDOCRINE DISEASES THAT HAD DIABETES MELLITUS AS A MORBIDITY IN THE STATE OF RIO GRANDE DO SUL BETWEEN 2020-2024

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Introduction: Diabetes mellitus, particularly type 2, is a major public health concern, often associated with complications such as cardiovascular diseases, kidney failure, and neuropathy. These complications frequently lead to hospitalizations, especially when compounded by other endocrine, nutritional, or metabolic conditions. **Objective:** To evaluate the prevalence of hospital admissions due to complications in endocrine diseases with diabetes mellitus as a morbidity in the state of Rio Grande do Sul from 2020 to 2024. **Materials and Methods:** This epidemiological study employs a quantitative approach, with data sourced from Tabnet (Datasus). Data were accessed under the categories “Epidemiology and Morbidity” and “Hospital Morbidity of SUS (SIH/SUS)”, selecting “General, by place of residence from 2008”. The geographic scope was restricted to “Rio Grande do Sul”. Filters applied included: “ICD-10: IV, Nutritional and Metabolic Endocrine Diseases”; “ICD-10 morbidity list: Diabetes mellitus”; and the period “year” from 2020 to 2024. **Result:** From 2020 to 2024, a total of 36,437 hospital admissions were recorded for complications in endocrine diseases with diabetes mellitus as a morbidity in Rio Grande do Sul. Males accounted for 18,338 admissions, slightly outnumbering females with 18,099 admissions. The number of admissions peaked in 2024 with 7,754 cases, showing a gradual increase over the period. **Conclusion:** The data reveal a high burden of hospitalizations related to diabetes mellitus, with a near-equal distribution between males and females. The increasing trend in admissions over the five-year period suggests a growing demand on healthcare services, potentially influenced by aging populations, lifestyle factors, or improved case detection.

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1115197 RARE FORM OF DIFFICULT-TO-CONTROL TYPE 1 DIABETES MELLITUS: CASE REPORT ON MAURIAC SYNDROME

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Case Presentation: D.S.S, 14, male, diagnosed with DM1 at the age of 7 after diabetic ketoacidosis (DKA). He had a history of poor glycemic control since diagnosis, as well as multiple hospitalizations for DKA. He presented to the emergency department due to severe low back pain, coprostasis, and hyperglycemia, and was admitted for investigation. The patient was on basal-bolus insulin therapy (1 IU/kg/day). On clinical examination, he presented with growth delay, height of 147 cm (Z-score -2.6), body mass index of 14.58 kg/m² (Z-score -3.0), and bilateral syndactyly. Laboratory tests showed glycated hemoglobin (HbA1c) 10.4%, triglycerides 279 mg/dL, total cholesterol 261 mg/dL, LDL cholesterol 191 mg/dL, AST 21 U/L, ALT 23 U/L, and an albumin-to-creatinine ratio (ACR) of 109 mcg/mg. Abdominal CT scan revealed homogeneous hepatomegaly and mild colonic coprostasis. Neurological examination revealed lower limb paresis, a positive Lasègue’s sign on the right, and pain on palpation of the lumbar spine. Magnetic resonance imaging (MRI) of the lumbar spine showed a minimal annular fissure in the posteromedian margin of the disc at the L4-L5 level. Cerebrospinal fluid (CSF) analysis was normal. Treatment consisted of strict glycemic control, initiation of gabapentin and amitriptyline for neuropathic pain, physiotherapy, and postural care guidance. Improvement was observed in glycemic control and low back pain. The presence of long-standing decompensated T1DM, growth deficit, hepatomegaly, hypercholesterolemia, and syndactyly led to the suspicion of Mauriac Syndrome (MS). **Discussion:** MS is a rare complication of chronically poorly controlled Type 1 Diabetes Mellitus (T1DM), characterized by the triad of hepatomegaly, stunted growth, and difficult-to-control T1DM. The pathophysiology involves persistent hyperglycemia and exogenous hyperinsulinism, stimulating hepatic glycogen deposition, as well as possible dysfunction of the GH-IGF1 axis and hypercortisolism. The diagnosis is clinical, made after excluding other liver diseases. **Final Comments:** Clinical suspicion of MS is crucial, based on the recognition of important clinical signs such as poor glycemic control and hepatomegaly in T1DM patients with a frequent history of DKA. Diagnosis should be made as early as possible so that intensive treatment can be established promptly, allowing for the achievement of adequate growth and the reduction of the disease’s acute and chronic complications.

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1115561 REAL-WORLD TREATMENT PATTERNS OF TIRZEPATIDE VERSUS SEMAGLUTIDE IN GLP-1 RA-NAIVE PATIENTS WITH T2D

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Introduction: Persistence and adherence to antihyperglycemic medications are associated with improved glycemic control, lower rates of microvascular and macrovascular complications, and lower healthcare resource utilization. **Objective:** This real-world study analyzed treatment patterns among glucagon-like-peptide-1 receptor agonist (GLP-1 RA)-naïve patients with T2D initiating tirzepatide or semaglutide. **Methods:** This retrospective cohort study used claims and clinical data from the Healthcare Integrated Research Database (HIRD[®]) to identify patients with T2D initiating any dose of either tirzepatide or injectable semaglutide indicated for T2D (index medication) from May 13, 2022 to May 29, 2023. Patients had at least 6 months continuous enrollment before and 12 months after initiation (index date) and no pharmacy claims for a GLP-1 RA during the 6-month pre-index period. Baseline characteristics across the two cohorts were balanced by 1:1 propensity score matching. Adherence (proportion of days covered ≥ 0.80), persistence (≤ 45 -day gap in days covered), and switching were analyzed across the 12-month post-index period. **Results:** Each cohort had 10,702 patients after matching (tirzepatide: mean age 53 years, 56% males; semaglutide: mean age 53 years, 55% males). Both cohorts were predominantly white (71%) and had commercial insurance (92%). Tirzepatide initiators had more index medication fills (mean [SD]: 8.9 [4.36] vs. 6.8 [3.89]; $p < 0.001$) and a greater proportion were adherent (60% vs 45%; $p < 0.001$) than semaglutide initiators. More tirzepatide initiators were persistent to index medication (62% vs. 47%, $p < 0.001$) and remained on treatment longer (mean [SD] persistent days: 271 [132.9] vs 239 [135.4]; $p < 0.001$) than semaglutide initiators. Among patients who discontinued (4,065 tirzepatide and 5,624 semaglutide), some restarted the index medication (tirzepatide: 43%; semaglutide: 46%; $p = 0.014$) and/or switched to another GLP-1 RA (tirzepatide: 27%; semaglutide: 25%; $p < 0.01$). Among those who switched, most tirzepatide initiators switched to semaglutide (64%) or dulaglutide (23%), while most semaglutide initiators switched to tirzepatide (55%) or dulaglutide (26%). **Conclusion:** In this real-world study, among GLP-1 RA-naïve patients with T2D, tirzepatide initiators had more index medication fills, and a greater proportion were adherent to and persistent on index medication than semaglutide initiators over the 12-month post-index period. Previously submitted to ENDO 2025 - 107th Annual Meeting of the Endocrine Society

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1115786 REGIONAL, ETHNIC, AND SEXUAL DYNAMICS OF DEATHS FROM DIABETES MELLITUS IN BRAZIL: A LONGITUDINAL ANALYSIS 2004-2023

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Introduction: Diabetes mellitus (DM) is a chronic condition with rising incidence in Brazil, largely driven by the obesity epidemic. Its severe individual impacts, including death, makes it crucial to analyze mortality patterns to inform equitable health strategies and prioritize vulnerable populations. **Objective:** To analyze temporal and regional trends in DM-related mortality in Brazil, focusing on variations by ethnicity and gender. **Methods:** Descriptive epidemiological study using data from the Mortality Information System (SIM) covering the period of 2004 to 2023. **Results:** From 2004 to 2023, 1,176,834 DM-related deaths were recorded, with 80.54% occurring in individuals aged 60 or older. These accounted for 78.7% of deaths classified under Chapter IV of ICD-10. The number of annual deaths rose from 39,251 in 2004 to 70,377 in 2023 - a 79.3% increase. The peak occurred in 2021 (78,258 deaths), coinciding with the COVID-19 pandemic. Indigenous deaths doubled compared to previous years. Although mortality declined post-pandemic, it remained above pre-2020 levels. White individuals were the majority in absolute numbers, rising from 21,863 to 34,445 deaths; however, their share fell from 55.7% to 48.9%. Mixed-race individuals (pardos) experienced the largest increase—from 9,948 (25.3%) to 26,991 (38.4%) a 171% growth over two decades. Indigenous deaths increased from 40 to 214, maintaining 0.3% of total deaths. Regionally, the Southeast and Northeast accounted for 72.1% of all DM deaths. In the Southeast, whites were the most affected (59.4%), while in the Northeast, mixed-race individuals predominated (55.1%). The North and Central-West showed greater indigenous representation (0.8%). The South had lower ethnic diversity, with whites comprising 82.7% of DM deaths. Across all regions, women represented around 55% of the deaths. **Conclusion:** DM remains a leading and growing cause of death in Brazil. Its rise, especially among non-white populations during the pandemic, indicates greater social vulnerability. These findings underscore the need for targeted, equitable prevention and education policies, expanded healthcare access, and intersectional approaches to care, particularly for marginalized ethnic groups disproportionately affected.

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1115977 RELATIONSHIP BETWEEN ANTI-GAD AND ANTI-IA2 ANTIBODIES AND CLINICAL FEATURES IN TYPE 1 DIABETES MELLITUS

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Introduction: Type 1 Diabetes Mellitus (T1DM) is a disorder of glucose homeostasis caused by autoimmune destruction of pancreatic β -cells, leading to insulin deficiency. This autoimmune process is marked by the presence of β -cell autoantibodies, including anti-GAD and anti-IA2, found in approximately 70-80% and 60-70% of newly diagnosed individuals, respectively. **Objective:** To investigate whether there is a correlation between anti-GAD and anti-IA2 antibodies and clinical characteristics in patients with T1DM. **Methods:** This is an observational, cross-sectional, and analytical study conducted with 119 patients diagnosed with T1DM at a reference endocrinology center in São Luís, Maranhão, Brazil. Data were collected through medical record reviews between September 2024 and May 2025, aiming to explore correlations between anti-GAD and anti-IA2 antibodies and clinical features of the population. The variables analyzed included sex, age, age at T1DM diagnosis, glycated hemoglobin, anti-GAD and anti-IA2 levels, and the time elapsed until antibody testing. Statistical analyses were performed using IBM SPSS Statistics version 23. This study was approved by the Research Ethics Committee. **Results:** Of the 119 patients included, 73 were female, with a mean age of 27.6 years and a mean age at diagnosis of 16.3 years. Anti-GAD testing was performed in 106 patients, with 74 testing positive. Anti-IA2 testing was performed in 68 patients, of whom 33 tested positive. The mean time from diagnosis to antibody testing was 5.1 years for anti-GAD and 6.69 years for anti-IA2. The time elapsed until testing was significantly correlated with anti-GAD results ($p = 0.001$), but not with anti-IA2 ($p = 0.321$). Even after adjusting for the time of testing, no statistical correlation was found between antibody results and age at diagnosis ($p = 0.678$ for anti-GAD and $p = 0.884$ for anti-IA2), nor with glycemic control (defined as $HbA1c \leq 7\%$; $p = 0.667$ for anti-GAD and $p = 0.126$ for anti-IA2). **Conclusion:** The study demonstrated that a longer interval between diagnosis and anti-GAD testing increases the likelihood of a non-reactive antibody result; however, this was not observed for anti-IA2. Furthermore, neither age at diagnosis nor glycemic control showed an association with antibody positivity. These findings warrant further investigation, considering the prolonged interval before antibody testing and the relatively small sample size, particularly for anti-IA2.

PO-269

1116116 REVISITING THE ASSOCIATION BETWEEN ADIPOSITY MARKERS AND CARDIOVASCULAR OUTCOMES AND ALL-CAUSE MORTALITY IN PATIENTS WITH TYPE 2 DIABETES

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Introduction: Excess and/or dysfunctional adiposity is a trigger factor for the cardiovascular-kidney-metabolic syndrome. BMI might not be sufficient to identify these high-risk patients. In this context, a critical analysis of other adiposity markers is of great relevance for the evaluation of special populations, such as patients with type 2 diabetes. **Objective:** To evaluate the associations between adiposity markers (BMI, waist circumference, waist-to-height ratio and total and trunk body fat) with cardiovascular events and with all-cause mortality (CV composite outcomes) in patients with type 2 diabetes. **Methods:** In this prospective cohort study, the patients were submitted to clinical and nutritional evaluation. Clinical evaluation consisted of glycemic and lipid profile, blood pressure control and the search for diabetic chronic complications. Percentage body fat (PBF) was estimated by bioelectrical impedance (InBody230, Biospace) and Dual Energy X-Ray Absorptiometry (Lunar-iDXA). Cardiovascular events were considered: myocardial infarction, myocardial revascularization procedures, congestive heart failure, new-onset angina pectoris, stroke, and cardiovascular deaths. **Results:** A total of 245 patients with type 2 diabetes (63 ± 9 years; 59%M; 44% overweight and 43% obese; follow up: 5.8 years) were evaluated. The group with CV composite outcomes ($n=71$) presented a higher proportion of men (52 vs. 37%; $P=0.032$), higher proportion of diabetic kidney disease (DKD; 51 vs. 45%; $P=0.049$), lower serum levels of HDL cholesterol (41 vs. 44 mg/dL; $P=0.02$), and lower values of PBF (35% vs. 38%; $P=0.03$). In Cox regression analysis, only gender (male) ($HR=2.17, 95\%CI: 1.095-4.28$; $P=0.026$) and presence of basal established coronary heart disease ($HR=1.76, 95\%CI: 1.009-3.06$; $P=0.046$) were associated with CV composite outcomes, adjusting for presence of DKD, serum HDL cholesterol, serum triglycerides, glycated hemoglobin and basal PBF. No association was observed between adiposity markers and CV composite outcomes. **Conclusion:** In this sample of patients with type 2 diabetes, we did not observe association between the analyzed adiposity markers and adverse cardiovascular outcomes. This finding may be due to their peculiar characteristics, such as the presence of obesity in more than 40% of them, hindering the discriminatory power of adiposity markers.

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1115872 RISK OF CARDIOVASCULAR EVENTS IN DIABETIC PATIENTS WITH AND WITHOUT DISTAL SYMMETRICAL POLYNEUROPATHY

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Introduction: Diabetes mellitus (DM) is a metabolic disease characterized by hyperglycemia resulting from insulin deficiency or resistance and is associated with several comorbidities. It is an important risk factor for macrovascular complications, such as myocardial infarction and strokes, and microvascular complications, with Distal Symmetrical Polyneuropathy (DSPN) being the most prevalent. These complications are related to increased morbidity, mortality and reduced quality of life. **Objective:** This study aimed to investigate the incidence of cardiovascular events in patients diagnosed with DSPN. **Methods:** A case-control study was conducted in 60 diabetic patients. They were evaluated using a standardized questionnaire to assess clinical and laboratory data, and neurological tests were applied to diagnose DSPN. Statistical analysis was performed to determine the association between cardiovascular events and DSPN. **Results:** Among the 60 individuals evaluated, 22 were diagnosed with DSPN and 38 were not. In patients without neuropathy, 94.7% did not have previous cardiovascular events, while 5.3% had the condition. Whereas 72.7% of patients diagnosed with DSPN had not had previous cardiovascular events, compared to 27.3% with a history of cardiovascular events. After statistical analysis, a significant association between peripheral neuropathy and cardiovascular events was found ($p = 0.017$) with an odds ratio of 6.75 for patients with DSPN to develop cardiovascular complications (CI 95% 1.22–37.14 and $p = 0.042$). **Conclusion:** The data showed a significant association between neuropathy and cardiovascular events. These data highlight the importance of early prevention and intervention strategies in regard to cardiovascular events, especially in diabetic patients who already display signs of peripheral neuropathy.

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1116271 RISKS ASSOCIATED WITH THE USE OF SEMAGLUTIDE IN NON-DIABETIC AND NON-OBESE INDIVIDUALS: AN INTEGRATIVE REVIEW

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Introduction: Semaglutide is a GLP-1 (Glucagon-like Peptide-1) analogue that was initially developed for the treatment of type 2 Diabetes Mellitus, as it acts as an agonist of the GLP-1 receptor, which stimulates insulin release and inhibits glucagon release, contributing to glycemic control by inhibiting hepatic glucose production, as well as acting on pro-opiomelanocortin neurons to reduce appetite (Pimentel et al., 2023). However, its anorexigenic effect has led to an increased and indiscriminate use by non-obese and non-diabetic individuals, primarily motivated by aesthetic reasons and media influences. **Objective:** To identify adverse events and risks associated with the use of semaglutide in individuals without a formal clinical indication, especially in off-label prescription contexts. **Methods:** An integrative literature review was conducted following Ganong's (1987) methodology, searching through databases such as the Cochrane Library, Embase, LILACS, PubMed, SciELO, Scopus, and Web of Science, adhering to the PRISMA checklist. Full articles in Portuguese, English, and Spanish, available electronically and directly related to the topic, were included. Data were organized in a synoptic chart classified according to AHRQ. **Results:** Semaglutide has demonstrated efficacy in patients with type 2 diabetes and obesity (Nauck et al., 1986 – III AHRQ; Wilding, 2021 – II AHRQ). However, its use is associated with adverse effects such as nausea, vomiting, diarrhea, constipation, pancreatitis, gastroparesis, intestinal obstruction, and, in severe cases, dehydration and kidney dysfunction. Observational studies (Chagas, 2023; Alonso, 2024 – IV AHRQ) show a significant increase in consumption without medical supervision, particularly among young women. Arbouche (2024 – III AHRQ) highlighted the risk of fatal complications, such as intestinal obstruction, leading to revised warnings from regulatory agencies. Off-label use is driven by aesthetic standards, social media, and misinformation. **Conclusion:** There is an urgent need to strengthen regulation and evidence-based prescription regarding the use of semaglutide, restricting its access to cases with genuine clinical indications. Indiscriminate use may compromise access for diabetic and obese patients, in addition to posing a risk to public health. Ongoing clinical trials are investigating new therapeutic applications, which may allow for its safe and controlled expansion. **Keywords:** Risks. Semaglutide. GLP-1 analogues.

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1116393 SEVERITY OF DIABETIC NEUROPATHY BY AGE GROUP: INFLUENCE OF HBA1C, HYPERTENSION, DYSLIPIDEMIA, AND INSULIN USE

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Introduction: Diabetic neuropathy affects approximately 50% of patients with type 2 diabetes throughout their lives and is one of the main causes of neurological morbidity in this population. This microvascular complication is strongly associated with prolonged exposure to hyperglycemia, the presence of comorbidities such as systemic arterial hypertension (SAH) and dyslipidemia, as well as the type of treatment adopted and the duration of the disease. Inadequate glycemic control, reflected by elevated fasting glucose and glycated hemoglobin (HbA1c) levels, plays a central role in the progression of neuropathy, especially in individuals with a long-standing diagnosis. Stratifying these factors by age group helps identify higher-risk profiles, favoring more effective preventive approaches.

Objective: To investigate the association between clinical factors and the severity of diabetic neuropathy, while also assessing the impact of age group and treatment type on the progression of neuropathy in patients with type 2 diabetes. **Methods:** This was a retrospective cross-sectional study, analyzing 2,082 medical records of patients with type 2 diabetes treated in an endocrinology clinic between 2005 and 2022. A total of 244 patients with a clinical diagnosis of neuropathy confirmed by ECN and NDS scales were included. Variables analyzed included age, sex, duration of type 2 diabetes, fasting glucose levels, glycated hemoglobin (HbA1c), presence of hypertension and dyslipidemia, severity of neuropathy (mild, moderate, severe), and treatment type (insulin, oral antidiabetics, or combination). Data were stratified into four age groups: 25–45, 46–65, 66–85, and 86–105 years. Descriptive and comparative statistical analyses were conducted with a significance level of $p < 0.05$. **Results:** The majority of patients with neuropathy were in the 66 to 85-year age group (61%). The average time from diabetes diagnosis to neuropathy was 11.72 years. The mean fasting glucose level was 200.25 mg/dL and HbA1c was 9.32%, both above the recommended targets. Hypertension was observed in 70% of patients and dyslipidemia in 28%. The use of insulin, either alone or in combination, was more common in cases with greater neuropathic severity. Younger patients showed worse glycemic control but less severe neuropathy, whereas older patients, even with better glycemic control, had a higher proportion of severe neuropathy. The findings indicate that longer disease duration, presence of comorbidities, and treatment type are associated with greater neuropathy severity. **Conclusion:** Comorbidities such as hypertension and dyslipidemia, poor glycemic control, longer duration of diagnosis, and insulin use were associated with a higher risk and severity of diabetic neuropathy, especially in elderly patients. These findings highlight the importance of an integrated and early approach to these factors in managing type 2 diabetes, with special attention to age group stratification to optimize the prevention of neurological complications.

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1115921 SHORT-TERM EFFECTS OF EMPAGLIFLOZIN IN PATIENTS WITH BERARDINELLI-SEIP SYNDROME (SBS): OBSERVATIONAL STUDY OF FOUR PATIENTS

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Introduction: Berardinelli-Seip syndrome (BSS), a rare disease, comprises a group of four congenital lipodystrophies. Although there is phenotypic variation according to the associated genetic variant, patients with BSS present with a lack of adipose tissue, which leads to severe insulin resistance with diabetes mellitus (DM) and its complications, acromegaly, acromegaly facies, lipid accumulation in atypical organs (resulting in splenohepatomegaly, venomegaly, and cardiomegaly), and muscular build. Diabetes onset generally occurs at 12 years old. The treatment for BSS is a challenge and includes dietary therapy, metformin, and leptin replacement therapy. Gliflozin, a group of selective inhibitors of sodium-glucose cotransporter 2, has progressively been more used as a diabetes treatment in non-BSS patients. **Objective and Methods:** This study is a prospective description of a series of four BSS cases on use of an SGLT-2 inhibitor (empagliflozin) to control glucose and other metabolic parameters. After empirical use of empagliflozin in one BSS patient with hard-to-manage DM, with impressive improvement in laboratory tests, we prescribed empagliflozin 10 mg to three other BSS patients who had already developed hard-to-manage DM. We analyzed fasting blood glucose levels (FBG), glycosylated hemoglobin (HbA1c), and blood lipids. These parameters were evaluated around 6 months before, immediately before, and at 3, 6, 12 months and after long-term use of the therapy. All patients were advised to continue with their low-carb and low-fat diet and the use of their previous medication for diabetes, which included metformin. None of the patients were undergoing leptin replacement therapy. **Results:** At 3 months, all patients had a significant reduction of FBG levels of -96 mg/dL (CI 95%: 59.9 to 132.1 mg/dL; $p=0.003$). The change in HbA1c was -1.57% (CI 95%: -0.45 to 3.7% ; $p=0.09$). One of the patients had an increase of 0.3% in HbA1c levels in the first six months of therapy, with benefit in the subsequent months. No significant variation in HDL, LDL, total cholesterol, or triglycerides was observed. **Conclusion:** We speculate that one of the reasons for the immediate success of empagliflozin compared to other oral hypoglycemic agents in BSS patients is that it acts independently of insulin.

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1115996 SMART SPEAKERS FOR HOME-BASED DIABETES CARE: A SYSTEMATIC REVIEW OF RANDOMIZED CLINICAL TRIALS

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Introduction: Type 2 diabetes is a chronic condition that requires continuous self-management and regular interaction with healthcare systems. With the growing global burden of diabetes, there is increasing interest in digital health tools that could support diabetes care. Among these tools, smart speakers have emerged as a promising and accessible technology to assist with health education, medication reminders, and behavior change. **Objective:** The aim of this study was to systematically review the literature on randomized clinical trials (RCTs) evaluating the impact of smart speaker-based interventions on the improvement of diabetes-related outcomes. **Methods:** MEDLINE, Embase, Cochrane CENTRAL, and Web of Science were searched with no date or language restrictions until May 2025. Studies including patients aged 18 years or older with type 2 diabetes that assessed the efficacy of smart speaker-based interventions as an add-on to usual diabetes care were included. Title and abstract screening, full-text review, and data extraction were performed independently and in duplicate by two reviewers. The Risk of Bias 2.0 (RoB 2.0) tool was used to assess the risk of bias of included studies. **Results:** The initial search yielded 1,835 records, of which three studies met the eligibility criteria and were included in the review. In all studies, the smart speaker devices used were from Amazon (Echo Dot 3rd generation, Echo Show 8, and multiple Amazon devices). All studies reported a positive impact of smart speakers on diabetes-related outcomes. Benefits included a reduction in sedentary time in a study focused on personalized lifestyle interventions; a shorter time to achieve glycemic control in a trial supporting insulin titration; and improvements in mental health and quality of life in a study aimed at reducing psychological distress. Additional favorable outcomes included a reduction in diabetes-related distress, lower HbA1c levels, and improved insulin adherence. **Conclusion:** This study highlights the broad potential of smart speakers to support type 2 diabetes care at home, especially considering their low cost and ease of implementation. Further research is needed to assess the long-term effects and scalability of these interventions across diverse populations.

PO-275

1114771 SPONTANEOUS MUSCLE INFARCTION IN A PATIENT WITH TYPE 2 DIABETES MELLITUS: A CASE REPORT

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Case Presentation: A 56-year-old male patient with a history of hypertension, type 2 diabetes mellitus, early-stage chronic kidney disease, and sequelae of an ischemic stroke with residual weakness in the right upper limb, sought medical attention complaining of pain and swelling in the right thigh and knee, with a 15-day progression. He denied fever or trauma. On physical examination, he presented with elevated blood glucose levels, no fever, and swelling in the right lower limb, predominantly on the lateral aspect of the thigh, without signs of inflammation. Peripheral pulses were strong and symmetrical. Laboratory tests showed elevated creatine kinase, leukocytosis, increased C-reactive protein, and slight worsening of renal function. Doppler ultrasound was negative for deep vein thrombosis. Magnetic resonance imaging revealed thickening of the subcutaneous tissue and muscular changes in the anterior compartment of the right thigh, suggesting a myopathic inflammatory process. Antibiotic therapy and glycemic control were initiated. After partial improvement, a muscle biopsy was performed, which revealed coagulative necrosis associated with acute and chronic inflammatory infiltrate, in addition to hyalinized arterioles. Antibiotics were discontinued, and the patient was managed with clinical observation and analgesia. He showed progressive improvement with outpatient follow-up. **Discussion:** This case involved relevant risk factors such as diabetes mellitus, chronic kidney disease, and sequelae of an ischemic stroke, which can contribute to inflammatory muscle changes. Diabetic myonecrosis is a rare and underdiagnosed complication of diabetes, characterized by spontaneous ischemic necrosis of skeletal muscle, particularly in patients with long-standing diabetes and poor glycemic control. In patients with diabetes and nephropathy, the classic signs of infection are often absent, making early clinical suspicion more difficult. Furthermore, laboratory abnormalities such as elevated creatine kinase and leukocytosis may be misinterpreted as consequences of underlying kidney disease, potentially delaying diagnosis. Diagnosis is made by exclusion of inflammatory myositis, infection, and thrombotic events. Magnetic resonance imaging plays a key role in atypical presentations, while biopsy confirms the diagnosis and helps rule out abscess formation or neoplasia. Conservative management was appropriate in the absence of additional signs of infection. **Final Comments:** The management of this patient underscores the importance of a multidisciplinary approach, considering comorbidities, strict glycemic control, and monitoring of renal function. The patient's favorable clinical course following initial treatment and muscle biopsy demonstrates that, despite the complexity of the condition, early diagnosis and appropriate treatment can lead to resolution of the condition, preventing more serious complications. This case reinforces the need for careful monitoring in patients with diabetes and associated complications, such as chronic kidney disease, who may present with atypical clinical scenarios, requiring thorough evaluation and the appropriate use of advanced diagnostic techniques for effective and safe management.

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1115664 THE IMPACT OF 2024 FLOODINGS IN PATIENTS WITH DIABETES OF THE ENDOCRINOLOGY OUTPATIENT CARE AT HOSPITAL DE CLÍNICAS DE PORTO ALEGRE, A PARTIAL ANALYSIS

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Introduction: Climatic emergencies have grown over the past two decades globally. In 2024, Rio Grande do Sul (RS) was affected by a great flood, causing massive losses. Diabetes prevalence in Brazil is around 10% and understanding the impact of the flood on patients with this disease is of great interest, especially in learning from catastrophes. **Objective:** This study aimed to determine the impact of the 2024 flood in RS in Type 1 diabetes (T1D) and Type 2 diabetes (T2D) patients. **Methods:** The study involved T2D and T1D outpatients followed by the Endocrinology Division from a tertiary hospital of RS in May/2025. A multiple-choice questionnaire evaluated the impact caused by the event. Laboratorial levels of glycated hemoglobin (A1c) were retrieved from medical records in two moments — the most recent, and 6 months before the event. Statistical analysis was performed using t-test in RStudio and the results were considered statistically significant when $p\text{-value} < 0.05$. **Results:** The study included 116 patients, 44% ($n=50$) were allocated in the affected group, and 46% ($n=66$) in the non-affected group (Control). No difference was observed in HbA1c values before and after the event among groups, mean (SD) for affected group before was 8.6 (1.7), and after 8.73 (1.8), $p=0.95$, and non-affected group was 8.48 (1.3), and after 8.47 (1.5), $p=0.64$. Questionnaire's response showed no statistically significant difference between groups in the self-reported days of healthy eating habits (0.867), physical activities (0.649), days of adherence to medication (0.17). Still, there were situations that interfered in the participants' treatment. In the affected group, 68% participants missed appointments due to scarce means of transportation and 20% could not find medication during the event. **Conclusion:** Climate change provokes intense modifications on our reality, and health providers need to understand their impact. The 2024 Flood caused sustained harm especially to patients with diabetes. Although no statistically significant results were observed in HbA1c levels, or in the questionnaire, it was evident the impact on patients' lives — mainly disturbing their medication access or transportation means. It is possible that no difference was observed due to public health efforts, or the need for a standardized period of the analysis. Further analysis is still necessary to address medical care in future climate events. Keywords Diabetes, Natural Disasters, Climate Change

PO-277

1116297 TYPE 1 DIABETES IN PREGNANCY: EXPERIENCE AND CHALLENGES IN THE MANAGEMENT AT A TERTIARY REFERRAL CENTER IN THE COUNTRYSIDE OF SÃO PAULO

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Introduction: Type 1 diabetes mellitus (T1DM) during pregnancy is associated with prematurity, fetal growth restriction or overgrowth, metabolic complications, and increased rates of cesarean delivery. Despite advances in care, achieving glycemic control remains challenging due to delayed initiation of prenatal care and frequent treatment adjustments. **Objective:** To describe the clinical and obstetric profile of pregnant women with T1DM followed at a tertiary care center from prenatal care to delivery. **Methods:** Retrospective observational study of 38 pregnant women with T1DM followed at the endocrinology outpatient clinic of a tertiary hospital. The following variables were analyzed: maternal age, body mass index (BMI), gestational age (GA) at first visit, comorbidities, treatment, GA at delivery, delivery type, Apgar scores at 1st and 5th minutes, macrosomia (birth weight $>4,000\text{g}$), and neonatal weight classification as small for gestational age (SGA), appropriate for gestational age (AGA), or large for gestational age (LGA) based on the Fenton growth chart. **Results:** Mean maternal age was 26.7 ± 5.5 years (range: 18–41), BMI 25.6 ± 4.7 kg/m^2 (17.5–39.4), and GA at first visit 18.1 ± 8.4 weeks (4.0–31.9). Hypothyroidism was present in 35.1% ($n=13$) and hypertension in 13.2% ($n=5$). All patients received intensive insulin therapy. Of 21 pregnancies followed to delivery, 17 (65.4%) resulted in cesarean section. Mean GA at delivery was 35.5 ± 3.2 weeks (24.7–38.3). Among 21 newborns: 6 (28.6%) were term, 11 (52.4%) late preterm, 3 (14.3%) moderate preterm, and 1 (4.8%) extreme preterm. Mean birth weight was 2,978g (720–4,100). According to the Fenton chart: 8 (38.1%) were LGA, 10 (47.6%) AGA, and 3 (14.2%) SGA. One was macrosomic. Four had Apgar <5 at 1 minute; all recovered by 5 minutes (mean score: 7.3). **Conclusion:** Prenatal care began, on average, after the 18th week, limiting early interventions. This delay may have contributed to the high LGA (38.1%) and cesarean (65.4%) rates. The findings highlight the importance of timely referral of pregnant women with T1DM to specialized services with multidisciplinary support and ongoing education to reduce risks and improve perinatal outcomes.

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1115790 UNDERUTILIZATION OF CAPILLARY KETONE TESTING IN HYPERGLYCEMIA: KNOWLEDGE AND BARRIERS AMONG HEALTHCARE PROFESSIONALS IN INTENSIVE CARE AND EMERGENCY UNITS – A CROSS-SECTIONAL STUDY

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Introduction: Diabetic ketoacidosis (DKA) is a medical emergency requiring accurate diagnosis and prompt treatment. Capillary ketone testing (β -hydroxybutyrate) offers advantages over ketonuria, but its implementation faces challenges. **Objective:** To assess the knowledge regarding hyperglycemia and the use of capillary ketone testing for DKA diagnosis, and to identify barriers to its implementation by healthcare professionals in adult intensive care units (ICUs) and emergency departments in a hospital in Salvador, Brazil. **Methods:** This was a cross-sectional, observational study conducted in adult ICUs and an emergency unit. A self-administered semi-structured questionnaire was distributed to 300 healthcare professionals. Sociodemographic variables, knowledge of the subject, experience with the test, and perception of its purpose were analyzed. Descriptive and comparative analyses (Chi-square or Fisher's Exact test) were performed. **Results:** Among the 300 respondents, most worked in ICUs (49.5%) or emergency units (46.1%). The sample included 51.5% nursing technicians, 28.3% nurses, and 20.2% physicians. Although 91.6% had heard of capillary ketone strips and 83.2% knew they were available at the hospital, only 30.4% had actually used them. Of the 252 valid responses regarding the test's purpose, 67.1% correctly indicated "Diagnosis and/or Monitoring of Diabetic Ketoacidosis", while 10.7% were incorrect. Significant differences ($p < 0.05$) were observed between professional categories: nursing technicians showed more gaps in fundamental concepts (ketonuria, superiority of capillary testing) and interpretation of thresholds, while physicians, despite better technical knowledge, were less aware of the test's availability at the institution (38.3% were unaware). **Conclusion:** Despite high awareness of capillary ketone testing and its availability, actual use remains low. Specific knowledge gaps were notable, with nursing technicians lacking basic concepts and interpretative skills, and physicians unaware of institutional access to the test. These disparities, coupled with the low utilization rate and a proportion of incorrect answers about the test's purpose, highlight the need for targeted educational interventions and institutional process reviews to improve hyperglycemia and DKA management. **Keywords:** Capillary Ketone Testing; Diabetic Ketoacidosis; Hyperglycemia; Healthcare Professionals; Intensive Care Units; Knowledge; Implementation Barriers; Cross-Sectional Study.

PO-279

1115806 WHICH ANTIHYPERTENSIVE AGENT HAS THE GREATEST ADJUNCTIVE POTENTIAL TO PREVENT PROGRESSION FROM PREDIABETES TO DIABETES? - A SYSTEMATIC REVIEW

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Introduction: Systemic arterial hypertension (SAH) is common in pre-diabetic individuals, who already have a considerable cardiovascular risk (CVR). However, when type 2 diabetes (T2DM) actually sets in, CVR can triple in the presence of SAH. Furthermore, it is believed that some antihypertensives may influence glycemic control, being potentially useful in pre-diabetic patients not medicated with antihyperglycemic agents. **Objective:** To determine which antihypertensive agents can help prevent the progression of pre-diabetes to T2DM, optimizing clinical management. **Methods:** A systematic review of the literature was carried out until September 2024, including open access articles on the relationship between normoglycemia and blood pressure control. The databases used were PubMed, Cochrane and Embase, with MeSH terms (Prediabetic State, Diabetes Mellitus, Antihypertensive Agents) plus Boolean operators and Entry terms. Two reviewers performed the selection, with consultation with a third for disagreements. **Results:** Of the 113 studies selected (PubMed: 93, Cochrane: 18, Embase: 2), 4 were included. Zidek et al. (2012), in a 4-year prospective study, compared the time to onset of DM2 in pre-diabetic hypertensive patients from a diuretic-based therapy (478 patients) and another with ramipril (1029 patients), concluding that the latter was preferable, due to a statistically significant difference of 3 years. McFarlane, Provilus & Shin (2007), in a randomized multicenter study, evaluated the conversion rate of pre-diabetes to normoglycemia with ramipril: under 15 mg/day for 3.5 years there was no prevention of DM2, but under 6 mg/dL there was a reduction in 2-hour plasma glucose. White et al. (2016), through a randomized clinical trial, analyzed the metabolic effects of azilsartan medoxomil (AZL-M) with valsartan (VAL) and olmesartan, proving that these did not produce significant effects on the insulin sensitivity homeostasis model, although, in animal models, AZL-M is effective. Finally, Zappe et al. (2008) examined the effects of VAL and hydrochlorothiazide on insulin sensitivity in the short term (16 weeks), revealing that there were no changes in either treatment. **Conclusion:** Although ramipril shows promising results in the prevention of T2DM, further studies with long-term follow-up are needed. Preliminary, a positive relationship is observed between this ACEI and better glycemic metabolism.

PO-050

1115934 ASSOCIATION BETWEEN LEVEL OF EDUCATION AND LIPID PROFILE IN PATIENTS WITH HIGH-RISK DYSLIPIDEMIA IN A TERTIARY OUTPATIENT CLINIC: A CROSS SECTIONAL STUDY

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Introduction: Social factors such as educational level influence healthcare access, treatment adherence and clinical outcomes in chronic diseases. In the context of dyslipidemia, patients with lower educational levels may have worse lipid control due to lower health knowledge, limited access to therapies and reduced engagement with lifestyle changes. **Objective:** This study aims to evaluate the association between educational level and lipid profile in high-risk dyslipidemic patients followed at a tertiary care hospital. **Methods:** This was a cross-sectional and retrospective study conducted between 2012 and 2022 with 337 patients from the dyslipidemia outpatient clinic of a teaching hospital in southern Brazil. Data were extracted from electronic medical records. Educational level was categorized into seven levels, from 1 (incomplete elementary education) to 6 (completed higher education), with category 7 for missing data. Total cholesterol (TC), LDL-c, HDL-c, triglycerides (TG), and TSH levels were analyzed. Statistical analysis included Kruskal-Wallis and chi-square tests, with significance set at $p < 0.05$. **Results:** Among the 337 patients, 45.5% had incomplete elementary education, while only 4.8% had completed higher education. No statistically significant association was found between educational level and TC, LDL-c, HDL-c, or TG levels ($p > 0.05$ for all variables). Even so, a tendency towards worse LDL-c and TG levels was observed in groups with lower levels of education. TSH levels also did not vary significantly across educational levels ($p = 0.620$), suggesting that educational attainment did not influence the diagnosis of thyroid dysfunction. **Conclusion:** Although no strong statistical association was observed, the data suggest a trend toward a worse lipid profile in patients with lower educational levels. These findings highlight the importance of considering social determinants of health in the management of dyslipidemia, especially in populations at high cardiovascular risk. Health education strategies and more individualized interventions may be necessary to overcome barriers related to educational attainment.

PO-051

1115927 ASSOCIATION BETWEEN SUBCLINICAL HYPOTHYROIDISM AND LIPID PROFILE ALTERATIONS IN HIGH-RISK DYSLIPIDEMIC PATIENTS: A TEN-YEAR CROSS-SECTIONAL STUDY IN A TERTIARY CARE HOSPITAL

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Introduction: Dyslipidemia is a prevalent condition associated with high mortality. Among its secondary causes is subclinical hypothyroidism, present in approximately 10% of the adult population but often underdiagnosed. Despite its clinical relevance, the association between these conditions remains controversial. **Objective:** To evaluate the association between serum TSH levels and lipid profile alterations in patients with dyslipidemia followed in a tertiary care hospital over ten years. **Methods:** This was a cross-sectional study with a convenience sample of patients seen between 2012 and 2022 in a High-Risk Dyslipidemia Outpatient Clinic at a university hospital, with data collected from electronic medical records. A total of 337 patients were included, exceeding the calculated sample size. Patients were divided into euthyroid (TSH < 4 mIU/L) and subclinical hypothyroid (TSH ≥ 4 mIU/L) groups. Free T4 was not analyzed due to consistent absence of this exam in the records. Quantitative variables were analyzed using the Mann-Whitney test, and categorical variables using the chi-square test. The study followed STROBE guidelines, was approved by the Research Ethics Committee, and all participants signed informed consent. **Results:** Women accounted for 60.8% of the sample, and the mean age was 66 years (± 11.4), significantly higher in the TSH ≥ 4 mIU/L group (68.9 vs. 64.8 years; $p < 0.001$). The prevalence of subclinical hypothyroidism was 29.1%. Regarding the general lipid profile, the mean total cholesterol was 191.1 ± 59.2 mg/dL; LDL 113.2 ± 57.4 mg/dL; HDL 45.9 ± 15.5 mg/dL; and triglycerides 238.4 ± 371.4 mg/dL. The mean TSH was 3.33 ± 1.92 mIU/L (95% CI: 3.13–3.54). In group comparisons, patients with TSH ≥ 4 had significantly higher triglycerides (median 174.5 mg/dL vs. 147.0 mg/dL; $p = 0.038$). Other lipid parameters did not differ significantly, although there was a trend toward higher values in the elevated TSH group. **Conclusion:** These findings support a potential association between thyroid dysfunction and dyslipidemia, particularly regarding hypertriglyceridemia. However, factors such as the use of lipid-lowering medications and the presence of familial chylomicronemia syndrome may represent study limitations. Nevertheless, the results contribute to the understanding of the interaction between the thyroid axis and lipid metabolism in a high cardiovascular risk population, suggesting that thyroid function screening is relevant in this setting.

PO-052

1116392 BODY COMPOSITION ANALYSIS OF PATIENTS WITH VERY HIGH CARDIOVASCULAR RISK AND FAMILIAL PARTIAL LIPODYSTROPHY PHENOTYPE

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Introduction: Familial partial lipodystrophy (FPLD) is a rare and heterogeneous condition characterized by selective loss of adipose tissue in the extremities associated with accumulation in the truncal region. This phenotype is often associated with severe insulin resistance, type 2 diabetes mellitus (T2DM), dyslipidemia, and high cardiovascular risk. Dual-energy X-ray absorptiometry (DXA) allows the assessment of adipose redistribution, with the trunk/leg fat mass ratio (FMR) being a sensitive marker of this pattern.

Objective: To describe the body composition and metabolic profile of patients with the very high cardiovascular risk and clinical phenotype of FPLD. **Methods:** Cross-sectional and descriptive study to evaluate the clinical phenotype of FPLD in patients with very high cardiovascular risk who are being followed at the reference cardiology center in Ceará. Metabolic profile, anthropometric parameters, skinfolds, body composition by DXA and metabolic profile were evaluated. **Results:** 17 patients were evaluated. The mean age was 58 ± 11 yrs. Females (82%). The BMI mean was 29 ± 7.1 kg/m², waist-to-hip ratio 1.04 ± 0.09 and waist-to-height 0.61 ± 0.09 . The average of total fat was $37\% \pm 7.2$. Skinfolds showed peripheral lipoatrophy calf (13 ± 11 mm) and subscapular accumulation (37 ± 12 mm). The FMR mean was 1.5 ± 0.35 , while the proportion of leg fat in relation to total fat was 0.22 ± 0.06 . VAT with a mean of 1488 ± 659 g and the A/G ratio was 1.24 ± 0.26 . The FMI median was 8.8 [6.6–21.9] kg/m². 14 patients (82%) presented 1 criteria for FPL (FPLD1 or FPLDx). Köb index > 3.47 was present in 9/17 (52%), characterizing FPLD1. In the group of patients with Köb index negative, 5/8 (62%) had FMR > 1.2 , characterizing FPLDx. In the case series, 13/17 (76%) had $< 25\%$ fat lower limbs. Patients had T2DM (94%), mixed dyslipidemia (100%), and 64% had coronary artery disease (CAD). The metabolic profile revealed a total cholesterol median 174 mg/dL [108–815], LDL-c 86 ± 38 mg/dL, HDL-c 34 ± 11 mg/dL and triglycerides 233 ± 131 mg/dL. The HbA1c median was 9.0% [4.8–16.6]. The mean age of CAD (N=10) was 50 yrs. **Conclusion:** We describe another case series of FPLDx and FPLD1 with high cardiovascular morbidity. In patients with early CAD, diabetes and presence of mixed dyslipidemia, the evaluation anthropometric parameters and body composition through DXA seems to be a useful tool for the diagnosis of FPLDx, allowing therapeutic adjustments.

PO-053

1115205 EFFECTS OF TIRZEPATIDE ON LIPID PROFILE AND CARDIOVASCULAR HEALTH IN OVERWEIGHT PATIENTS: A SYSTEMATIC REVIEW

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Introduction: Obesity, commonly linked to dyslipidemia and increased cardiovascular risk, demands interventions that promote weight loss and metabolic improvement. Tirzepatide, a dual GIP and GLP-1 receptor agonist, has shown promise by improving lipid profiles and cardiovascular outcomes. **Objective:** To systematically review the effects of tirzepatide on lipid profile and cardiovascular protection in overweight or type 2 diabetic patients, compared to placebo or other therapies. **Methods:** A systematic review was conducted following PRISMA guidelines. Searches were performed in PubMed and UpToDate using the terms “Tirzepatide” AND (“Obesity” OR “Overweight”) AND “Cardiovascular” with Boolean operators. Included were clinical studies in humans, published between 2020 and Jan/2025, in English or Portuguese. Only randomized clinical trials that evaluated tirzepatide’s effects on lipid profile and cardiovascular risk in overweight or diabetic individuals were included. Excluded were reviews, animal studies, studies without control groups, or those not directly addressing outcomes. Study selection was by two independent reviewers, with disagreements resolved by consensus. **Results:** Of the six studies included, five showed significant lipid improvements with tirzepatide over placebo or other therapies. Most reported reductions in LDL and triglycerides, and increases in HDL, especially in patients with $>10\%$ weight loss. Sattar et al. (2022) found a 20–25% reduction in major cardiovascular events (HR 0.80; 95% CI: 0.57–1.11) in a meta-analysis of seven trials, though without robust statistical significance. SURMOUNT-1 (Jastreboff et al., 2022) showed similar benefits in non-diabetic patients, with blood pressure and lipid improvements despite glycemia not being a primary outcome. Małecki et al. (2023) reported that the degree of weight loss correlated with lipid improvement. Four studies showed increased HDL and reduced atherosclerotic cardiovascular risk, regardless of diabetes status. **Conclusion:** Tirzepatide shows consistent improvement in cardiovascular risk markers—lipid profile and blood pressure—beyond glycemic control, supporting its use in managing overweight and insulin resistance. Although results are promising, long-term studies are needed to confirm its effect on cardiovascular events. Tirzepatide represents a novel and effective option within a multidisciplinary strategy for reducing cardiovascular risk.

PO-054

1115944 IMPACT OF A HIGH-PROTEIN, LOW GLYCEMIC INDEX DIET ON INDOLE-3-PROPIONIC ACID LEVELS IN LATE POSTMENOPAUSAL WOMEN: A RANDOMIZED CONTROLLED TRIAL

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Introduction: Concentrations of indole-3-propionic acid (IPA), a gut microbiota-derived metabolite linked to a reduced risk of cardiovascular disease (CVD), may be modified by dietary intake. **Objective:** To investigate the effect of a high-protein, low glycemic index (GI) diet on IPA concentrations and high-sensitivity C-reactive protein (hs-CRP) in postmenopausal women. **Methods:** A 6-month parallel-group randomized trial was conducted involving apparently healthy women aged 65 years and older who had not used menopausal hormone therapy in the past 3 months, had not been on insulin therapy, and did not have a previous diagnosis of heart disease. Participants were instructed to follow a low-GI diet (GI < 55) with protein intake set either at the current recommended dietary allowance by the Institute of Medicine (RDA, 0.8 g/kg of body weight) or at twice the RDA (2RDA, 1.6 g/kg of body weight). IPA concentrations were measured from fasting serum samples by liquid chromatography coupled with triple quadrupole mass spectrometry (LC-QQQ-MS), and hs-CRP levels were assessed by nephelometry at baseline and at 3 and 6 months of follow-up.

Results: A total of 22 participants were included in this analysis (mean age 70.4±3.3 years, BMI 25.8±3.1 kg/m²). Changes from baseline in IPA concentrations (mean change, -32.8 ng/mL; 95% CI, -81.7 to 16.0 ng/mL; P=0.283) and hs-CRP levels (mean change, 0.4 mg/L; 95% CI, -0.4 to 1.3 mg/L; P=0.595) did not differ between the 2RDA and RDA groups. However, when considering all participants at baseline, serum IPA levels higher than the median (≥ 135.1 ng/mL) were associated with a prior low-GI dietary pattern and lower levels of hs-CRP. **Conclusion:** A 6-month low-GI dietary intervention, whether combined with protein intake above or at the RDA level, did not significantly impact IPA concentrations or hs-CRP levels in a sample of healthy late postmenopausal women. These findings also suggest that habitual adherence to a low-GI dietary pattern may be associated with higher IPA concentrations; however, this association needs to be confirmed in long-term studies with larger and more diverse populations.

PO-055

1116143 THE IMPORTANCE OF MOLECULAR TESTING IN FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS) AND THE USE OF VOLANESORSEN IN PATIENTS WITH RECURRENT ACUTE PANCREATITIS

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Case Presentation: A 22-year-old female patient presented with recurrent acute pancreatitis, with the first episode reported 5 years earlier. In 2023, during the etiological investigation of one of these hospitalizations, significant hypertriglyceridemia (1589 mg/dL) was observed. She was referred to the Endocrinology service to evaluate the genetic cause and initiate treatment. The patient has a similar family history, with two affected cousins. Her parents are not related. She had two pregnancies, one of which resulted in a stillbirth due to acute cholecystitis. After the pregnancy, she underwent a cholecystectomy. On physical examination, she has a body mass index (BMI) of 19. There are no skin changes. She reports using ciprofibrate 100 mg and following a low-fat diet, but with no improvement in laboratory results. On examination to assess hypertriglyceridemia and pancreatitis, she was diagnosed with lipoprotein lipase (LPL) deficiency: homozygous copies in the LPL gene and heterozygous copies in the CFTR gene. Volanesorsen 285 mg/1.5 mL was started in August 2024. The patient began with a weekly dose, but developed associated thrombocytopenia, and the dose was reduced to every two weeks. Immediately before starting medication, triglyceride levels were 1748 mg/dL and after one week of initiation, 234 mg/dL. One month later, this value was 63 mg/dL. Recently, the patient had to suspend doses of the medication for 4 weeks due to a new episode of thrombocytopenia of 85,000/mm³ (150,000–450,000). The patient continues to be monitored by the endocrinology department of a tertiary hospital. **Discussion:** Familial chylomicronemia syndrome (FCS) is a rare, genetic, autosomal recessive disorder that results in elevated triglycerides. It can manifest as frequent episodes of pancreatitis, skin lesions (eruptive xanthomas), recurrent abdominal pain, and lipemia retinalis. The main feature of FCS is elevated triglyceride levels due to the absence or failure of the gene that produces LPL or the genes that modulate its activity. The diagnosis can be confirmed by molecular testing for mutations in genes such as LPL, APOC2, APOA5, LMF1, and GPIHBP1. **Final Comments:** The introduction of volanesorsen demonstrates a consistent and dose-dependent reduction in circulating triglycerides. Despite the high cost of the drug, early diagnosis and intervention are essential to control triglyceride levels, prevent serious complications, and improve patient outcomes.

PO-056

1116041 TYPE 2 FAMILIAL PARTIAL LIPODYSTROPHY – CASE REPORT

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Case Presentation: A 39-year-old female, mixed ethnicity, presented to the endocrinology clinic with progressive loss of subcutaneous fat in the trunk and limbs, along with fat accumulation in the face and submental area and increased peripheral muscle definition. She reported primary amenorrhea, with menarche induced by oral contraceptives in adolescence, maintained until recently. No pregnancy history. Comorbidities included hypertension, type 2 diabetes, and dyslipidemia, with no relevant family history. She used metformin, pioglitazone and combined oral contraceptives. On exam: BMI 26.6 kg/m², BP 140/90 mmHg, with evident fat redistribution and extremity enlargement. Labs showed HbA1c 7.0%, TG 226 mg/dL, LDL-c 126 mg/dL, TSH 0.39 mUI/mL, free T4 0.96 ng/mL. Gonadal profile revealed hypogonadotropic hypogonadism and slightly elevated 17-OH-progesterone. Renal and liver function were normal. A pituitary MRI in 2011 showed a 0.4 cm microadenoma, absent in 2018. Pelvic ultrasound revealed a hypotrophic uterus and normal ovaries. Thyroid ultrasound showed gland enlargement with a spongiform cystic nodule. Mammography (BIRADS 2) and bone densitometry were normal. Due to the clinical-metabolic profile, a genetic panel was requested. Treatment was adjusted to dapagliflozin + metformin and rosuvastatin. ECG showed prolonged QTc (511 ms); Holter revealed isolated supraventricular extrasystoles. Echocardiogram showed preserved systolic function (EF 69%). Genetic testing confirmed familial partial lipodystrophy type 2 (FPLD2 – Dunnigan syndrome) with a heterozygous LMNA mutation. After lifestyle changes and discontinuing oral contraceptives, spontaneous menstruation resumed. Glycemic control improved (HbA1c 5.4%), lipid profile normalized (LDL-c 61 mg/dL; TG 97 mg/dL), and rosuvastatin was reduced. Enalapril was initiated for blood pressure control. She remains under follow-up. **Discussion:** FPLD2 is characterized by subcutaneous fat loss in limbs and trunk, with accumulation in the face and neck. Frequently associated with insulin resistance, diabetes, dyslipidemia, hepatic steatosis, and high cardiovascular risk. Women may experience amenorrhea, infertility, and obstetric complications. Metreleptin can be considered in severe cases, though access is limited. **Final Comments:** This case reinforces the importance of early FPLD2 diagnosis in patients with PCOS-like features and metabolic disorders. Genetic confirmation enables precise and multidisciplinary care.

PO-057

1116311 WHAT THE EYES DON'T SEE, THE HEART STILL FEELS: THE PARADOX OF MICROVASCULAR ANGINA – A CASE REPORT

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Case Presentation: A 67-year-old woman with hypertension, class II obesity, prediabetes, metabolic syndrome, rheumatoid arthritis, and obstructive sleep apnea (OSA), with a STOP-BANG score of 5 presented a 4-month history of recurrent oppressive precordial and sternal chest pain, triggered by physical exertion. A stress echocardiogram revealed myocardial ischemia with hypokinesia of the posterior septum and ST-segment depression. Coronary angiography showed no significant stenosis, leading to a presumptive diagnosis of microvascular angina (MVA), supported by a coronary flow reserve (CFR) of less than 2, according to COVADIS criteria. A multidisciplinary approach was adopted, including intensive blood pressure control with ACE inhibitors, a structured physical activity program, and treatment with statins, semaglutide, and dapagliflozin. After eight weeks, the patient showed significant symptom improvement, a reduction in BMI from 36.8 to 33.7 kg/m², and a decrease in the STOP-BANG score to 4. **Discussion:** MVA is characterized by symptoms of myocardial ischemia in the absence of obstructive coronary artery disease on angiography and typically without troponin elevation—unlike MINOCA, which is an acute condition with positive cardiac biomarkers. The diagnosis was based on chest pain with positive ischemia testing and the absence of obstructive coronary lesions. Risk factors such as hypertension, obesity, metabolic syndrome, OSA, and chronic inflammatory diseases like rheumatoid arthritis increase the likelihood of endothelial dysfunction, a central component in the pathophysiology of MVA. **Final Comments:** The management of MVA should be comprehensive and focused on strict control of cardiovascular risk factors, emphasizing nutrition, weight management, regular physical activity, and the use of medications such as SGLT2 inhibitors and GLP-1 receptor agonists, along with continuous monitoring of endothelial function.

PO-058

1116059 EFFECTS OF WHEY PROTEIN ON THE ENDOCRINE RESPONSE TO RESISTANCE EXERCISE: AN INTEGRATIVE REVIEW

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Introduction: Resistance exercise induces a series of physiological and hormonal adaptations that are essential for muscle hypertrophy and recovery. Key hormones involved in this process include testosterone, growth hormone (GH), insulin-like growth factor 1 (IGF-1), insulin, and cortisol. In recent years, protein supplementation — particularly whey protein, derived from milk serum — has gained prominence due to its rapid digestibility and high content of essential amino acids such as leucine, which plays a key role in anabolic signaling. However, the effects of whey protein on the endocrine response to resistance training remain under debate, requiring a critical and integrative analysis of the scientific literature. **Objective:** To investigate, through an integrative review, the effects of whey protein consumption on the hormonal response of individuals engaged in resistance training, with an emphasis on anabolic and catabolic hormones, aiming to understand its role in optimizing performance and muscle recovery. **Methods:** An integrative literature review was conducted using the databases PubMed, Scielo, ScienceDirect, and LILACS. Keywords included “whey protein”, “hormonal response”, “resistance exercise”, “GH”, “testosterone”, “cortisol”, and “muscle anabolism”. Articles published between 2013 and 2024 in English and Portuguese were considered, focusing on interventions involving whey protein supplementation associated with resistance training and analysis of hormonal markers. A total of 28 studies met the inclusion criteria after screening. **Results:** The analysis revealed that post-exercise whey protein intake significantly increases insulin levels and enhances the anabolic response, promoting greater muscle protein synthesis. Some studies reported modest increases in IGF-1 and GH levels, particularly when supplementation occurred immediately after training. Additionally, attenuation of cortisol elevation was observed in supplemented individuals, suggesting a protective effect against muscle catabolism. While testosterone levels were not directly influenced by whey supplementation, the overall improvement in hormonal balance supports an anabolic environment. **Conclusion:** Whey protein supplementation in conjunction with resistance training positively influences the endocrine response, particularly by increasing insulin, modulating cortisol, and indirectly stimulating IGF-1 and GH. These effects contribute to muscle recovery and hypertrophy, although they vary depending on dosage, timing, and individual characteristics. Further research is needed to clarify long-term effects and compare whey to other protein sources. Nonetheless, strategic use of whey protein proves to be an effective tool in hormonal support for strength training.

PO-285

1116182 QUALITY OF LIFE AND SEXUAL HEALTH IN WOMEN WITH PREMATURE OVARIAN INSUFFICIENCY: PRELIMINARY RESULTS OF A CASE-CONTROL STUDY

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Introduction: Premature ovarian insufficiency (POI) is characterized by the cessation of ovarian follicular function before the age of 40, resulting in hypoestrogenism, and has been associated with reduced sexual function and decreased quality of life. Hormone replacement therapy (HRT) with estradiol is recommended to improve symptoms related to quality of life and sexual health. However, further studies are needed to better understand the effects of POI and HRT in this population. **Objective:** To compare quality of life and sexual function in women with POI and menopause, after the age of 45. **Methods:** This is an ongoing case-control study conducted at the Gynecological Endocrinology Unit of the Hospital de Clínicas de Porto Alegre. Case group: Women with POI who are currently 45 years of age or older. Control group: Women who experienced menopause at or after the age of 45. Quality of life is assessed using the Menopause Rating Scale (MRS), where higher scores indicate worse quality of life. The scale is interpreted as follows: Few symptoms: up to 4; Mild symptoms: 5–8; Moderate symptoms: 9–15; Severe symptoms: >16. Sexual function is assessed using the Female Sexual Function Index – 6 items (FSFI-6). Scores below 19 indicate sexual dysfunction; lower scores correspond to poorer sexual health. Medical history, current or past HT use, and duration of HT are collected via questionnaire. The calculated sample size is 204 participants. **Results:** A total of 51 participants have been included in the study so far (POI group: n = 19, mean age 55 ± 10 years; Menopause group: n = 32, mean age 56 ± 5 years). HT use was more prevalent in the POI group (p = 0.04). 57% of women with POI and 31% of women in the Menopause group reported current or past use of HT. The mean age at POI diagnosis was 32 ± 7 years, while the mean age at menopause was 49 ± 3 years. Both groups showed moderate to severe symptoms related to hypoestrogenism: MRS score: POI group: 19 (12–27); Menopause group: 16 (10–24). They also showed low scores on the FSFI-6 questionnaire, indicating impaired sexual function: FSFI-6 score: POI group: 7 (5–12); Menopause group: 13 (7–20). **Conclusion:** These preliminary data indicate that both groups showed sexual dysfunction and reduced quality of life. Continued follow-up of the study will allow a better understanding of the impact of POI on women's health and its relationship with factors such as time to diagnosis and duration of hormone therapy.

PO-060

1116395 ACUTE INTERMITTENT PORPHYRIA IN A PREGNANT WOMAN WITH HYPEREMESIS GRAVIDARUM AND POSTGANGLIONIC LESION: CASE REPORT

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Case Presentation: Female, 22 years old, at 19+1 weeks' gestation, under follow-up for severe hyperemesis gravidarum with 20 kilograms weight loss, on metoclopramide. Referred to a tertiary obstetric center after two syncopal episodes with spontaneous recovery. Symptoms began two weeks earlier with lower limb paresthesia, followed by progressive motor weakness in an ascending, symmetric pattern, culminating in paraplegia. On admission, urinalysis showed pyuria and brown discoloration. The patient was hospitalized, treated with cefuroxime, and had brain, cervical, lumbosacral MRI plus lumbar puncture, all normal. After 48 hours, she developed septic syndrome with myocardial dysfunction, requiring Intensive Care Unit (ICU) admission for continuous monitoring, hemodynamic support, vasoactive agents, and broad-spectrum antibiotics. On hospital day 20, parenteral thiamine was initiated for suspected deficiency, leading to partial clinical improvement despite persistent neurovisceral symptoms. Acute intermittent porphyria (AIP) was then suspected based on the clinical presentation. A 24-hour urine sample was collected for porphobilinogen (PBG) and δ-aminolevulinic acid (ALA) quantification, and a genetic panel for AIP was requested. Electroneuromyography (ENMG) on hospital day 30 showed preganglionic nerve injury. After 51 days, the patient was discharged stable, with recommendations for intensive rehabilitation and outpatient follow-up with gynecology, neurology and internal medicine within three weeks. **Discussion:** Acute intermittent porphyria (AIP) is an autosomal dominant metabolic disorder affecting hepatic heme biosynthesis, characterized by acute neurovisceral attacks caused by accumulation of heme precursors, primarily ALA and PBG, due to PBG deaminase deficiency. The liver, as the primary site of heme synthesis, supports cytochrome P450 (CYP450) enzyme function, essential for xenobiotic metabolism and detoxification. CYP450-inducing drugs and hormonal fluctuations are well-known precipitants of acute attacks. In this case, metoclopramide use and hyperemesis gravidarum with prolonged fasting likely triggered the acute porphyric crisis. **Final Comments:** Although AIP generally has a favorable prognosis with early diagnosis and management, this case demonstrates delayed diagnosis during pregnancy, resulting in persistent peripheral neuropathy and significant impairment of the patient's quality of life during a critical period.

PO-061

1115993 ANALYSIS OF TESTOSTERONE LABORATORY TESTING IN BRAZIL OVER 10 YEARS: AN ECOLOGICAL STUDY

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Introduction: Testosterone can be measured as total testosterone, free testosterone, or dihydrotestosterone. In male population, serum testosterone testing is indicated for the investigation of hypogonadism. In female, its formal indication is limited to the evaluation of elevated androgen levels to support the differential diagnosis of hyperandrogenism. Moreover, simple laboratory assays for this hormone have significant limitations. Liquid chromatography is considered the gold-standard method. **Objective:** To analyze laboratory testosterone testing requests in Brazil over the past decade. **Methods:** This is a descriptive, cross-sectional ecological study with a quantitative approach, based on data from the Outpatient Information System of the Brazilian Unified Health System (*Sistema de Informações Ambulatoriais do Sistema Único de Saúde* – SIA/SUS), linked to the Department of Informatics of the Unified Health System (*Departamento de Informática do Sistema Único de Saúde* – DATASUS). The variables analyzed were the approved quantities of total testosterone, free testosterone, dihydrotestosterone, glucose, and total cholesterol tests, according to the request year, at national level, from January 2015 to December 2024. **Results:** Total testosterone testing increased from 390,824 in 2015 to 1,443,622 in 2024, representing a 269.3% increase over 10 years. Free testosterone testing increased from 127,748 in 2015 to 761,382 in 2024, a 496.0% increase. Dihydrotestosterone testing increased from 11,348 in 2015 to 137,011 in 2024, corresponding to a 1,107.3% rise. In comparison, glucose and total cholesterol testing increased by 21.5% and 35.8%, respectively, over the same period. **Conclusion:** A substantial increase in testosterone-related laboratory testing was observed in Brazil over the past decade. This trend contrasts with the relatively stable demand for well-established routine clinical tests such as glucose and cholesterol. The rising interest in androgen use for therapeutic purposes, especially among women, may be contributing to this phenomenon. However, excessive hormonal testing beyond clinical indications may lead to unnecessary medical interventions and increased patient risk. Despite limitations due to the lack of sex and age-specific data, these findings underscore the need to monitor laboratory testing patterns to support evidence-based clinical practice.

PO-062

1115780 ASSESSMENT OF ACNE SEVERITY AND IMPACT ON QUALITY OF LIFE IN NON-BINARY INDIVIDUALS AND TRANSGENDER MEN USING TESTOSTERONE

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Introduction: Gender incongruence is a complex phenomenon in which an individual experiences discomfort with their anatomical sex and wishes to live as someone of the gender with which they identify. To achieve bodily changes consistent with their identified gender, clinical interventions such as cross-sex hormone therapy and surgical procedures may be needed. Testosterone hormone therapy can lead to a variety of dermatological effects in transgender individuals, such as alopecia and acne. As a dermatological condition, acne often has a significant impact on quality of life, which is frequently associated with the dermatological severity of the lesions. **Objective:** To assess the impact of acne severity on the quality of life of transgender men and non-binary individuals using testosterone who are treated at specialized services in Salvador, Bahia. **Methods:** This is an observational, cross-sectional, and descriptive study involving trans individuals using testosterone and receiving care at specialized outpatient clinics in Salvador, Bahia, upon signing the informed consent form approved by the ethics and research committees of the institutions. The Dermatology Life Quality Index questionnaire (DLQI-BRA) was administered, and patients' acne was classified using the Investigator's Global Assessment Scale of Acne Vulgaris (IGA) within the first two years of hormone therapy. Data were stored on the REDCap platform, and descriptive analysis was performed using frequency and central tendency calculations in SPSS. **Results:** The mean age of the 31 participants was 26 years ($SD \pm 4.83$), and the average duration of testosterone use was 1.2 years ($SD \pm 0.50$). In this sample, 22 patients (71%) presented with lesions on the face or trunk, while 9 (29%) were classified as "clear" on both the face and trunk. Regarding the perceived impact of the dermatological condition on the lives of patients with active acne ($n = 22$), as assessed by the DLQI-BRA, 36.4% reported no impact on quality of life, 31.8% reported a small effect, 18.2% a moderate effect, 9.1% a large effect, and 4.5% a very large effect. **Conclusion:** Acne, as a side effect of testosterone hormone therapy, occurred in two-thirds of the patients, although it was classified as mild or almost clear and was not associated with a reduction in their quality of life according to the DLQI-BRA. Nevertheless, the need for individualized dermatological follow-up in this population is evident, given that 71% of patients presented with lesions.

PO-063

1116359 ASSOCIATION BETWEEN KLINEFELTER SYNDROME AND PARKINSON'S DISEASE WITH A PATHOGENIC GBA GENE VARIANT: A CASE REPORT

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Case Presentation: A 50-year-old male patient initially presented with fatigue, difficulty concentrating, and decreased libido. Laboratory evaluation revealed hypergonadotropic hypogonadism, and karyotype analysis demonstrated 47,XXY/46,XY mosaicism, consistent with Klinefelter syndrome. Testosterone replacement therapy was initiated, resulting in partial symptom improvement. During follow-up, the patient developed bradykinesia, rigidity, and resting tremor, accompanied by progressive loss of function. Given a positive family history of Parkinson's disease in five relatives, he was referred for neurological assessment, which confirmed the diagnosis of Parkinson's disease. Genetic testing revealed a pathogenic heterozygous mutation in the glucocerebrosidase (GBA) gene. He is currently under joint follow-up with the endocrinology and neurology teams, receiving dopaminergic therapy and testosterone, with difficulty in symptom control. **Discussion:** Klinefelter syndrome is characterized by hypergonadotropic hypogonadism, infertility, and cognitive impairment. Prolonged hormonal deficiency can affect synaptic plasticity and promote neurodegenerative processes. Parkinson's disease, in turn, is multifactorial, with genetic forms linked to genes such as the GBA gene, whose mutations are associated with worse clinical and cognitive outcomes. Non-motor symptoms such as fatigue and attention deficits, common in the prodromal phase of Parkinson's disease, may be misinterpreted as manifestations of Klinefelter syndrome itself, making early diagnosis more difficult. The presence of classic motor symptoms, a suggestive family history, and confirmatory genetic testing support the diagnosis of genetically influenced Parkinson's disease. **Final Comments:** It is hypothesized that Klinefelter syndrome may have acted as a modulating, exacerbating, or even triggering factor for the clinical expression of Parkinson's disease — a scenario also observed in drug-induced parkinsonism. The interaction between genetic predisposition and chronic endocrine alterations may not only mimic symptoms but also influence neurodegenerative progression. Therefore, neurological monitoring is recommended for patients with Klinefelter syndrome, especially in the presence of early premotor signs and a positive family history of Parkinson's disease.

PO-064

1115544 ATYPICAL SEX DIFFERENTIATION IN A 46,XX MALE: A CASE REPORT OF TESTICULAR DISORDER OF SEX DIFFERENTIATION

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Case Presentation: A 31-year-old male, previously healthy, presented with bilateral, painless gynecomastia with onset during adolescence. He underwent reduction mammoplasty in 2022, but recurrence occurred 3 years later. No history of erectile dysfunction, testicular trauma, anabolic steroids or medication use. On examination: sparse body hair, arm span greater than height, small testes, Tanner stage P4G4 and bilateral palpable breast tissue. Semen analysis revealed azoospermia. Total testosterone 121 ng/dL; follicle-stimulating hormone (FSH) 42 mIU/mL; luteinizing hormone (LH) 20 mIU/mL; sex hormone-binding globulin (SHBG) 14.5 nmol/L; estradiol < 15 pg/mL; prolactin 10 ng/mL. Breast ultrasound BI-RADS 2. Scrotal ultrasound: testicular heterogeneity with dystrophic calcifications; right testicle 0.5 cm³ and left 1.0 cm³. Given the findings, karyotyping was requested and testosterone replacement therapy initiated, with good clinical response. The karyotype revealed 46,XX. FISH analysis showed SRY gene presence. **Discussion:** 46,XX SRY-positive Disorder of Sexual Development (DSD) is a rare genetic condition (1:20,000 live male births) characterized by a 46,XX karyotype and male phenotype. Presentation ranges from complete masculinization — as in this case — to incomplete sexual differentiation, depending on SRY gene presence and other modulators of testicular development. SRY gene translocation to the X chromosome during paternal meiosis explains the development of male genital characteristics despite Y chromosome absence. Diagnosis is often made during infertility evaluation and azoospermia with hypergonadotropic hypogonadism is a typical finding. Spermatogenesis is absent due to lack of key spermatogenic genes. Gynecomastia, sparse body hair, small testes, and arm span exceeding height may initially suggest Klinefelter syndrome; however, 46,XX SRY-positive DSD should be considered in the differential diagnosis. Beyond its rarity, the case is notable for gynecomastia being the main complaint, highlighting the importance of a thorough diagnostic approach to suggestive clinical signs. **Final Comments:** We report a rare case of a 31-year-old male with recurrent gynecomastia, small testes, sparse body hair and hypergonadotropic hypogonadism. Karyotype confirmed 46,XX testicular DSD, with SRY positivity. The case emphasizes the need of investigating differential diagnoses of gynecomastia and male infertility, considering rare causes that may resemble more common disorders.

PO-065

1115310 BARIATRIC SURGERY AS A POTENTIAL ENDOCRINE-REPRODUCTIVE THERAPY IN PCOS: AN INTEGRATIVE REVIEW OF ENDOCRINE AND REPRODUCTIVE OUTCOMES

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Introduction: Polycystic ovary syndrome (PCOS) is an endocrine disorder affecting women of reproductive age. It is characterized by chronic anovulation – the leading cause of female infertility - hyperandrogenism, and insulin resistance, all of which are exacerbated by obesity. Given the effectiveness of bariatric surgery (BS) in weight reduction, its impact on fertility outcomes warrants further investigation. **Objective:** To evaluate the effects of bariatric surgery on fertility and reproductive outcomes in women with PCOS and obesity. **Methods:** An integrative literature review was conducted, guided by the question: “Is bariatric surgery effective in restoring ovulatory function and improving fertility in women with PCOS and obesity?” The PICO framework was applied: P – women with PCOS and obesity; I – bariatric surgery; Co – reproductive outcomes. Databases searched included PubMed, LILACS, and the CAPES journal portal, using the descriptors “polycystic ovary syndrome”, “bariatric surgery”, and “infertility”, combined with Boolean operators AND/OR. Original full-text articles published in Portuguese, English, or Spanish between 2020 and 2025 were included. Systematic reviews, duplicates, and irrelevant studies were excluded. Five studies were selected. **Results:** The studies evaluated women with PCOS and BMI > 40, divided into clinical (conventional therapy) and surgical (sleeve gastrectomy or gastric bypass) groups, with a mean age of 31 years. The clinical group averaged two ovulations, while the surgical group averaged six. In the surgical group, ovarian volume decreased by 55%, BMI reduced from 40 to 29% (a 27,5% reduction), and 78% experienced PCOS remission. Among those attempting conception, 95.2% achieved pregnancy post-surgery, compared to 76.9% in the control group. **Conclusion:** The findings demonstrate that bariatric surgery significantly improves endocrine and reproductive outcomes in women with PCOS. Menstrual regularity, increased ovulation, and PCOS remission were observed, with BMI reduction emerging as the main predictor of ovarian function restoration. These results highlight the therapeutic potential of bariatric surgery in managing this endocrinopathy, particularly in patients unresponsive to conventional treatments. Further studies are needed to clarify its impact on androgen profiles and ovarian morphology.

PO-066

1115630 CLINICAL AND GENETIC ANALYSIS OF 46 XY GONADAL DYSGENESIS: A CASE STUDY

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Case Presentation: Two sisters from Itainópolis (Piauí) and living in São Paulo sought medical attention due to primary amenorrhea. The Sister 1, 34 years old and the sister 2, 32 years old, have typical female external genitalia, but with a short vagina, underdeveloped breasts, and present body hair. The parents are consanguineous but report no similar family history. During the investigation, hypergonadotropic hypogonadism was evidenced Sister 1: LH 49 mUI/mL (Reference Value 1.9-12.5), FSH 50.7 mUI/mL (RV: 2,5-10.2); estradiol < 17 pg/mL (RV: 19.5-144), total testosterone 24 ng/mL (RV: 12-59), progesterone 0.5 ng/mL (RV: 0,21-1,4); Sister 2: LH 60.5 mUI/mL, FSH 46.3 mUI/mL, estradiol < 17 pg/mL, total testosterone < 121 ng/mL, progesterone < 0.5 ng/mL and both have a 46 XY karyotype (>20 metaphases). Magnetic Resonance Imaging (MRI) showed no uterus or ovaries but revealed a suggestive image of gonads. Both sisters underwent gonadectomy in 2022. The pathological examination confirmed Leydig cell hypoplasia and incomplete spermatogenesis. In Sister 1, genetic analysis by exome identified variants in the LHCGR gene: c.348-2A>G. Research on the same variant is underway in Sister 2. Currently, both are undergoing treatment with estradiol. **Discussion:** Both cases refer to XY gonadal dysgenesis, characterized by the presence of a male karyotype in individuals with female phenotype and external genitalia. This occurs due to a failure in the proper development of the gonads during embryogenesis. Clinically, it presents as primary amenorrhea and failure in secondary sexual development. In this report, a pathogenic variant in the LH/HCG receptor gene is observed. This leads to insufficient activation of Leydig cells, essential for testosterone production, causing hypoplasia of these cells and dysfunctional gonads. Additionally, such gonads have an increased risk of malignancy, warranting prophylactic gonadectomy. Treatment is multidisciplinary, involving hormone replacement, psychological support, and potentially invasive procedures to correct vaginal hypoplasia, such as dilation or vaginoplasty. **Final Comments:** This case highlights the importance of effective management of this pathology. The identification of genetic variants is crucial to understanding the underlying causes and enables more precise genetic counseling. Early diagnosis, along with surgical interventions and psychological support, is essential to improving the quality of life for patients.

PO-067

1116172 CLINICAL, METABOLIC, AND CARDIOVASCULAR RISK PROFILE OF TRANSGENDER WOMEN OVER 50 YEARS OF AGE WITH GENDER-AFFIRMING SURGERY FOLLOWED AT A UNIVERSITY HOSPITAL IN SOUTHERN BRAZIL

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Introduction: Transgender individuals experience higher mortality rates and reduced life expectancy compared to cisgender individuals, and mortality risks have not significantly declined over time. Therefore, there is a notable scarcity of data regarding health outcomes and clinical variables in older transgender populations, particularly those over the age of 50 and with gender-affirming surgery (CAG). This study aimed to describe the clinical, metabolic, hormonal, and cardiovascular risk profile of transgender women (TW) aged 50 years or older with CAG followed at an endocrinology outpatient clinic in a teaching hospital in southern Brazil. **Methods:** This is a cross-sectional, observational study based on a biorepository database, including TW aged ≥50 years who had undergone CAG, with data collected from routine consultations between May 2024 and May 2025. Variables related to cardiovascular, metabolic, and hormonal health were analyzed, including cardiovascular (CVD) risk estimated using the PREVENT calculator. **Results:** In one year, 13 TW ≥50 years at least one year post-CAG were evaluated, with a median age of 59 (55–65) years. Most were eutrophic (BMI 25.9 ± 1.7 kg/m²) and none had BMI >30 kg/m². Mean systolic blood pressure (BP) was 128 ± 18 mmHg and diastolic BP was 76 ± 12 mmHg; four had hypertension. Lipid profile showed total cholesterol 198 ± 3 mg/dL, LDL 127 ± 3 mg/dL, HDL 53 ± 11 mg/dL, and triglycerides 105 ± 46 mg/dL; three used statins. Glycemic control was adequate, with fasting glucose of 92 ± 4 mg/dL and HOMA-IR of 1.6 ± 0.5 , with no case of diabetes. Hormonal parameters were consistent with GAHT in post-CAG individuals: estradiol 26 (24–59.5) pg/mL, total testosterone 17.2 ± 4.3 ng/dL, SHBG 84.6 ± 36.2 nmol/L, and FSH 55.4 ± 20 mIU/mL. Comorbidities included HIV (38.4%), osteopenia (23%), osteoporosis (15%), antidepressant use (23%), chronic kidney disease (7%). CVD risk by PREVENT classified 5 as low, 3 as borderline, 3 as intermediate, and 1 as high risk. Only one patient was a smoker. **Conclusion:** TW ≥50 post-CAG presented a favorable metabolic profile, with BMI within the eutrophic range and good glycemic and lipid control. However, the high prevalence of HIV and hypertension highlights the need for continuous clinical surveillance, multidisciplinary care, and targeted healthcare strategies for this underrepresented aging population. **Funding:** CNPq, FAPERGS, CAPES. (1) de Blok, C et al. The lancet. Diabetes & endocrinology vol. 9,10 (2021): 663-670. Apoio: CNPq, FAPERGS, CAPES.

PO-068

1116223 ESTROGEN-DEPENDENT HEREDITARY ANGIOEDEMA TYPE III TRIGGERED BY COMBINED ORAL CONTRACEPTIVE: A CASE REPORT

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Case Presentation: Hereditary angioedema type III (HAE-III) is a rare genetic condition with autosomal dominant inheritance, characterized by recurrent episodes of edema involving the skin, mucous membranes, gastrointestinal tract, and upper airways, typically associated with normal C1 esterase inhibitor (C1-INH) activity and estrogen sensitivity. We report the case of a 22-year-old previously healthy woman who presented with daily episodes of angioedema affecting the hands, lips, eyelids, oral and genital mucosa, in addition to diarrhea and symptom exacerbation during emotional stress. Symptoms began three months after initiating a combined oral contraceptive (ethinylestradiol 0.03 mg + drospirenone 3 mg), prescribed to manage dysmenorrhea and iron-deficiency anemia. Initial treatment with antihistamines and corticosteroids was ineffective. Laboratory workup revealed normal C4 levels (30 mg/dL) and slightly decreased quantitative C1-INH (15.1 mg/dL), with blood drawn during an asymptomatic period. Given the temporal correlation with hormonal exposure, estrogen-dependent angioedema was suspected. The contraceptive was discontinued for 21 days. From day 13 onward, the patient remained entirely symptom-free, confirming the clinical diagnosis of HAE-III. **Discussion:** This subtype is associated with gain-of-function mutations in coagulation factor XII, leading to bradykinin overproduction, increased vascular permeability, and capillary leakage, especially in the presence of exogenous estrogens. Recognition of this mechanism is essential, particularly in young women presenting with non-pruritic angioedema unresponsive to allergy-directed therapy. Estrogen withdrawal can lead to complete resolution and should be considered a diagnostic and therapeutic step in compatible clinical scenarios. **Final Comments:** This case underscores the critical role of estrogen in the pathophysiology of HAE-III and the importance of endocrinological evaluation in atypical angioedema.

PO-069

1115676 FAMILY PLANNING AND REPRODUCTIVE HEALTH AMONG TRANSGENDER PEOPLE UNDERGOING GENDER AFFIRMING HORMONE THERAPY: PERCEPTIONS, BARRIERS AND GAPS IN INCLUSION

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Introduction: The reproductive health of transgender people undergoing cross-sex hormone therapy is often marked by institutional invisibility, misinformation, and symbolic exclusion. The construction of reproductive projects within this population challenges cisnormative models and demands gender-sensitive approaches. **Objective:** To analyze perceptions regarding family planning among transgender people undergoing cross-sex hormone therapy, including their reproductive goals and experiences with health services, as well as identifying perceived gaps in public reproductive care. **Methods:** A qualitative study was conducted using semi-structured interviews in referral centers in Bahia in 2024. The interviews explored reproductive intentions, access to fertility and prevention-related information, and the experience of professional support in health services. Data were analyzed through content analysis with an inductive approach. Coding was independently performed by two researchers and triangulated for consistency. Subsequently, the categories were quantified in terms of frequency for the description of the findings. **Results:** The study included 148 transgender participants: 85 trans men, 57 trans women, and 6 non-binary individuals. Only 4% had children. However, 48.6% expressed a desire to become parents — 19.4% preferred adoption and 11.3% preferred biological children. Among those who wished to have children, 37.5% reported concerns related to trans parenthood, such as fear of stigma or discrimination. Only 15.5% had been exposed to any family planning initiative, and just four of these encounters occurred in primary care. Although 74.8% received information about the impact of hormone therapy on fertility, most of this guidance was biomedical. Regarding access to contraceptive information before sexual debut, 69.5% received such guidance — primarily from schools (47.5%) and family or friends (48.5%) — with only 8.6% reporting health services as a source. Just 24.3% felt welcomed by health professionals when discussing reproduction, while 81.8% did not feel included in family planning efforts in primary care, often citing lack of preparedness or symbolic exclusion. **Conclusion:** These findings highlight a disconnect between the reproductive rights of transgender individuals and the care provided by the public health system. Although reproductive desire is common, it remains unmet due to institutional and symbolic barriers.

PO-070

1115760 GYNECOMASTIA SECONDARY TO GERM-CELL TUMOUR OF THE TESTIS

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Case Presentation: A 31-year-old male patient was referred to the endocrinology department for evaluation of gynecomastia with onset four months prior, without other associated symptoms. Physical examination revealed bilateral gynecomastia without galactorrhea or other clinical abnormalities. Laboratory tests showed: estradiol: 284.9 pg/mL (reference value [RV] up to 39.8), total testosterone: 1033 ng/dL (RV: 64.9–753.3), LH < 0.07 mIU/mL (RV: 1.5–9.3), FSH < 0.3 mIU/mL (RV: 1.4–18.1), human chorionic gonadotropin (hCG): 20,649 mIU/mL, alpha-fetoprotein: 14.6 ng/mL (RV < 8.1), DHEA-S: 198.5 µg/dL (RV: 92–520), and prolactin: 25.49 ng/mL (RV: 2.10–17.7). These findings confirmed the etiology of gynecomastia as a tumor with autonomous production of estrogen, testosterone, hCG, and alpha-fetoprotein. Testicular ultrasound with color Doppler showed heterogeneous solid hypochoic intratesticular nodules with irregular borders on the right testicle, measuring 1.3 × 0.7 cm and 0.5 × 0.3 cm, both with central vascularization. Staging with CT scan of the brain, chest, abdomen, and pelvis revealed retroperitoneal lymphadenopathy anterior to the inferior vena cava measuring 7.0 × 3.0 × 3.0 cm. The patient underwent right radical orchiectomy, and histopathological analysis confirmed a multifocal testicular seminoma (1.1 and 0.4 cm). He was referred to oncology for follow-up treatment with cisplatin-based chemotherapy and radiotherapy. **Discussion:** Germ cell tumors of the testes constitute approximately 1–2% of all tumors in males aged 15–35 years and are a rare cause of gynecomastia. Recommended diagnostic tests for patients with suspected testicular tumors include a thorough physical examination, measurement of serum tumor markers such as alpha-fetoprotein and beta-human chorionic gonadotropin, as well as scrotal ultrasound. Staging of metastatic cancer is typically accomplished through additional radiological examinations such as abdominal and thoracic CT scans. Post-orchiectomy levels of serum tumor markers are nevertheless important for prognostic stratification and should be followed in patients with initially elevated markers. Patients with limited retroperitoneal lymph node metastases should be treated with cisplatin-based chemotherapy. **Final Comments:** Due to their high metastatic potential, early diagnosis and treatment with a multidisciplinary approach are essential.

PO-071

1115580 IMPACT OF CROSS-SEX HORMONE THERAPY ON THE QUALITY OF LIFE OF TRANSGENDER MEN ATTENDED IN SPECIALIZED CLINICS IN BAHIA AFTER ONE YEAR

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Introduction: Cross-sex hormone therapy (CSHT) is a hormonal treatment undertaken during gender affirmation, aiming to induce physical characteristics aligned with an individual's gender identity, thereby promoting improved quality of life. One way to assess this impact is through quality of life questionnaires. **Objective:** To evaluate the impact of CSHT on the quality of life of transgender individuals after one year of follow-up in specialized centers in Bahia, Brazil. **Methods:** This is a descriptive case series study that assessed the quality of life of transgender individuals receiving care in two specialized centers in Bahia. Data were collected before the start of CSHT and after one year of treatment, using the WHOQOL-BREF, a World Health Organization-validated instrument that covers four domains: physical, psychological, social relationships, and environment. Sociodemographic information was collected using a questionnaire. Results were presented using medians and interquartile ranges (IQR). **Results:** Seven trans men were evaluated, with a median age of 24 years (IQR 23.5–25), including four Black and three Brown individuals. Two participants had completed high school and five had some college education. Regarding religion, one identified with Candomblé, one was agnostic, one with Umbanda, and four had no religion. An apparent improvement was observed in all quality-of-life domains one year after initiating CSHT, except for the environmental domain. In the physical domain, the median increased from 50.64% (IQR 47.76–55.45%) to 53.85% (IQR 45.51–58.97%). In the psychological domain, the median rose from 48.08% (IQR 45.19–52.88%) to 50.64% (IQR 43.27–55.77%). The social relationships domain had an initial median of 56.03% (IQR 54.74–62.93%) and increased to 56.90% (IQR 49.14–66.81%). Finally, in the environmental domain, the median was 50.66% (IQR 48.03–55.92%) before CSHT and remained at 50.66% (IQR 44.74–58.55%) after one year. Despite the promising overall results, individual analysis showed variable quality-of-life responses to CSHT. **Conclusion:** CSHT was associated with an apparent improvement in overall quality of life after one year of follow-up. With a larger sample size, we hope to confirm this finding.

PO-072

1116005 INVESTIGATING BODY IMAGE SATISFACTION AND ITS SOCIODEMOGRAPHIC CORRELATES IN TRANS WOMEN ON HORMONE THERAPY

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Introduction: Body image is a central aspect of mental health and well-being among transgender individuals undergoing hormone therapy. The Body Image Satisfaction Scale (BISS) enables the quantification of this experience, including dimensions such as general appearance and weight satisfaction. **Objective:** To assess body image satisfaction levels among trans women and travestis undergoing cross-sex hormone therapy using the BISS and to evaluate potential associations with education level, ethnicity, income, and duration of hormone therapy use. **Methods:** This was a cross-sectional study involving 62 transgender women and travestis in referral centers in Bahia in 2024. Body image satisfaction was assessed using the BISS. The instrument consists of 25 Likert-type items, yielding total scores ranging from 25 to 125. Based on distributional criteria commonly adopted in the literature, scores are interpreted as follows: low (25–74), moderate (75–99), and high (100–125) levels of satisfaction. Items were grouped into two subscales: “appearance” (18 items) and “weight” (7 items). Descriptive statistics (mean, standard deviation) were calculated for total and subscale scores. Group comparisons were conducted using non-parametric tests (Kruskal-Wallis). Spearman's rank correlation was used to assess associations with duration of hormone therapy. A multiple linear regression model was performed to evaluate the predictive role of education, income, and hormone use duration. All analyses were conducted using R software. **Results:** The mean total BISS score was 89.5 (SD = 16.5), indicating moderate satisfaction with body image. The appearance domain had a mean of 66.6 points out of 90, while the weight domain averaged 22.9 points out of 35. Greater score variability was observed in the weight domain, suggesting more diverse perceptions regarding body weight. No statistically significant differences in total BISS scores were found across education levels ($p=0.25$), income ($p=0.75$), or ethnic groups ($p=0.15$). There was no significant correlation between BISS total score and duration of hormone therapy ($\rho=-0.14$; $p=0.27$). Multiple linear regression revealed no significant sociodemographic predictors of body image satisfaction. (all $p > 0.05$). **Conclusion:** Findings indicate that although body image satisfaction among trans women undergoing hormone therapy is moderate, it was not significantly associated with the sociodemographic variables analyzed.

PO-073

1115881 LIFESTYLE MODIFICATIONS IN WOMEN WITH POLYCYSTIC OVARY SYNDROME: IMPACTS OF DIET AND PHYSICAL EXERCISE ON THE REDUCTION OF PCOS AND METABOLIC SYNDROME SYMPTOMS

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Introduction: Polycystic Ovary Syndrome (PCOS) is a multifactorial endocrine disorder common among women of reproductive age, often associated with insulin resistance and Metabolic Syndrome, with reproductive, metabolic, and psychosocial implications. **Objective:** This study aimed to evaluate the effectiveness of non-pharmacological interventions, such as diet and physical exercise, in reducing the symptoms of PCOS and markers of Metabolic Syndrome in women with hyperinsulinemia. **Methods:** A systematic review was conducted of studies published between 2014 and 2024, using the PubMed, SciELO, and LILACS databases and structured descriptors based on the PICOS strategy. Clinical trials and observational studies were included if they involved women diagnosed with PCOS and hyperinsulinemia and assessed dietary practices and/or physical activity, with defined inclusion and exclusion criteria, and selection guided by PRISMA guidelines. **Results:** Sixteen studies met the criteria: four focused on dietary interventions alone, four on physical exercise alone, and eight on combined interventions. Among the diets, very low-calorie, ketogenic, and time-restricted diets stood out, with positive effects on weight loss, reduction of visceral fat, improved insulin sensitivity, normalization of blood glucose, and decreased androgen levels. Physical exercise interventions, such as high-intensity interval training, continuous aerobic training, and resistance training, demonstrated improvements in lipid profile, reduction of body fat, increase in sex hormone-binding globulin, and reduction in testosterone and dehydroepiandrosterone levels. The combination of diet and exercise produced the most significant effects, promoting ovulatory function normalization, greater menstrual regularity, decreased prevalence of Metabolic Syndrome, improved self-esteem, and reduction in symptoms such as hirsutism and acne. **Conclusion:** Despite methodological variability among the studies, the results support the effectiveness of lifestyle interventions as a safe and comprehensive strategy for the clinical and metabolic management of Polycystic Ovary Syndrome. **Keywords:** Polycystic Ovary Syndrome; Metabolic Syndrome; Lifestyle Modifications.

PO-076

1116015 MENOPAUSE, DIABETES, AND FEMALE PELVIC HEALTH: A CROSS-SECTIONAL ANALYSIS OF URINARY AND PROLAPSE SYMPTOMS IN A SPECIALIZED OUTPATIENT CLINIC

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Introduction: Urinary incontinence (UI) and vaginal prolapse are common conditions among adult women, significantly affecting quality of life. Hormonal changes related to menopause and metabolic disorders such as diabetes mellitus (DM) can influence pelvic floor health. Recognizing these associations is important for adequate patient management. **Objective:** To evaluate the prevalence of urinary incontinence and vaginal prolapse symptoms and their association with menopause, diabetes mellitus, and the use of hormone replacement therapy (HRT) in women treated at a specialized gynecology and obstetrics outpatient clinic in Sumaré-SP, as part of a university extension project conducted by medical students. The study was approved by the Research Ethics Committee (CAAE no. 85105024.6.0000.5374). **Methods:** Cross-sectional observational study based on the analysis of 193 medical records of women seen between June and December 2024 in a specialized outpatient clinic. Data were collected regarding age, menopausal status, diagnosis of DM, current or previous use of HRT, and the presence of UI and vaginal prolapse symptoms as recorded in the medical records. Data were organized in spreadsheets and analyzed using absolute and relative frequencies. **Results:** Of the 193 medical records evaluated, 50% of the women reported urinary incontinence symptoms and 33% reported vaginal prolapse symptoms. Diabetes mellitus was identified in 21% of the sample, and 68% were aged 45 years or older. Of the 193 patients, 96 were postmenopausal, and only 9 (9%) of them were currently or had previously been on HRT. **Conclusion:** The findings indicate a high prevalence of urogenital symptoms in women with hormonal and metabolic factors such as menopause and diabetes mellitus. Although no statistical analyses were performed to establish associations, the low rate of HRT use may contribute to worsening symptoms. The significant occurrence of vaginal prolapse symptoms underscores the importance of comprehensive pelvic floor assessment. Systematic screening and multidisciplinary management are essential to improving patient quality of life. Future analytical studies are recommended to deepen the understanding of these associations and guide clinical practice.

PO-077

1116136 MENSTRUAL DYSFUNCTION IN WOMEN HOSPITALIZED AT A TERTIARY INTERNAL MEDICINE CENTER: A PILOT STUDY

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Introduction: The menstrual cycle is a biological process characterized by cyclical hormonal changes within the female reproductive system. The presence of amenorrhea and/or menstrual irregularities can serve as indicators of underlying disease and may have significant clinical implications in young women. **Objective:** To determine the prevalence of amenorrhea among women admitted to a tertiary referral Internal Medicine (IM) center. **Methods:** This was a prospective study involving the administration of a structured questionnaire during hospitalization in the IM department. A total of 113 women were considered between June 2024 and May 2025. Clinical, sociodemographic, and laboratory data were collected. **Results:** Of the 113 eligible women, 62 consented to participate. Among them, 26 (41.9%) reported amenorrhea, with an average duration of 24 months (range 3–60). The mean age at menarche was 12.2±2 years. The median age and BMI of the participants were 44 years (IQR 37–47) and 27.5 kg/m² (IQR 20–34), respectively. Amenorrheic women were significantly older than those with regular cycles ($p=0.010$). Most participants had more than nine years of formal education (57.7%), were either employed or receiving financial assistance (73.1%), and 65.4% were single. The most common comorbidities identified included endocrine disorders (57.7%), cardiovascular diseases (46.2%), renal disease (30.8%), neoplastic conditions (23.1%), autoimmune diseases (19.2%), infectious diseases (15.4%), mental health disorders (7.7%), pulmonary conditions (7.7%), hematological disorders (3.8%), neurological conditions (3.8%), and gynecological disorders (3.8%). Mean hormone levels were as follows estradiol 25 pg/mL (IQR 24–41), testosterone 18.6 ng/dL (IQR 15.2–32.5), SHBG 62±31.46 nmol/L, 17OH progesterone 28ng/dL (IQR 11.5–74.5), FSH 12.6 mIU/mL (IQR 5.3–52.6), LH 7.9 mIU/mL (IQR 1.8–24), TSH 2.1 μ IU/mL (IQR 1.5–5.9), and prolactin 22.9 ng/mL (IQR 15–103.6). **Conclusion:** These findings underscore the importance of a comprehensive evaluation during hospitalization, particularly for young women with significant comorbidities that may impact the gonadotropic axis. Hospital admission presents a unique opportunity to investigate menstrual dysfunction, evaluate the indication or feasibility of hormone replacement therapy, and consider the need for effective contraceptive measures—especially in women for whom pregnancy would pose substantial health risks due to preexisting conditions.

PO-280

1116019 MENSTRUAL SYMPTOMS AND HORMONAL DYSFUNCTION IN WOMEN FROM A SECONDARY CARE OUTPATIENT CLINIC: A CROSS-SECTIONAL STUDY

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Introduction: Menstrual changes are important indicators of hormonal dysfunctions, especially those involving the hypothalamic-pituitary-ovarian axis. Symptoms such as irregular cycles, heavy menstrual bleeding, dysmenorrhea, and abnormal uterine bleeding may reflect endocrine and gynecological conditions such as polycystic ovary syndrome (PCOS) and endometriosis, which can significantly impact reproductive health and quality of life. **Objective:** To evaluate the prevalence of menstrual symptoms and their possible association with hormonal dysfunctions in women treated at a specialized gynecology and obstetrics outpatient clinic, as part of a university extension project conducted by medical students. The study was approved by the Research Ethics Committee (CAAE no. 85105024.6.0000.5374). **Methods:** A cross-sectional observational study based on the analysis of 193 medical records of women seen between June and December 2024 at a specialized outpatient clinic. Data were collected regarding age, menstrual cycle regularity, menstrual flow intensity, presence of dysmenorrhea, diagnosis of abnormal uterine bleeding, and PCOS. The data were analyzed using absolute and relative frequencies. **Results:** Of the 193 medical records evaluated, 60 women (31%) were between 18 and 44 years old. Regular menstrual cycles were observed in 41 women (21%) and irregular cycles in 32 (17%). Heavy menstrual flow was reported by 27 (14%). Dysmenorrhea was present in 46 (24%), and abnormal uterine bleeding was diagnosed in 22 (12%). Polycystic ovary syndrome was identified in 4 women (2%). **Discussion:** The menstrual symptoms identified in this sample reflect frequent hormonal and gynecological disorders in women of reproductive age — a period marked by significant physiological changes and social and reproductive challenges. Alterations such as irregular cycles, heavy flow, dysmenorrhea, and abnormal uterine bleeding can negatively affect physical, emotional, and social quality of life, as well as fertility. Although PCOS had a low prevalence in this population, it is a well-known condition with a significant impact on menstrual symptoms and women's health. It is important to highlight that data were collected from a secondary care outpatient clinic, limiting the generalizability of the results to other populations. These findings reinforce the need for a multidisciplinary and individualized clinical approach, while also underscoring the value of university extension programs in training future professionals for comprehensive healthcare.

PO-281

1115625 NODULAR OVARIAN HYPERTHECOSIS AS A CAUSE OF VIRILIZATION IN AN ELDERLY WOMAN

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Case Presentation: A 72-year-old female patient with a history of hypertension, type 2 diabetes mellitus, and polycystic ovary syndrome (PCOS), postmenopausal for 22 years, presented to the outpatient clinic with progressive complaints of Tibetan-pattern alopecia, increased androgenic-pattern body hair, irritability, and muscle mass gain over several months. Physical examination revealed clitoromegaly. Initial laboratory evaluation showed markedly elevated total testosterone (543 ng/dL) and free testosterone (7.4 ng/dL; reference range: 0.1–1.64 ng/dL), with 17-hydroxyprogesterone of 78 ng/dL (<84 ng/dL) and DHEA-S of 78.9 µg/dL (reference range: 25.9–460.2), both within normal limits. Pelvic MRI and ultrasound were performed twice, showing no ovarian masses. Despite the lack of radiological findings, the clinical and hormonal profile strongly suggested ovarian hyperthecosis, and bilateral salpingo-oophorectomy was indicated. Intraoperatively, a 1.3 cm encapsulated nodule was found in the right ovary. Histopathological analysis confirmed the diagnosis of nodular stromal hyperthecosis. Omental and peritoneal biopsies showed no neoplastic involvement. Postoperatively, the patient experienced progressive reductions in serum testosterone levels, improvement in irritability, frontal scalp hair regrowth, and decreased body hair. **Discussion:** Ovarian hyperthecosis is a rare and often underdiagnosed cause of hyperandrogenism in postmenopausal women. Although total testosterone levels above 200 ng/dL typically raise suspicion for androgen-secreting ovarian or adrenal tumors, the absence of identifiable masses on imaging may delay diagnosis. Most cases reported in the literature describe diffuse forms with subtle or incidental clinical findings. This case is notable for the combination of markedly elevated free testosterone levels, absence of radiological evidence of tumor, and histological confirmation of nodular hyperthecosis.

Final Comments: This case emphasizes the importance of including ovarian hyperthecosis in the differential diagnosis of virilization in postmenopausal women, even in the absence of suggestive imaging findings. The patient's significant clinical improvement following surgery highlights the diagnostic and therapeutic relevance of this condition and its impact on quality of life.

PO-282

1116198 OCCUPATIONAL EXPOSURE TO IMMUNOCASTRATION INJECTION LEADING TO ANDROGEN DEFICIENCY IN A YOUNG MALE: A CASE OF SUCCESSFUL TESTOSTERONE THERAPY

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Case Presentation: R.M., a 35-year-old male, sought endocrinology care five months after an occupational accident in March 2021, involving the accidental injection of an immunocastration product used in swine (0.4 mg of GnRH analog), which reduces testicular testosterone production by over 90%. In April, his first post-accident labs showed total testosterone (TT) of 180 ng/dL, FSH of 1.6 mIU/mL, and LH of 0.13 mIU/mL. From the time of the accident to August 2021, testosterone levels progressively decreased: TT 150 ng/dL → free testosterone (FT) 4.2 ng/dL; TT 140 ng/dL → FT 1.43 ng/dL; TT 47 ng/dL (TSH 0.5; PSA 0.5). At his first appointment, he reported erectile dysfunction, night sweats, insomnia, and fatigue. Intramuscular testosterone undecanoate every three months was initiated. After 9 months (3 doses), symptom improvement was noted. Before the final injection of the first cycle (March 2022), TT was 201 ng/dL. After 35 days (April 2022), TT was 422 ng/dL, FT 13 ng/dL. Therapy continued; in September 2022, TT was 402 ng/dL, FT 11.8 ng/dL, and the patient was asymptomatic. He discontinued therapy on his own in December 2022 and returned in September 2023 due to recurrence of symptoms and hormonal decline: December 2022 → TT 265 ng/dL, FT 4.5 ng/dL; May 2023 → TT 167 ng/dL, FT 4.7 ng/dL; August 2023 → TT 120 ng/dL, FT 3.3 ng/dL. At that point, he opted for topical testosterone gel, used irregularly. In March 2024, TT was 77 ng/dL, and symptoms persisted. Intramuscular replacement was resumed, with symptom resolution. In October 2024, TT was 475 ng/dL. Hemoglobin and hematocrit remained stable and within normal limits throughout. **Discussion:** This is a unique case in the medical literature, characterized as hypogonadotropic hypogonadism secondary to the use of a GnRH analog for animal immunocastration. Serum testosterone and sperm count were low, without compensatory LH and FSH elevation. Clinical symptoms supported the diagnosis. **Final Comments:** Intramuscular testosterone undecanoate every three months was chosen as therapy, given clinical signs of androgen deficiency and consistently low testosterone. Spermatogenesis is unlikely to recover. The treatment yielded satisfactory clinical results.

PO-283

1115724 - OVARIAN STEROID CELL TUMOUR NOT OTHERWISE SPECIFIED (SCT-NOS): A CASE REPORT

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Case Presentation: A 50-year-old female reported clitoral hypertrophy, facial hirsutism, acanthosis nigricans and acne since 2021. Two years after the onset of symptoms, she reported amenorrhea. She also has grade 1 obesity, pre-diabetes, mild hepatic steatosis and has been a smoker for 32 years. Serum testosterone has progressively increased over the years, reaching its highest value of 410.49 ng/dL (normal range < 35). Follicle-stimulating hormone (FSH) and luteinizing hormone (LH) were inadequately normal. Dehydroepiandrosterone sulfate (DHEA) was slightly reduced. Computed tomography (CT) of the abdomen showed an image in the left adrenal gland suggestive of adenoma, with negative laboratory investigation. Transvaginal ultrasound showed ovaries of increased size for menopause. Magnetic Resonance Imaging (MRI) showed an indeterminate nodular image measuring 1.4 x 1.2 x 1.1 cm in the right ovary. The patient was then referred to Gynecologic Oncology and underwent bilateral oophorectomy. Morphological and immunohistochemical findings were consistent with the diagnosis of ovarian steroid cell tumor, not otherwise specified (SCT-NOS), without malignant characteristics. A week after the surgical procedure, total testosterone was 9.9 ng/dL. The patient remains under multidisciplinary follow-up with improvement of virilization, but with intense fatigue after the sudden drop of testosterone levels.

Discussion: Ovarian steroid cell tumors (SCT) are stromal tumors discovered in the ovarian sex cord, with malignant potential, representing approximately 0.1% of all ovarian tumors. They can occur at any age but, but usually occur in women of reproductive age (mean 47 years). Common clinical features are excessive weight gain, amenorrhea and virilization. Cushing's syndrome, abdominal pain, hypertension, vaginal bleeding, and acanthosis nigricans may also occur. Symptoms of SCT-NOS resolve within 1 to 16 months after surgery, without recurrence. Depending on age and stage, salpingo-oophorectomy with or without hysterectomy and surgical staging is the treatment of choice. **Final Comments:** Rare virilizing ovarian tumors may present with diverse clinical manifestations. Despite benign anatomopathological features, tumors may behave in a clinically malignant manner. Treatment should be individualized, based on histopathological findings, staging and desire of future fertility.

PO-284

1116211 PRIMARY AMENORRHEA AND ATYPICAL GENITALIA IN A 46,XY PATIENT: A CASE OF LATE DIAGNOSIS OF 5 α -REDUCTASE TYPE 2 DEFICIENCY

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Case Presentation: A 26-year-old patient was evaluated for primary amenorrhea and absence of breast development. She reported pubarche around the age of 16, without thelarche, and complained of dyspareunia. On physical examination, she presented with atypical genitalia, including a 3 cm phallus, absence of urethral fold fusion or labioscrotal swellings, and a hypoplastic vagina with a slight synechia at the lower vulvar region. Two distinct openings (vaginal and urethral) were identified. In addition, she had hypotrophic breast parenchyma. She reported a history of palpable gonads in the inguinal region and had undergone bilateral gonadectomy at age 15. Histopathological analysis revealed testes without malignancy. Imaging studies showed absence of a uterus and ovaries. Karyotyping showed a 46,XY result, and genetic testing confirmed a biallelic mutation in the SRD5A2 gene, establishing the diagnosis of 5 α -reductase type 2 deficiency. Estradiol replacement therapy (2 mg) was proposed, but the patient did not return for follow-up after receiving the diagnosis. **Discussion:** 5 α -Reductase type 2 deficiency (5 α RD2) is an autosomal recessive condition that impairs the conversion of testosterone into dihydrotestosterone, a hormone essential for external genital virilization during embryonic development. Affected 46,XY individuals are often born with atypical genitalia or a female phenotype, with testicular gonads and absence of Müllerian structures. Differential diagnosis includes other causes of 46,XY differences in sex development (DSDs) with atypical genitalia, such as partial androgen insensitivity syndrome. In 5 α RD2, spontaneous virilization may occur during adolescence due to increased testosterone levels. Diagnosis is confirmed through genetic analysis of the SRD5A2 gene. Management involves complex decisions regarding sex of rearing, hormone replacement therapy, and genital reconstruction, and must respect patient autonomy. **Final Comments:** This case highlights the importance of differential diagnosis in 46,XY DSDs, with emphasis on 5 α -reductase deficiency—a rare condition with significant implications for pubertal development, gender identity, and sexuality. Early diagnosis and multidisciplinary care are essential for appropriate clinical and psychosocial management.

PO-286

1116119 RADIOLOGICALLY OCCULT ANDROGEN-PRODUCING ADULT GRANULOSA CELL TUMOR PRESENTING AS VIRILIZATION IN A POSTMENOPAUSAL WOMAN: A CASE REPORT

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Case Presentation: A 69-year-old woman was referred for evaluation of hyperandrogenism detected during the assessment of a breast nodule. Over three years, she developed progressive voice deepening, acne, androgenetic alopecia, hirsutism and clitoromegaly. Her gynecological history included premature menopause at age 33 and hormone replacement therapy from ages 35 to 50. She discontinued after a breast nodule biopsy with a diagnosis of atypical ductal hyperplasia, followed by anastrozole from 2019 to 2021. Despite spironolactone 100 mg daily since 2023, her serum total testosterone was 324.5 ng/mL, free testosterone 62.6 pg/mL and androstenedione 6.32 ng/mL; cortisol and DHEA-S were normal. Pelvic magnetic resonance imaging MRI revealed an atrophic left ovary, absence of the right ovary (prior oophorectomy) and unremarkable adrenals. She underwent left oophorectomy; histopathology identified a 1.9 cm adult-type granulosa cell tumor. Immunohistochemistry was positive for inhibin and calretinin and negative for CK7, EMA, WT1 and PLAP, with a low Ki-67 index (1–2%). Given the risk of endometrial carcinoma, she subsequently underwent hysterectomy. Postoperatively, total testosterone dropped to 9.58 ng/dL and free testosterone to 1.7 pg/mL. **Discussion:** Sex cord-stromal tumors account for <5 % of ovarian neoplasms. Adult granulosa cell tumors (AGCTs) typically occur in postmenopausal women aged 45–55 years and present with estrogenic manifestations—abnormal uterine bleeding in 70–90 % of cases—abdominal distension or endometrial hyperplasia/carcinoma. Androgen-producing AGCTs are rare (<10 %) and arise via luteinization or aberrant P450c17 expression. In this case, the absence of uterine bleeding or detectable mass on imaging rendered diagnosis challenging. Instead, virilization dominated the clinical picture. Immunohistochemistry showed positive inhibin and calretinin, which confirmed granulosa cell origin, while negative CK7, EMA, WT1 and PLAP excluded epithelial and germ cell tumors; the low Ki-67 index corroborated an indolent course. The marked postoperative decline in testosterone substantiated the tumor’s functional androgen production. **Final Comments:** This case enhances the importance of considering hormonally active but radiologically occult sex cord-stromal tumors in the differential diagnosis of unexplained virilization in postmenopausal women. It also highlights that definitive histological assessment remains essential for timely and accurate diagnosis.

PO-287

1115674 SOCIODEMOGRAPHIC CHARACTERISTICS OF NON-BINARY PEOPLE ATTENDED IN TWO SPECIALIZED OUTPATIENT CLINICS IN SALVADOR, BRAZIL

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Introduction: Non-binary people (NBP) may construct their identities based on elements of femininity and/or masculinity, or outside these two gender categories altogether. However, available information regarding the sociodemographic characteristics of NBP remains scarce in the literature. In Brazil, not even the Portaria No. 2803, which regulates the Transsexualization Process within the Unified Health System (SUS), includes healthcare for NBP. Some studies suggest that non-binary identities represent 1–10% of the general population, 11–15% of youth in specialized clinics, and up to 66% of transgender youth. Nationally, the proportion of NBP in the general population is estimated at 1.19%. **Objective:** To describe the sociodemographic characteristics of NBP receiving care in specialized outpatient clinics. **Methods:** This is a cross-sectional, descriptive study based on sociodemographic data collected from two specialized centers in Salvador, Bahia. Data were obtained through structured questionnaires and stored on the REDCap platform, following informed consent approved by the Research Ethics Committee of the institutions. For statistical analysis, the Shapiro-Wilk test was applied to assess data distribution, and frequency analyses and measures of central tendency were conducted using RStudio 2024.12.1. **Results:** A total of 29 patients were included, with a median age of 25 [22–27] years. Regarding race/ethnicity, the majority identified as White (48.28%), followed by Black (20.69%) and Brown (17.24%). In terms of sexual orientation, the most frequent were pansexual (55.17%) and bisexual (24.14%). Regarding education level, 62.07% had incomplete higher education, which aligns with the high proportion of students (55.17%) in the occupation variable. Most participants (55.17%) reported having no religion, 24.14% identified as agnostic or atheist, and none identified as Christian. **Conclusion:** In this sample, NBP were younger and had higher educational levels compared to national studies, but similar ages to those reported in international studies. Data on sexuality and religious affiliation were consistent with previous research. However, data specifically related to race/ethnicity and occupation for NBP remain scarce. Expanding research focused on the sociodemographic characteristics of NBP, especially those receiving care in specialized clinics, is essential.

PO-288

1115533 SYMPTOMS OF ANXIETY AND DEPRESSION IN TRANSGENDER INDIVIDUALS UNDERGOING HORMONE THERAPY: IMPACT OF MULTIDISCIPLINARY FOLLOW-UP IN A PUBLIC OUTPATIENT CLINIC IN SOUTHERN BRAZIL

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Introduction: Transgender individuals are predisposed to social vulnerability and reduced access to healthcare, contributing to higher rates of anxiety and depression. Multidisciplinary follow-up integrated with gender-affirming hormone therapy has been proposed as a strategy to address these disparities. **Objective:** To evaluate changes in anxiety and depression symptoms in transgender individuals initiating gender-affirming hormone therapy and receiving follow-up at a public endocrinology clinic in Southern Brazil. **Methods:** This prospective cohort study assessed individuals referred for gender-affirming hormone therapy before and after at least six months of treatment using two validated screening instruments — the Hospital Anxiety and Depression Scale and the Depression, Anxiety and Stress Scale. Though not diagnostic, these tools are widely used to monitor symptoms. Participants received care from a multidisciplinary team of endocrinologists, nurses, psychologists, psychiatrists and social workers. Sociodemographic and clinical data were collected. Statistical analysis used paired t-tests or Wilcoxon tests, chi-square or Fisher's exact tests, and logistic regression for potential confounders. Analyses were performed using SPSS 22 at a 5% significance level. **Results:** Of the 135 individuals followed at the clinic, 27 completed both initial and final assessments and were included in the analysis. The mean age was 27.8 years, and the average duration of hormone therapy was 2.5 years. Most participants self-identified as transgender women, were white, had a median education level of 12 years and a median income equivalent to the minimum wage, with 40.7% reporting current tobacco use. Obesity was observed in 29.6% of participants. A prior diagnosis of anxiety and/or depression was reported by 66.7%. After follow-up, mean anxiety scores decreased from 8.64 to 7.26 ($p < 0.001$), and depression scores from 5.43 to 3.52 ($p < 0.001$). Anxiety remained more prevalent than depression, differing from patterns observed in other populations. **Conclusion:** In this cohort, multidisciplinary follow-up combined with gender-affirming hormone therapy was associated with a reduction in symptoms of anxiety and depression. However, the ability to establish a direct causal relationship is limited by the absence of a control group. Further studies are recommended to explore the specific contribution of each component of care.

PO-289

1116121 UNUSUAL DIAGNOSIS OF DISORDER OF SEX DEVELOPMENT: CASE REPORT

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Case Presentation: A 31-year-old male individual with significant cognitive impairment and social vulnerability presented for the first time to an Endocrinology and Metabolism consultation in adulthood due to untreated hypogonadism. At birth, atypical genitalia were noted, including a small penis, fused scrotum, and identification of a testis within the scrotum. Karyotype analysis revealed mosaicism: 45,X0 (55%), 47,XXY (40%), and 46,XY (5%). At age 7, he underwent surgery to correct urethral stenosis (urethroplasty and penoscrotal transfixation) and removal of gonadal tissue (histology: testis). Laboratory results in 2022 showed: FSH 63 mIU/mL (normal range 1.5 to 12.4 mIU/mL), LH 11.3 mIU/L (normal range 0.6 to 12.1 mIU/L), total testosterone 21.3 ng/dL (normal range 249 to 836 ng/dL). He had never undergone hormone replacement therapy. A low-impact elbow fracture was reported. DXA scan: L1-L4 (BMD = 0.845; Z = -2.2); femoral neck (BMD = 0.669; Z = -1.7), total femur (BMD = 0.677; Z = -2.3). Physical examination: male phenotype; genital stage P3 (penis: 5 cm in length and 6 cm in circumference); bilateral non-palpable testes; small scrotum; right-sided gynecomastia and left-sided gynecomastia (~2 cm); low-set ears and hairline, broad dental arch, high-arched palate, short 4th metacarpal. Pelvic MRI: presence of vulva-like structure, labia majora, vaginal canal, rudimentary uterus, right hydrosalpinx, and round ligament. Based on the available data, Persistent Müllerian Duct Syndrome (PMDS) is the most likely diagnosis. The patient was referred to urology for surgical planning and subsequent hormonal therapy. **Discussion:** PMDS is a rare disorder of sex development characterized by the presence of Müllerian duct-derived structures in individuals with male phenotype and testicular tissue. The coexistence of a rudimentary uterus and round ligament in an individual with testes strongly suggests this diagnosis. Other conditions, such as ovotesticular DSD and mixed gonadal dysgenesis, are part of the differential diagnosis and should be reconsidered following surgery. **Final Comments:** This case highlights the unusual presentation of karyotypic mosaicism and the late arrival for medical evaluation and etiological clarification. It emphasizes the critical importance of thorough investigation in DSD cases and the need to initiate appropriate treatment as early as possible. **Keywords:** Disorders/Differences of Sex Development (DSD); Persistent Müllerian Duct Syndrome (PMDS)

PO-290

1116207 WHAT IS THE IMPACT OF TESTOSTERONE REPLACEMENT THERAPY ON THE SLEEP QUALITY OF PATIENTS WITH CONGENITAL HYPOGONADOTROPIC HYPOGONADISM?

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Introduction: Congenital hypogonadotropic hypogonadism (CHH) can be accompanied by various clinical signs and symptoms resulting from testosterone deficiency such as: low libido, decreased spermatogenesis, weight gain, and worsening metabolic profile contributing to increased incidence of sleep disorders. **Objective:** To identify patients with alterations in sleep quality in a population with a genetic diagnosis of CHH. **Materials and Methods:** A retrospective study consisting of 32 male patients with a genetic diagnosis of CHH undergoing short-term testosterone therapy (TCD) - at this point, testosterone levels, complete biochemistry, body composition through electrical bioimpedance using InBody 270, and a questionnaire on the Pittsburgh Sleep Quality Index (PSQI) were evaluated. After this evaluation, the use of TCD was interrupted, and the patients were allocated into two groups according to the therapy: testosterone gel (TG) and long-term testosterone (TLD), and re-evaluated after 6 months using the same criteria as at the beginning. Statistical analysis was performed using jamovi software. **Results:** A total of 32 adults with CHH were included in the study, with an average age of 36.5 ± 13.06 years, predominantly of white ethnicity, and an alteration in body mass index - 50% had indexes above 25 kg/m^2 . The diagnosis of sleep quality alteration was present in 73.53% of the patients, with poor sleep quality reported by 47.06%, and sleep disorders (DS) by 26.47%, according to the PQSI criteria at the initial moment. When analyzing the variables that could be influencing the sleep quality of these individuals, the following stood out: percentage of body fat ($p: 0.037$), lean mass ($p: 0.033$), and basal metabolic rate ($p: 0.038$). At this point, the patients were allocated into two groups: TG and TLD. After 6 months of TCD interruption, an improvement was observed in the PQSI scores in both groups, with the TG group showing a more pronounced improvement ($p: 0.03$), being the more stable testosterone levels a factor that may have contributed to the result. **Conclusion:** Therefore, currently the data in the literature on the epidemiology and incidence of sleep disorders in CHH is scarce. In this study, an incidence of 73.53% of changes in sleep quality was observed, which is similar to the rate found in the general Brazilian population - 72%, suggesting that the duration of testosterone treatment does not seem to influence the incidence of sleep quality in CHH. However, body composition factors seem to have a greater influence in CHH and DN.

PO-078

1115731 - 47,XXY/46,XX MOSAICISM IN A PHENOTYPIC FEMALE: A CASE REPORT

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Case Presentation: We present a case of a 3-year-9-month-old phenotypic female evaluated in a pediatric DSD (Disorders of Sex Development) program. The patient was referred after inconsistencies between prenatal sex determination (repeatedly XY on fetal sexing) and female phenotype at birth. She had typical female internal and external genitalia, normal development, and no pubertal signs. Initial karyotyping revealed mosaicism: 47,XXY[10]/46,XX[40], with SRY gene presence. Gonadal ultrasound showed two elongated structures with ovarian morphology and follicles. Gonadal biopsy confirmed normal ovarian parenchyma bilaterally, with no evidence of testicular tissue. Family history was unremarkable. Psychological evaluation revealed maternal distress due to discordant prenatal sexing results and concerns around diagnostic procedures. Postoperative evolution was uneventful, and the child remains asymptomatic, developmentally appropriate, and socially well-adapted. **Discussion:** This rare mosaic karyotype combining 47,XXY and 46,XX raises differential diagnoses including ovotesticular DSD and gonadal dysgenesis. The presence of SRY and male fetal sexing initially suggested a male karyotype, yet the phenotypic presentation was unequivocally female. Definitive diagnosis relied on histopathology, which confirmed bilateral ovarian tissue. Mosaicism involving both XX and XXY cell lines is exceptionally rare and underscores the complexity of sex development. Psychological implications for the family, particularly when prenatal expectations clash with postnatal findings, are significant and require sensitive multidisciplinary support. Long-term follow-up is essential to monitor growth, pubertal progression, and reproductive potential. **Final Comments:** This case reinforces the importance of correlating cytogenetic findings with clinical phenotype and highlights the role of gonadal biopsy in distinguishing between ovotesticular DSD and other forms of mosaicism. Accurate diagnosis supports appropriate counseling and avoids unnecessary interventions, fostering better psychosocial and developmental outcomes.

PO-080

1115894 ADRENOCORTICAL CARCINOMA IN A INFANT WITH GERMLINE MUTATION IN THE TP53 TUMOR SUPPRESSOR GENE (P.R337H): A CASE REPORT

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Case Presentation: A two-year-old male child was referred to endocrinology due to voice deepening which had begun six months prior, associated with acne, pubic hair growth, penis enlargement, significant linear growth, and irritability. Negative family history of cancer. Physical examination showed a height above the 97th percentile, Tanner stage G1P4, testicular volume of 3 mL, penis length of 8 cm (> 90th percentile), acne on the back and face, and normal blood pressure. Given the virilization, subsequent evaluation identified: dehydroepiandrosterone 18.2 ng/mL (0.2–1.5), dehydroepiandrosterone sulfate >750 µg/dL (1.7–61.8), androstenedione >10 ng/mL (0.4–3.5), total testosterone >15 ng/mL (<0.025), and 17-hydroxyprogesterone 6.7 ng/mL (<1.7). Abdominal CT scan revealed a well-defined nodule with incomplete peripheral calcifications in the right adrenal gland, measuring 4.5 × 4.5 × 4.0 cm, suggestive of primary neoplasm. Other imaging studies showed no evidence of metastasis. Due to suspicion of adrenocortical carcinoma (ACC), the patient was referred to a pediatric oncology center, where he underwent a right adrenalectomy. Histopathological and immunohistochemistry confirmed ACC, stage I, Ki-67 30%. Genetic testing revealed heterozygosity for the p.R337H mutation in the TP53 tumor suppressor gene and heterozygosity for the E134* mutation in the XAF1 gene. Presently, there is no indication for adjuvant therapy. The patient continues follow-up with pediatric endocrinology, oncology, and surgical teams. **Discussion:** ACC is a rare and aggressive neoplasm, representing approximately 0.2% of all pediatric malignant tumors. In southern and southeastern Brazil, its incidence is up to 15 times higher, related to the high local prevalence of a germline mutation in the TP53 gene (p.R337H). In this case report, the patient showed a classic presentation of virilization, underwent mutation testing and was approached less than 15 days after the first consultation with an endocrinologist, resulting in a stage I diagnosis with a 5-year survival rate of 86.2%. **Final Comments:** This case reinforces the importance of early clinical suspicion of ACC in children with signs of virilization, especially in regions with high prevalence of the germline mutation p.R337H in the TP53 gene, since early diagnosis and complete surgical resection in the initial stages are essential for a good prognosis.

PO-081

1115322 ANALYSIS OF DATA RELATED TO CONGENITAL HYPOTHYROIDISM IN THE MUNICIPALITIES OF MATO GROSSO DO SUL, BRAZIL

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Introduction: Congenital Hypothyroidism (CH) is a hereditary disorder affecting thyroxine (T₄) production, which may impair neonatal neurodevelopment. In Brazil, its incidence ranges from 1:2,595 to 1:4,795 live births and can cause irreversible neuropsychomotor damage. Early detection is done via the National Neonatal Screening Program (PNTN), or ‘heel prick test,’ by the public health system (SUS). The ideal collection period is between 48 hours and 5 days of life, with treatment recommended within the first 15 days.

Objective: To analyze PNTN data related to CH incidence and its distribution across regions of Mato Grosso do Sul (MS). **Methods:** A cross-sectional study used IPED-APAE data (2015–2023), collected between 2023 and 2024. Only SUS screenings were included; private services were excluded. Tests with TSH >10 µIU/mL on filter paper were repeated with serum samples, and those with TSH >5 µIU/mL were referred to pediatric endocrinology. Data were processed in Excel and JAMOVI 2.4. Spatial analysis was performed using GeoDa 1.22.0.4. DataSUS/SINASC was used to estimate screening coverage and CH incidence. **Results:** PNTN coverage in MS was 84.4%, with 220 tests suggestive of CH, resulting in a local incidence of 1 in 2,625 with TSH >10 µIU/mL on filter paper. The average age at the time of sample collection was 9.97 days, with a standard error of 2.49 days. Serum confirmation occurred at a median of 32 days, resulting in an average diagnostic delay of 36 days. Contributing factors included average sample transport time (6.67 ± 6.52 days) and laboratory protocols, which provide up to 30 days for result release in altered cases, although confirmation occurred within this period in only 21.8% of cases. No significant association was found with gestational age, but female sex was relevant (p=0.042). Seven municipalities had significant association with CH cases (p<0.05): Corguinho, Paraíso das Águas, Água Clara, Paranaíba, Sonora, and Rio Verde de Mato Grosso. Of the 220 suspected cases, 135 had serum confirmation, 124 were referred for evaluation, and 87 were confirmed and required clinical follow-up. **Conclusion:** PNTN coverage in MS approached the national average (82.22%). Female sex and specific municipalities showed associations with CH. Delays in sample collection and confirmation impact early diagnosis and care. Strengthening logistics, professional training, and family awareness are crucial to improving outcomes.

PO-082

1116201 BILATERAL TESTICULAR DYSGENESIS WITH PERSISTENT MÜLLERIAN STRUCTURES IN A PATIENT WITH 47,XY KARYOTYPE AND TRISOMY 21: A CASE REPORT

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Case Presentation: Patient H.V.S., phenotypic female, 4 years old, was referred to the pediatric endocrinology outpatient clinic of a tertiary hospital in Porto Alegre at 4 months of age, following genetic testing for clinically suspected trisomy 21. The test revealed a 47,XY karyotype, despite the presence of phenotypically female external genitalia. Pelvic ultrasound revealed bilateral oval structures in the inguinal canals, suggestive of gonads. Surgical gonadectomy was performed, and histopathological and immunohistochemical analyses identified Müllerian structures (suggestive of a fallopian tube) as well as testicular tissue with Sertoli cells on both sides. **Discussion:** Bilateral testicular dysgenesis associated with persistent Müllerian structures is a rare form of disorder of sex development (DSD), resulting from impaired gonadal differentiation in individuals with a male karyotype. It is characterized by the coexistence of immature testicular tissue and internal female reproductive structures derived from Müllerian ducts, such as the uterus and fallopian tubes. These findings reflect inadequate production or action of anti-Müllerian hormone (AMH) and testosterone during embryogenesis. Clinically, patients present with female external genitalia, persistent Müllerian structures, and dysgenetic gonads, which increases the risk of gonadal neoplasia, justifying early prophylactic gonadectomy. Histopathological analysis and immunohistochemistry are essential for diagnosis, especially in atypical cases. This condition represents a failure in early testicular organogenesis with consequences for internal and external genital development and requires individualized, multidisciplinary management. **Conclusion:** Early diagnosis of bilateral testicular dysgenesis with persistent Müllerian remnants is essential to prevent complications such as gonadal malignancy. Management includes surgical intervention and long-term follow-up with a multidisciplinary team to support decisions regarding gender identity and pubertal development. In the reported case, karyotyping to confirm trisomy of chromosome 21 revealed the finding of 47,XY, probably occurring independently and, according to the literature, a rare combination. Gonadectomy was performed early, and the patient remains under pediatric endocrinological follow-up.

PO-083

1116240 CARDIOMETABOLIC PROFILE OF OVERWEIGHT CHILDREN AND ADOLESCENTS: ASSOCIATION WITH PUBERTY

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Introduction: Metabolic syndrome is characterized by alterations in blood glucose, dyslipidemia, elevated blood pressure (BP), and excess adiposity, and is associated with an increased risk of chronic and cardiovascular diseases. This study aimed to investigate the cardiometabolic profile of overweight children and adolescents and its relationship with pubertal stage. **Methods:** A total of 86 patients were evaluated—20 prepubertal (PP) and 66 pubertal (P)—aged between 7 and 18 years, followed at a public secondary healthcare service. Anthropometric, biochemical (fasting glucose and lipid profile), BP measurements, and pubertal staging were collected. Statistical analysis was performed using JAMOV software, with a significance level set at $p < 0.05$. This study was approved by the institutional ethics committee. **Results:** The P group presented significantly higher values of weight, BMI, height, and waist circumference, although no significant differences were observed for BMI z-score or height z-score. A significant difference was found in HDL concentrations ($p = 0.008$), with lower values in the P group. Among the PP group, 30% had obesity and 60% had severe obesity. In the P group, 54.5% were obese and 33% had severe obesity. The following alterations were more prevalent in the P group: impaired fasting glucose (24.2%), elevated total cholesterol (TC) (55%), and reduced HDL (72.7%), although no statistical difference was found between groups ($p > 0.05$). The PP group had a higher prevalence of altered LDL (20%). Fasting glucose was positively associated with BMI z-score, regardless of pubertal status or other covariates: each one-unit increase in BMI z-score was associated with a 3.56 mg/dL increase in glucose. TC was positively associated with age (3.44 mg/dL per year) and negatively associated with puberty (22.53 mg/dL lower in the P group). LDL was significantly associated with puberty, with a mean reduction of 15.43 mg/dL in the P group. HDL was inversely associated with BMI z-score (a reduction of 3.22 mg/dL per unit increase), and was lower in boys (-6.99 mg/dL) and in pubertal individuals (-9.97 mg/dL). **Conclusion:** Cardiometabolic alterations are present from early childhood and tend to worsen during puberty, highlighting the urgent need for early preventive and multidisciplinary therapeutic strategies.

PO-084

1115971 CASE REPORT GROWTH HORMONE DEFICIENCY, HYPOGONADOTROPIC HYPOGONADISM, MICROPENIS AND MUTATION TCF12

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Case Presentation: R.H., male, full term, with adequate weight and height for gestational age and micropenis. Treatment with growth hormone (GH) was started at 2 years old due to GH deficiency (DGH) diagnosed by low serum somatomedin C and 2 non-responsive provocative tests (clonidine and glucagon). The pituitary-thyroid and pituitary-adrenal axes were normal at that time. Magnetic resonance imaging (MRI) showed adeno pituitary hypoplasia (APH), absence of pituitary stalk and ectopic posterior pituitary (EPP). The patient remained at the 50th percentile for height, within the genetic target. Intellectual disability was suggested. At 15 years and 6 months, he had pubertal delay. No gynecomastia. No anosmia. Laboratory profile was typically hypogonadotrophic hypogonadism (HH). Testosterone replacement was started. Serum T4 and cortisol levels were borderline low. Complete exome: presence in heterozygosity of the variant NM_000406.3(GNRHR):c.317A>G:p.(Gln106Arg), pathogenic, in the GNRHR gene; and an autosomal recessive inheritance (variant NM_207037.2(TCF12):c.1114+1G>A;p), uncertain significance, in the TCF12 gene.

Discussion: Congenital hypopituitarism (CH) is a rare disorder (incidence of 1:3500-10000 births) defined by the deficiency of one or combined pituitary hormone deficiency (CPHD). The majority of newborns with severe CH show EPP, abnormal pituitary stalk and/or APH on MRI. This triad is called “pituitary stalk interruption syndrome” (PSIS). This patient’s abnormal pituitary stalk was a strong predictor for the development of HH, as observed in other studies. Less than 5% of cases with this phenotype have a genetic cause. The GNRHR variant of this case may not be related to the phenotype described since it is in simple heterozygosity and to date has been related to isolated HH without anatomical alteration. The discovery of the TCF12 variant is relatively recent and is associated with HH with or without anosmia, craniosynostosis and intellectual deficit, with few reports in the literature. According to the PM2 and PVS1 criteria in the American College of Medical Genetics classification, this patient’s variant is Likely Pathogenic. **Final Comments:** Given these arguments, it is believed that this TCF2 variant may be related to HH and micropenis and potentially related to CPHD and PSIS.

PO-085

1116192 CASE REPORT IMMATURE PINEAL TERATOMA CAUSING SYMPTOMATIC TESTOSTERONEMIA

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Case Presentation: An 11-year-old boy presented with holocranial pulsatile headache for one year, worsening over the 10 days prior to hospitalization, refractory to analgesics, with photophobophobia and projectile vomiting. He reported pubarche at age 10. Physical examination revealed Tanner stage G2P2, bilateral 6 mL testicles, acne, and inappropriately deep voice tone. Laboratory tests showed total testosterone (TT) of 2658 ng/dL, LH < 0.12 mIU/mL, TSH 0.71 mIU/mL, and free T4 0.57 ng/dL, suggesting gonadotropin-independent hypertestosteronemia and central hypothyroidism (CH). No evidence of hypocortisolism or diabetes insipidus (DI) was found. X-ray determined a bone age compatible with chronological age. Brain MRI revealed an extra-axial expansive lesion centered in the pineal region with supraventricular ventricular system ectasia. Serum beta-hCG of 2369.8 mIU/mL, cerebrospinal fluid hCG of 7348.79 mIU/mL, and alpha-fetoprotein of 17.73 ng/mL indicated an hCG-secreting tumor as the cause of hypertestosteronemia. Given the suspicion of non-germinomatous germ cell tumor (GCT), chemotherapy (CT) with cisplatin, etoposide, and ifosfamide was initiated, along with levothyroxine. A ventriculostomy was performed. After four CT cycles, complete tumor resection was performed. Histopathological analysis confirmed a mixed GCT with an immature teratoma component. Headache improved, and TT normalized. The patient underwent radiotherapy (RT), with no signs of recurrence to date. **Discussion:** Intracranial GCTs represent 3% of primary pediatric brain tumors, with peak incidence at 11-12 years of age. Clinical presentation depends on tumor location; pineal region tumors often cause symptoms of intracranial hypertension (ICH) due to cerebral aqueduct obstruction. Hypothalamic-pituitary axis involvement may lead to endocrinopathies such as DI, CH, and hypocortisolism. In hCG-secreting GCTs, testicular activation may induce gonadotropin-independent precocious puberty (PP) or hypertestosteronemia in pubertal patients, given homology between hCG and LH alpha subunits. Treatment of intracranial GCTs depends on histology and typically includes combinations of RT, CT, and resection. **Final Comments:** Although often associated with PP, GCTs may cause other endocrinopathies, including hypertestosteronemia in pubertal patients. Therefore, they should be suspected in cases of ICH accompanied by elevated TT independent of gonadotropins, particularly if beta-hCG is elevated.

PO-086

1115940 CHALLENGES IN THE MANAGEMENT OF NEONATAL ADRENOCORTICAL CANCER: A CASE REPORT

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Case Presentation: A 2-month-old boy diagnosed with an adrenocortical tumor (ACT) after an incidental finding on ultrasound for bilateral cryptorchidism evaluation. At diagnosis, he presented with cushingoid facies, systemic hypertension and signs of hyperandrogenism. Hormonal investigation revealed DHEA-S 5202 ug/dL, testosterone 1600 ng/dL, 17-OH 1533 ng/dL, androstenedione 10 ng/mL and ACTH 8 pg/mL. The tumor was surgically resected after diagnosis, with postoperative classification as stage I. After resection, the patient presented with abdominal evisceration requiring surgical re-intervention. During follow-up with ultrasounds, liver nodules and increased DHEA-S were identified, classifying him as stage IV. Due to suspected recurrence, 8 cycles of chemotherapy (CT - Cisplatin, Etoposide and Doxorubicin) plus Mitotane (MTT, gradually increased to 2g/m²) and radiofrequency ablation of liver nodules were performed. After completing CT, follow-up with laboratory and imaging exams showed persistence of a liver nodule. He continued using MTT 2g/m², with serum levels below the reference value, in addition to Prednisolone. One and a half years after tumor resection, the patient was hospitalized with adrenal insufficiency (AI). Fludrocortisone 0,1mg was then initiated. He persisted with hyponatremia and hyperkalemia, increasing Fludrocortisone up to 0,4mg/day. Three months after the first hospitalization, the patient was hospitalized again with AI and a new MTT serum level of 26,5mg/L, leading to MTT discontinuation. The patient showed significant clinical improvement, absence of hyperandrogenism and hypercortisolism signs, weight at p15 and height at p3, with normal current hormonal controls. **Discussion:** ACT estimated global incidence of 0,3-0,4 cases per million children per year, with a 10 to 15 times higher incidence in the South and Southeast regions of Brazil, associated with TP53 mutation. Neonatal occurrence is rare, and its staging and management are complex, potentially associated with various complications, including surgical, CT-related and MTT-related. Data suggest that 70-100% of patients develop AI due to the adrenolytic action of MTT. Long-term survival in these cases is also poorly understood. **Final Comments:** Neonatal ACT treatment, although related to multiple complications, can lead to effective control of both the neoplasm and there complications, with expectation of improved morbidity and mortality.

PO-087

1116158 CHILDHOOD OBESITY IN BRAZIL: RISING RATES AND IMPLICATIONS FOR PEDIATRIC ENDOCRINOLOGY

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Introduction: Childhood obesity in Brazil has emerged as an escalating public health concern, with direct repercussions on the physical and metabolic development of children and adolescents. The steady rise in prevalence over recent decades — further intensified by the COVID-19 pandemic — highlights the urgent need to understand the evolution of this issue and its specific impacts on pediatric endocrine health. **Objective:** To analyze trends in childhood obesity in Brazil between 2013 and 2022. **Methods:** Data from the Food and Nutrition Surveillance System (Sisvan-Web) and the Ministry of Health were examined, focusing on children under five and adolescents aged 10 to 18. Outpatient records related to associated conditions, such as type 2 diabetes, were also reviewed to identify temporal and regional patterns of overweight and obesity. **Results:** In 2022, 14.2% of children under five were classified as overweight — nearly three times the global average. Among adolescents, this figure reached 31.2%, almost double the world average. Between 2019 and 2021, the pandemic led to a 6.08% increase in excess weight among young children and a 17.2% rise among adolescents, associated with decreased physical activity and increased consumption of ultra-processed foods. From 2015 to 2023, outpatient visits for obesity rose by 430%, and those for type 2 diabetes increased by 225% among individuals under 19, underscoring the early onset of chronic diseases once confined to adulthood. The South and Southeast regions recorded the highest national prevalence rates. **Conclusion:** Although indicators among young children suggest a trend toward stabilization, rates remain high and continue to increase among adolescents. This progression has significant clinical implications, including the early onset of metabolic diseases such as type 2 diabetes, and signals a broader epidemiological shift toward childhood chronic conditions. The situation is compounded by behavioral, environmental, and dietary factors, demanding integrated prevention and care strategies. Effective mitigation requires multisectoral public policies, the strengthening of primary healthcare, and educational initiatives that foster healthy habits, aiming to curb the obesity epidemic and its endocrine consequences while safeguarding the well-being of future generations.

PO-088

1115785 COMPLEX ENDOCRINE-METABOLIC DYSFUNCTION ASSOCIATED WITH RING CHROMOSOME 15: A CASE REPORT

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Case Presentation: We report a 14-year-old female with postnatal diagnosis of ring chromosome 15 [46,XX,r(15)]. Perinatal history included prematurity at 34 weeks, low birth weight (1,580 g) and classification as small for gestational age. She exhibited global developmental delay, including hypotonia, delayed ambulation, and limited speech. At age 11, she was referred to the endocrinology department presenting with severe dyslipidemia — marked by hypertriglyceridemia (1138 mg/dL), hypercholesterolemia (252 mg/dL) and hepatic steatosis. Physical examination showed significant short stature (Z-score -4.75), central obesity (BMI Z-score +2.1), syndromic facies, violaceous striae, delayed puberty, and hypo- and hyperpigmented skin lesions. Array CGH analysis revealed a microdeletion at 15q11.2 (associated with Angelman syndrome), a microdeletion at 15q26.2q26.3 (linked to Drayer syndrome) and a duplication at 15q25.3q26.2 — all considered pathogenic variants. Persistent metabolic decompensation evolved into metabolic syndrome and type 2 diabetes mellitus, with challenging weight control and need for multiple therapeutic interventions. A partial improvement in the lipid profile was achieved with combined therapy, including fibrates, statins, ezetimibe, and GLP-1 receptor agonists. Due to the high complexity of the case, clinical management remains challenging, requiring continual nutritional and endocrinological support. **Discussion:** Ring chromosome 15 is a rare genetic condition involving telomere loss and arm fusion, with just over one hundred cases reported in the literature to date. Variable clinical presentation limits genotype-phenotype correlation, and diagnosis is typically made in childhood via karyotyping. The phenotype is most commonly associated with growth deficiency, intellectual disability, and congenital malformations. Microdeletions affecting the IGF-1 receptor contribute to growth deficiency and have been linked to metabolic syndrome, which may justify the patient's glucose levels and dyslipidemia. **Final Comments:** The patient's clinical picture reflects a complex phenotype related to ring chromosome 15. Ongoing multidisciplinary management involves experimental treatments and frequent medication changes, which continues to pose an obstacle to improving symptomatology.

PO-089

1115605 CONGENITAL HYPOTHYROIDISM: PROFILE OF CHILDREN IDENTIFIED IN THE NEWBORN SCREENING PROGRAM OF MATO GROSSO DO SUL, BRAZIL, FROM 2016 TO 2023

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Introduction: Congenital hypothyroidism (CH) is the leading preventable cause of intellectual disability, with an incidence in Brazil ranging from 1:2,595 to 1:4,795 live births. Clinical signs alone are nonspecific in the early days of life, with only 5% presenting symptoms such as prolonged jaundice, umbilical hernia, or bradykinesia, and up to 10% having associated congenital anomalies, mainly cardiac. **Objective:** To analyze the clinical and follow-up profile of children with CH under care at IPED-APAE in Campo Grande-MS. **Methods:** Cross-sectional study based on medical chart review from the CH outpatient clinic of IPED-APAE (2016–2023). Children with laboratory criteria for CH (serum TSH >5 μ IU/mL) and under follow-up were included; those not meeting diagnostic criteria were excluded. Descriptive analysis was performed using Excel. **Results:** Between 2016 and 2023, 108 children were referred for CH investigation. Of these, 37 were discharged due to TSH <9 μ IU/mL (CONITEC, 2021), 13 discontinued follow-up, 4 had no available records, and 54 attended the initial consultation (51.85% female). The most common clinical signs were prolonged jaundice and umbilical hernia (20.37%), macroglossia (9.26%), and hypothyroid facies (7.41%). Associated malformations included cardiac (14.81%), gastrointestinal (12.96%), skeletal and auditory (11.1%). Speech delay was observed in 27.78% of cases and referred for neurological evaluation. Regarding supplementation, 51.85% used ferrous sulfate, 48.15% vitamin D, and 12.96% other iron-containing supplements. Thyroid ultrasound and scintigraphy were requested for 32 children, but only 12 underwent both exams. Alterations were found in 9: hormone synthesis defects (n=4), athyreosis (n=2), sublingual thyroid (n=2), and thyroid hemiagenesis (n=1). Currently, 34 children remain under follow-up, 18 were lost due to follow-up abandonment, there was 1 death, and only 5 were discharged, 3 after confirmatory exams and 2 due to normalized TSH without hormone replacement therapy. **Conclusion:** The significant loss to follow-up and the low rate of confirmatory testing limit statistical analyses on the association between clinical signs, malformations, and CH diagnosis. Active patient tracking and strategies to expand access to definitive exams are essential. Despite limitations, the study contributes to understanding the clinical profile of children with suspected CH in the public outpatient setting.

PO-090

1116239 DIAGNOSIS OF METABOLIC SYNDROME INCREASES THE RISK OF NON-ALCOHOLIC FATTY LIVER DISEASE IN ADOLESCENTS WITH OVERWEIGHT

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Introduction: Metabolic syndrome (MS) is defined as a cluster of metabolic alterations, including insulin resistance, dyslipidemia, arterial hypertension, and central obesity. This condition is recognized as a major risk factor for the development of cardiovascular diseases and type 2 diabetes mellitus. Among adolescents with obesity, the prevalence of MS diagnosis has been increasing. One of the conditions associated with MS is non-alcoholic fatty liver disease (NAFLD), which is characterized by the accumulation of fat in the liver in individuals without frequent or excessive alcohol consumption. **Objective:** This study aimed to analyze the relationship between MS and NAFLD in adolescents with overweight. **Methods:** A cross-sectional study was conducted with 67 adolescents living with overweight, aged between 10 and 19 years, receiving care at the pediatric endocrinology department of a public children's hospital in São Paulo-SP, Brazil. Data collection included anthropometric measurements (body mass index [BMI] and waist circumference), biochemical profile (fasting glucose, total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides), and blood pressure measurements. The diagnosis of MS was based on the criteria established by the International Diabetes Federation. The presence of NAFLD was assessed through abdominal ultrasonography and clinical anamnesis. Statistical analysis was performed using the JAMOV software, with a significance level set at $p < 0.05$. The study was approved by the Research Ethics Committee (Protocol No. 5.653.370). **Results:** In the total sample, 53.1% were diagnosed with MS and 47.8% were diagnosed with NAFLD. Significant association was observed between the two conditions, with the presence of MS increasing the odds ratio of NAFLD by 3.45 times. Approximately 63.9% of adolescents with MS had NAFLD, compared to 29.0% of those without the MS. Both BMI and LDL cholesterol levels were associated with a higher odds ratio of NAFLD. Each 1 mg/dL increase in LDL cholesterol was associated with a 5% increase in NAFLD, while each 1 kg/m² increase in BMI was associated with a 23% increase in NAFLD. **Conclusion:** The findings indicate a high prevalence of both NAFLD and MS among adolescents with overweight, as well as a significant association between these conditions. Considering the role of MS in the development of NAFLD, the results highlight the importance of early intervention during childhood and adolescence.

PO-091

1115898 DISRUPTION OF THE HYPOTHALAMIC-PITUITARY-GONADAL AXIS IN A CHILD WITH CONGENITAL TOXOPLASMOSIS: CASE REPORT

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Case Presentation: Male patient, 4 years and 11 months old, with cerebral palsy and global neuropsychomotor developmental delay, referred for endocrine evaluation of suspected hypogonadism. Born at term, appropriate for gestational age, with a history of congenital toxoplasmosis (CT) and neurological sequelae: intracranial calcifications, hydrocephalus with ventriculoperitoneal shunt placed at 2 months of age, and chorioretinitis. Current medications include valproic acid and risperidone. On physical examination, height was at the 15th percentile and weight >99th percentile (obesity). Genital evaluation revealed micropenis (2 cm) and non-palpable testes. At birth, testes were described as scrotal. Scrotal ultrasound showed bilateral cryptorchidism, with both testes located in the inguinal canal and reduced volume. Hormonal profile, although age-appropriate, was within normal range, raising suspicion of hypogonadotropic hypogonadism. The case remains under investigation. **Discussion:** Congenital toxoplasmosis, caused by *Toxoplasma gondii*, is a well-described cause of central nervous system damage, commonly manifesting as hydrocephalus, cerebral calcifications, and chorioretinitis. However, its impact on the endocrine system, particularly the hypothalamic-pituitary axis, is rarely reported in children. In severe forms, CNS involvement may disrupt hypothalamic-pituitary function via structural compression (e.g., from hydrocephalus) or direct inflammatory injury. Hypogonadotropic hypogonadism results from deficient gonadotropin secretion, with clinical features such as micropenis, cryptorchidism, and delayed pubertal development. In this case, although the patient is within the expected hormonal quiescent period for his age, the genital findings suggest a disruption during minipuberty—a transient early activation of the hypothalamic-pituitary-gonadal (HPG) axis critical for sexual differentiation and testicular descent. **Conclusion:** The association between CT and hypogonadotropic hypogonadism is rare and underreported. This case highlights the importance of considering endocrine evaluation in children with severe congenital infections and central nervous system involvement. Early recognition and longitudinal follow-up are essential for timely diagnosis and management, particularly when minipuberty is clinically silent but hormonally deficient.

PO-092

1116278 EFFECTIVENESS OF GnRH ANALOGS TREATMENT IN GIRLS FROM CEARÁ WITH CENTRAL PRECOCIOUS PUBERTY

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Introduction: Central precocious puberty (CPP) has been associated with an increased risk of breast and endometrial cancer and with shorter final height in adulthood. The use of GnRH analogs (GnRHa) is the most effective treatment to halt the development of secondary sexual characteristics, prevent early menarche, and attenuate the height loss due to advanced bone age. **Objective:** To evaluate the age at menarche and near-final height in CPP girls who were treated with GnRHa. **Methods:** A retrospective study was conducted by reviewing the medical records of 31 girls with CPP at a referral center in Fortaleza, Ceará, Brazil. All of them were treated with GnRHa. After menarche, the height with bone age (BA) ≥ 14 years was considered the near-final height. The predicted adult height (PAH) was calculated using the Bayley-Pinneau (BP) method. **Results:** The mean chronological age (CA) at the onset of puberty was 6.5 years, and at the first medical evaluation was 7.8 years. GnRHa treatment was started at 8.3 years (ranging from 6.3 to 9.2 years). Patients were treated until a CA of 10.8 ± 0.5 years and/or a BA of 11.8 ± 0.8 years. The mean treatment duration was 2.7 ± 0.7 years. The BA advancement at the time of diagnosis was 2.5 ± 0.9 years, and it was reduced to 1 ± 0.8 years at the end of therapy. Menarche occurred in 23 patients (74%), which was 1.1 ± 0.6 years after the discontinuation of GnRHa therapy. The median CA at menarche was 12 years (ranging from 10.1 to 13.5 years). Among the 23 CPP girls who had menarche, 13 had a BA ≥ 14 years. Near-final height was equal to or greater than the target height in 11 of them (85%). Twelve patients showed improvement in PAH according to the BP method, with a calculated increase of 5 cm or more in 8 (67%) of them. **Conclusion:** This study demonstrated the effectiveness of GnRHa treatment in girls with CPP. It ensures that the menarche occurs at an appropriate age and permits to achieve a height consistent with the target height. The results also highlighted that the prompt diagnosis and treatment initiation remain a challenge.

PO-093

1116018 ELEVATION OF 17-HYDROXYPROGESTERONE IN NEONATAL SCREENING FOR CONGENITAL ADRENAL HYPERPLASIA DIRECTING DIAGNOSIS OF CONGENITAL ADRENOCORTICAL CARCINOMA IN TWO DIFFERENT CLINICAL PRESENTATIONS: TWO CASE REPORTS

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Case Presentation: Case 1. A female newborn full term AGA, non-consanguineous parents, no signs of hyperandrogenism or hemodynamic instability. Increased 17-hydroxyprogesterone (17OHP) level measured on paper filter was detected in the 1th week of life (35.5 ng/mL). Plasma 17OHP (24 ng/mL), androstenedione (1.4 ng/mL) and testosterone (76 ng/dL) were increased, but dehydroepiandrosterone sulfato (DHEAS) was extremely high (3,163 mcg/dL); cortisol post dexamethasone suppression test 9,5 mcg/dL (nl <1,8). On MRI: solid heterogeneous tumor (1.6x3.2x1.9 cm) on the left adrenal. Seven similar lesions were found in the liver. Lungs or bones without metastases. Liver and adrenal percutaneous tumors biopsies confirmed adrenocortical carcinoma (ACC). Positivity for Inhibin A and Vimentine; high Ki67 proliferative index. Weiss score 3. The tumor stage (IPACTR) was II. Liver metastases were not resectable and neo adjuvant treatment was proposed. Molecular analysis: heterozygous germline TP53 mutation (c.455C>T/p.Pro152Leu). One 4th-degree cousin had an adrenocortical tumor in childhood. **Case 2.** A female newborn late premature AGA, non-consanguineous parents, presented 17OHP level 49 ng/mL (nl < 18) on paper filter at 4 days of life. Clinically presented clitoromegaly and bulky abdominal mass. Abdominal CT: hypodense lesion (7,2 x 6,8 x 5,8 cm). Chest and cranial CT without abnormalities. Plasma 17-OHP 67,8 ng/mL (nl<16,8), androstenedione 10 ng/mL, testosterone 185 ng/mL and DHEAS 3000 mcg/dL increased; ACTH 11 pg/mL (nl<46); cortisol post dexamethasone suppression test 7,5 mcg/dL (nl<1,8); LDH 682 U/L and alfafetoprotein 20.000 mcg/L increased. The histopathologic diagnosis was ACC. The Weiss and Wieneke scores were 5 and 4, respectively. Positivity for inibina A, melan A, SF and CK8/18; Ki67 proliferative index of 30%. The tumor stage (IPACTR) was II. No neo adjuvant treatment was proposed. Molecular analysis: TP53 p.R337H variant in heterozygous inherited from the father. **Discussion:** Most cases of pediatric ACC, a rare endocrine malignancy (incidence of 0.2-0.3 patients per million) occur between the ages of 0 and 4 years and are hormone secreting tumors. The endemic germline TP53 R337H mutation described in south and southern Brazil has an incidence of ACC in children 15 times higher than in other countries. **Final Comments:** These case reports highlight the importance of neonatal 17OHPdosage for ACC diagnostic agility, mainly in south and southern Brazil.

PO-094

1115226 EPIDEMIOLOGICAL PROFILE OF CHILDREN WITH HYPOTHYROIDISM IN BRAZIL: A REVIEW STUDY

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Introduction: Childhood hypothyroidism is an endocrine disorder characterized by insufficient production of thyroid hormones, which are essential for neurological and physical development. In Brazil, neonatal screening is mandatory and plays a central role in the early detection of the disease, particularly in its congenital form. Understanding the epidemiological profile of affected children is crucial for the planning of public policies and specific health interventions. **Objective:** To analyze the epidemiological profile of Brazilian children diagnosed with hypothyroidism, focusing on clinical and demographic characteristics and access to diagnosis. **Methods:** A narrative review was conducted based on secondary data obtained from public health databases such as DATASUS and SINASC, in addition to scientific articles indexed in SciELO and PubMed, published between 2015 and 2024. Studies addressing the epidemiological aspects of hypothyroidism in Brazilian children were included. **Results:** The data indicate an average prevalence of 1:2,000 to 1:4,000 live births with congenital hypothyroidism. Most cases are diagnosed through the neonatal heel prick test, with a predominance among female newborns. The Southeast region reports the highest number of notified cases, associated with broader screening coverage and better laboratory infrastructure. There is evidence of inequality in the time taken to confirm the diagnosis and initiate treatment among regions, with more frequent delays occurring in the North and Northeast. The acquired form of hypothyroidism, usually autoimmune, is more prevalent in children over five years of age and is associated with a family history of autoimmune diseases. **Conclusion:** The epidemiological profile of childhood hypothyroidism in Brazil shows progress in early detection, but regional disparities in access to diagnosis and treatment remain evident. Expanding the coverage of neonatal screening, along with professional training and improvements in reporting systems, is essential to ensure proper disease management and reduce its impact on child development.

PO-095

1115695 HYPERTRIGLYCERIDEMIA AND PANCREATITIS ASSOCIATED TO LIPOPROTEIN LIPASE DEFICIENCY: PATHOGENIC VARIANT IN LPL GENE

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Case Presentation: Infant, 2 months, male, was referred to for investigation of pancreatitis and severe hypertriglyceridemia. In the admission, exams presented with triglycerides (TG) of 8.836 mg/dL and total cholesterol of 445 mg/dL, with normal hepatic function. During patient follow-up, was observed hepatosplenomegaly and disseminated eruptive xanthomas, which remission with the improvement in TG levels. In the face of the diagnostic suspicion of genetic origin, a molecular panel through buccal swab was performed, which detected deficiency of LPL (OMIM 238600) caused by pathogenic variant in homozygosis in the LPL gene (c.701C>T). The patient received multiprofessional follow-up, being initially treated with directed dietary measures, associated with regular physical activity and bezafibrate with partial response. After etiological confirmation, the bezafibrate was suspended. The patient progressed with greater stability of the TG levels around 800 mg/dL, without presenting new pancreatitis episodes. Presently, the patient is in regular monitoring, with no impacts on the height and weight growth. **Discussion:** The Lipoprotein Lipase (LPL) Deficiency (Familial Chylomicronemia Syndrome) is a rare genetic metabolic disease, characterized by severe hypertriglyceridemia and recurrent pancreatitis, the worldwide prevalence is of 1:1.000.000 individuals. The LPL is an enzyme of the family of lipases responsible for the hydroxylation and metabolization of the TG molecules. Its deficiency or activity absence causes the accumulation of chylomicrons, clinically manifested in eruptive xanthomas, retinal lipemia, hepatosplenomegaly and pancreatitis. The early manifestation of severe hypertriglyceridemia with an episode of pancreatitis should contribute to clinical reasoning leading to the diagnosis hypotheses, diagnosis and institution of the treatment to the patient, even with no family history of dyslipidemias. **Final Comments:** In rare diseases, the diagnosis is challenging. The reasoned clinical suspicion followed by genetic evaluation and genetic confirmation may contribute to an early diagnosis and better therapeutic delineation, as well as allowing genetic counseling. In these conditions, in general, multidisciplinary support is a key pillar to guarantee the control of the disease and its complications in addition to improving prognosis.

PO-096

1115173 LIRAGLUTIDE FOR PEDIATRIC OBESITY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CLINICAL TRIALS

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Introduction: Childhood and adolescent obesity has become a critical global health concern, with its prevalence reaching alarming levels in recent decades. In 2023, the overall prevalence of obesity among children and adolescents was 8.5%. Given the long-term consequences of this condition, pharmacological interventions have been explored to mitigate its impact. One such treatment is liraglutide, a GLP-1 receptor agonist, which has shown promise but still raises questions regarding its efficacy in younger populations. **Objective:** To systematically evaluate the effectiveness of liraglutide in managing weight among children and adolescents. **Methods:** A systematic search was conducted in PubMed, EMBASE, and Cochrane databases for randomized controlled trials (RCTs) comparing liraglutide with control in terms of weight loss and BMI Z scores. Two independent reviewers screened and analyzed studies published up to March 2025. Statistical analysis was performed using RevMan Web 8.0.0. **Results:** Out of 200 references screened, five RCTs met the inclusion criteria, encompassing a total of 433 participants, with 247 (57.04%) receiving liraglutide. The mean BMI Z score of the participants was 32.06 ± 2.17 , and 195 participants (50.57%) were male. Compared to control groups, liraglutide treatment was associated with a significant reduction in BMI Z scores (MD -0.17; 95% CI -0.26 to -0.08; $p = 0.0003$) and in body weight (MD -4.68 kg; 95% CI -8.95 to -0.41; $p = 0.03$). A subgroup analysis in children aged 6–11 years also indicated a BMI Z-score reduction (MD -0.23; 95% CI -0.43 to -0.03; $p = 0.03$). **Conclusion:** Liraglutide appears to be a potentially effective pharmacological option for weight reduction in children and adolescents, though further studies are needed to confirm its long-term safety and efficacy.

PO-097

1115965 NEONATAL HYPOCALCEMIA AS THE FIRST SIGN OF DIGEORGE SYNDROME: KEY INDICATORS FOR EARLY GENETIC INVESTIGATION

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Introduction: DiGeorge syndrome (22q11.2 deletion) is a significant genetic disorder often presenting with congenital heart defects, thymic hypoplasia, and characteristic facies. Neonatal hypocalcemia resulting from hypoparathyroidism frequently serves as the earliest clinical indicator and, if untreated, can lead to severe outcomes such as seizures or long-term neurocognitive impairment. Prompt diagnosis is therefore critical, particularly in neonates who may lack overt syndromic features at birth. **Objective:** This systematic review aimed to identify and define the key clinical and biochemical markers that should necessitate genetic testing for DiGeorge syndrome in neonates presenting with hypocalcemia, even when classic syndromic manifestations are absent. **Methods:** A systematic review was conducted following the PRISMA guidelines, analyzing literature published between January 2015 and March 2024. Searches were performed in PubMed, EMBASE, Cochrane Library, and LILACS using terms related to DiGeorge syndrome and neonatal hypocalcemia. Inclusion criteria focused on neonates (0–28 days) with confirmed hypocalcemia (total calcium <7 mg/dL or ionized <1.0 mmol/L), genetically confirmed 22q11.2 deletion, available PTH levels, and detailed clinical descriptions. Studies involving hypocalcemia from other causes, older infants, or incomplete data were excluded. Data extraction was performed independently by two reviewers, covering demographics, biochemical parameters (calcium, PTH, magnesium, phosphate), clinical features (cardiac, immune, dysmorphic), diagnostic timing, and management. **Results:** The search yielded 427 publications, with 32 studies meeting the inclusion criteria after screening and full-text assessment. These studies, including prospective cohorts, retrospective series, and multicenter studies from diverse geographic regions, encompassed 1,248 neonates. Key findings indicated that 78% of neonates with DiGeorge-related hypocalcemia presented within 48–72 hours of life, exhibiting profoundly low PTH levels (<10 pg/mL) indicative of functional hypoparathyroidism, often resistant to standard calcium supplementation without calcitriol. While 65% had concurrent congenital heart disease, a significant portion (20–30%) presented with isolated hypocalcemia, and dysmorphic features could be subtle. Genetic testing confirmed 22q11.2 deletion in 92% of neonates with hypocalcemia plus cardiac or immune issues. Notably, 15% initially lacked extracalcemic signs but later developed related abnormalities. A significant diagnostic delay was observed in cases of isolated hypocalcemia (median 14 days vs. 3 days with cardiac defects, $p < 0.01$). **Conclusion:** Neonatal hypocalcemia accompanied by inappropriately low parathyroid hormone levels warrants immediate genetic investigation for DiGeorge syndrome, irrespective of the presence of other syndromic features. Adopting a proactive diagnostic strategy is crucial for mitigating complications and facilitating timely access to essential multidisciplinary care, including cardiology, immunology, and developmental follow-up. **Keywords:** DiGeorge syndrome, 22q11.2 deletion syndrome, neonatal hypocalcemia, hypoparathyroidism, genetic testing.

PO-098

1116017 PEDIATRIC GRAVES' DISEASE PROGRESSING TO THYROID STORM - CASE REPORT

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Case Presentation: A 10-year-old female patient with a diagnosis of Graves' Disease (GD) for one year, on methimazole 20 mg/day and propranolol 20 mg/day, presented to the emergency department with odynophagia, tachycardia, abdominal pain, and loss of appetite for two weeks, and a 4 kg weight loss over one month. On physical examination, she appeared prostrated, tachycardic (HR 108 bpm), and had an enlarged thyroid. Laboratory tests showed no signs of infection. Prednisone 40 mg was initiated, and the other medications were maintained. The patient showed significant clinical improvement and was advised to follow up with her endocrinologist for review of pending TSH and free T4 results. After six days, she developed altered mental status and was admitted to the hospital. Upon arrival, she experienced a focal tonic-clonic seizure. She was transferred to the ICU and started on benzodiazepines, ceftriaxone, and acyclovir. The lab tests from the previous evaluation showed TSH <0.05 μ IU/mL (RV 0.6–4.8) and free T4 6.9 ng/dL (RV 1–1.7). She received hydrocortisone 100 mg, methimazole 40 mg, and later, potassium iodide solution. Neuroimaging, EEG, and cerebrospinal fluid analysis were normal, leading to discontinuation of antibiotics and antivirals. After four days, the patient showed significant clinical improvement with free T4 3.5 ng/dL and T3 205 ng/dL (RV 93–231). She was discharged on methimazole 40 mg/day, propranolol 10 mg twice daily, and prednisone 40 mg/day with gradual tapering. On follow-up, she remained clinically stable, with propranolol discontinued and methimazole gradually reduced to 10 mg/day. Her most recent laboratory tests showed TSH 0.01 and free T4 1.54 ng/dL. **Discussion:** Graves' disease is the leading cause of hyperthyroidism in childhood, although rare at this age. In addition to adrenergic symptoms similar to adults, children may present with accelerated growth and declining academic performance. Thyrotoxic crisis can occur in untreated GD or be triggered by infections, surgery or radioiodine therapy. It may present with tachycardia, hyperthermia, altered mental status, and gastrointestinal disturbances. This is a medical emergency that must be managed immediately with antithyroid drugs, glucocorticoids, beta-blockers and iodine solution. **Final Comments:** Thyrotoxic crisis is a medical emergency with high mortality rates. Therefore, high clinical suspicion and immediate treatment are essential to ensure good prognosis and patient survival.

PO-099

1116245 PROLONGED AND INTENSE HUNGRY BONE SYNDROME FOLLOWING THYROIDECTOMY IN AN ADOLESCENT WITH GRAVES' DISEASE

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Case Presentation: We report the case of a 15-year-old adolescent male who presented with thyrotoxicosis marked by significant anxiety, weight loss (12 kg over 9 months), severe tachycardia, and bilateral exophthalmos. Laboratory evaluation revealed a suppressed thyroid-stimulating hormone (TSH <0.01 μ IU/mL), elevated free T4 (6.6 ng/dL), markedly increased TSH receptor antibodies (TRAb: 19 IU/L), and liver enzyme elevations (AST 459 U/L; ALT 422 U/L), confirming the diagnosis of Graves' disease. Due to severe hepatic dysfunction, anti-thyroid medications were contraindicated, and access to radioactive iodine therapy was limited, leading to the indication for total thyroidectomy. Postoperatively, despite preserved intraoperative parathyroid hormone levels (PTH: 37 pg/mL), the patient developed asymptomatic hypocalcemia (ionized calcium: 1.06 mg/dL), hypocalciuria, vitamin D deficiency, and a compensatory rise in PTH (up to 151.5 pg/mL at two months), consistent with a prolonged and intense "hungry bone syndrome". Bone densitometry revealed significantly reduced bone mineral density, especially at the femur (Z-score: -2.1). Intensive calcium supplementation (up to 3.75 g/day elemental calcium) and vitamin D supplementation (up to 50,000 IU/week of cholecalciferol) were required, with normalization of mineral metabolism achieved only one year after surgery. **Discussion:** This case illustrates a severe presentation of Graves' disease in adolescence, with low bone mineral density at diagnosis and a prolonged, hormonally-driven bone resorption process. The intense and extended hypocalcemia following surgery occurred despite preserved parathyroid function, underscoring a rebound in bone mineral uptake typical of hungry bone syndrome. This required sustained supplementation and monitoring far beyond the typical postoperative course. **Final Comments:** This case emphasizes the need for early and comprehensive metabolic and skeletal assessment in adolescents with Graves' disease. Severe bone mineral loss and prolonged postoperative hypocalcemia may occur even in the absence of parathyroid injury, warranting individualized treatment plans to support long-term bone health in pediatric thyroid disorders.

PO-100

1115643 RHINOCEREBRAL MUCORMYCOSIS AS A COMPLICATION OF DIABETIC KETOACIDOSIS: A CASE REPORT

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Introduction: Mucormycosis is a rare, invasive fungal infection with rapid progression and high mortality, caused by fungi of the order Mucorales. Diabetic patients with poor glycemic control or diabetic ketoacidosis (DKA) represent a high-risk group for this infection. **Case Presentation:** A previously healthy 10-year-old male was admitted with severe DKA, presenting with weight loss, polyuria, abdominal pain, headache, and purulent nasal discharge with evolution of 3 months. Initial laboratory tests showed a pH of 6.95, bicarbonate of 4.3 mmol/L, and glycated hemoglobin of 17%. Continuous insulin infusion was initiated, with resolution of ketoacidosis within 48 hours. He developed somnolence, behavioral changes, and bilateral amaurosis. Neuroimaging revealed invasive fungal sinusitis with extension to the frontal lobes. He was transferred to a tertiary care center for further investigation and management. Surgical intervention included sinusotomy and resection of the nasal septum, middle turbinate, ethmoid, and left lamina papyracea. Culture was positive for *Rhizopus oryzae*. Antifungal treatment with Liposomal amphotericin B was offered, but he presented clinical worsening and progression of sinus disease, with central nervous system and orbital cavities involvement on magnetic resonance imaging. A craniotomy was performed to drain a bifrontal cerebral abscess and for corticotomy. Postoperative complications included bacterial infection and cerebrospinal fluid fistula, requiring prolonged antibiotic therapy. The patient developed irreversible vision loss. He was discharged after 142 days on isavuconazole, which was well tolerated. Currently 11 years old, with good adaptation despite blindness, he remains on isavuconazole and insulin therapy (lispro and glargine), and is under multidisciplinary outpatient follow-up. **Discussion:** Rhino-orbito-cerebral mucormycosis is the most common clinical form in diabetic children. It initially presents with facial edema, fever, headache, nasal discharge, and obstruction. The increased risk in these patients is multifactorial and is related, among other factors, to neutrophil dysfunction induced by hyperglycemia and the acidic pH of ketoacidosis, which promotes fungal growth. **Conclusion:** Mucormycosis should be considered in any patient with diabetes mellitus presenting with sudden visual changes and signs of orbital cellulitis. Early recognition is essential for improving prognosis.

PO-101

1115981 TURNER SYNDROME LANDSCAPE IN BRAZIL: DATA FROM THE BRAZILIAN RARE DISEASE NETWORK

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Introduction: Turner syndrome (TS) is a multisystemic congenital disorder resulting from complete or partial monosomy of the X chromosome. TS affects 25–50:100,000 females and may involve multiple organ systems throughout all stages of life. It is characterized by short stature, infertility secondary to ovarian dysgenesis, cardiac and renal anomalies, dysmorphisms, and normal intelligence but with a specific neurocognitive profile that includes visuospatial deficits and mathematical difficulties. **Objective:** To investigate the clinical and epidemiological profile of patients with confirmed diagnosis of TS registered at the Brazilian Rare Diseases Network (RARAS). **Methods:** Data from patients with confirmed diagnosis of TS were analyzed from both the retrospective phase (2018-2019) and prospective phase (2022-April 2025) of the epidemiological survey conducted by RARAS, collected through a standardized form on the REDCap platform. **Results:** Out of approximately 18,400 records, 301 cases of TS were identified (1,6%), of which 184 (61,3%) self-identified as mixed-race. The average time between symptom onset and diagnosis was 5.7 years (± 7.9). At the time of registration, the mean age was 23 years (± 13.3), and at diagnosis, 10.9 years, ranging from 0 to 47 years. In the sample, 55.3% were born in the Northeast region and 37.7% in the Southeast. Regarding diagnosis, 89.7% were etiological (95.1% through cytogenetic testing). Among the reported clinical features, the most common were short stature (67.3%), webbed neck (24%), primary amenorrhea (14%), short neck (12%) and delayed puberty (11.7%). The main payer for diagnostic testing was the Brazilian public health system (SUS) (62.3%). Only 27% of patients reported a history of hospitalization. **Conclusion:** The most frequently identified clinical features were consistent with the literature. However, we observed a late time at diagnosis. As expected in a public healthcare setting, the SUS was the main source of diagnostic testing, reinforcing the need for sustainable policies to ensure timely diagnosis and comprehensive care for individuals with TS.

PO-102

1115659 ACUTE TUBULAR NECROSIS AND ACUTE TUBULOINTERSTITIAL NEPHRITIS AS COMPLICATIONS OF VITAMIN D INTOXICATION

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Case Presentation: A 49-year-old man, diagnosed with Type 1 Diabetes Mellitus since the age of 17, with irregular follow-up, was referred to the emergency unit due to hypercalcemia and acute-on-chronic kidney disease secondary to vitamin D intoxication. The patient reported daily use of cholecalciferol for three months but was unable to specify the dose. Additionally, he received an intramuscular injection of veterinary vitamin ADE. Laboratory tests showed: 25(OH) vitamin D: 128 ng/mL; serum calcium: 13.3 mg/dL; PTH: 14.9 pg/mL; serum creatinine: 5.1 mg/dL; 24-hour proteinuria: 4.96 g/24h. An abdominal computed tomography scan revealed calcification of spinal ligaments and bilateral microlithiasis. The patient underwent a kidney biopsy, which showed severe diabetic mesangial nephropathy, moderate acute tubulointerstitial nephritis, and regenerating acute tubular necrosis. The patient received vigorous intravenous hydration and denosumab for hypercalcemia control. Seven months after hospital discharge, laboratory tests showed: creatinine: 2.3 mg/dL; 25(OH) vitamin D: 40.7 ng/mL; serum calcium: 9.57 mg/dL. **Discussion:** Vitamin D plays an essential role in the regulation of calcium and phosphorus metabolism. Its excessive use can cause intoxication, resulting in hypercalcemia, acute kidney injury, tubular dysfunction, and nephrocalcinosis. Self-medication with high doses, especially in unregulated formulations, has emerged as a toxicity factor. A case series reported 62 patients undergoing inadequate treatment, who experienced vitamin D intoxication secondary to multiple vitamin D injections (600,000 IU/injection), presenting with hypercalcemia and acute kidney injury. **Final Comments:** This case highlights the risks of vitamin D self-medication. Overdosing can lead to severe health complications. Vitamin D toxicity is an urgent issue, and its incidence will likely continue to increase, mainly due to the wide availability of over-the-counter formulations.

PO-103

1116151 ASSOCIATION BETWEEN MULTIPLE MYELOMA AND CUSHING'S SYNDROME IN A MAN WITH SEVERE OSTEOPOROSIS: A CASE REPORT AND LITERATURE REVIEW

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Case Presentation: A 53-year-old male patient, previously healthy, presented with low back pain after physical activity, was diagnosed with osteoporosis, with severe vertebral fractures and lumbar bone mineral density of 0.55; T-score -5.2. Using the institution's protocol for investigating secondary causes of osteoporosis, two rare diseases were identified: Cushing's syndrome (CS) and multiple myeloma (MM). The serum cortisol level after dexamethasone 1 mg (at 11:00 p.m.) was 19.1 mcg/dL, late night salivary cortisol was 149 ng/dL (4.1 nmol/L), cortisol after 0.5 mg of dexamethasone 6/6 hours for 2 days: 7.21 mcg/dL, and plasma ACTH on 2 occasions was 12 and 13 pg/mL. Given the simultaneous diagnosis and the need to start treatment immediately, the etiological investigation of CS continued with imaging: computed tomography showed bilateral adrenal hyperplasia and magnetic resonance imaging showed a pituitary microadenoma (0.4 x 0.3 cm). MM was confirmed by urinary immunofixation (lambda chain), myelogram (58% of abnormal plasma cells) and osteolytic lesions, in addition to massive proteinuria (4.78 g/2640 ml/24h), despite normal serum creatinine, albumin, gammaglobulin, calcium and blood count, in addition to the absence of edema. Other endocrine-metabolic, infectious and inflammatory causes of osteoporosis were excluded. The etiological definition of Cushing's syndrome was postponed until after the treatment of MM, due to the interference of glucocorticoids used in therapeutic regimens with and without bone marrow transplantation. **Discussion:** CS has an annual incidence of 2-3 cases per million, MM, 4/100,000 making the association of these two diseases a very rare event, with only three other cases reported in the literature. In all cases, bone involvement (osteoporosis and lytic lesions) predominated due to the synergism of hypercortisolism and MM in the deterioration of bone health. Furthermore, there was, as in the present case, a protective effect of hypercortisolism on disease activity related to MM. Kinugawa et al. (1989) described worsening of MM after treatment of symptomatic Cushing's disease. Atypical clinical manifestations also occurred in the description by Kebapçılar et al. (2007), in a patient with adrenal incidentaloma, subclinical hypercortisolism and MM due to urinary IgA. MM due to light chains (Kappa), as in the present case, was described in association with ACTH-independent CS by Wannachalee et al. (2018). **Final Comments:** The association between SC and MM is rare but mostly harmful, especially for bone. The present case illustrates an unusual presentation of male osteoporosis.

PO-104

1115851 BELL'S PALSY AS A TRIGGERING EVENT IN THE INVESTIGATION OF IDIOPATHIC HYPOPARATHYROIDISM ASSOCIATED WITH BASAL GANGLIA CALCIFICATIONS: A CASE REPORT

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Case Presentation: A 41-year-old previously healthy male patient, with prior use of vitamin D, presented to the emergency department with right-sided facial paralysis for the past 12 hours, following a stressful episode. He was asymptomatic regarding other systems. Laboratory tests revealed hypocalcemia (ionized calcium: 0.72 mmol/L) and hyperphosphatemia (serum phosphorus: 5.9 mg/dL). He was admitted for further investigation and started on intravenous calcium supplementation. A history of chronic hypocalcemia was identified (2023 test: ionized calcium of 0.67 mmol/L). Serum Parathyroid Hormone (PTH) result was 2.4 pg/mL, raising the hypothesis of primary hypoparathyroidism. The patient denied any history of neck surgery, radiation, autoimmune diseases, or prior metabolic disorders. Magnetic resonance imaging (MRI) of the brain revealed bilateral striatal-pallidal-dentate calcifications. MRI of the neck and lower limbs, as well as thyroid ultrasound with Doppler, showed no abnormalities. Given the chronic condition, he was discharged after 2 weeks with a prescription for calcium carbonate, cholecalciferol, and calcium citrate-malate. At that time, ionized calcium was 0.91 mmol/L and total serum calcium 7.3 mg/dL. A diagnosis of Bell's palsy was made, with complete resolution of the facial paralysis. He remains under follow-up with endocrinology and cardiology. **Discussion:** Hypoparathyroidism is a rare disorder caused by deficient or inadequate secretion of PTH, leading to hypocalcemia and hyperphosphatemia with multisystem clinical repercussions. The non-surgical form is even more uncommon (25% of cases). The main causes include autoimmune, genetic, metabolic, radiation-related, or idiopathic origins. Conventional treatment is based on calcium and vitamin D supplementation, aiming to raise serum calcium to the target range and provide symptomatic relief. Recombinant human PTH therapy appears to significantly improve quality of life. **Final Comments:** Hypoparathyroidism progressively impair quality of life and physical function. In the present case, the absence of predisposing factors emphasizes the importance of laboratory investigation. Basal ganglia calcifications on imaging indicate the condition's chronic nature. Recombinant PTH treatment is being studied as a viable option for adults with chronic hypoparathyroidism, particularly when normocalcemia cannot be achieved with supplementation; however, its high cost warrants careful consideration.

PO-106

1115628 BONE CHANGES IN YOUNG MALES WITH TYPE 1 DIABETES MELLITUS

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Introduction: Type 1 Diabetes Mellitus (T1DM) has been associated with increased bone fragility and fractures, especially in postmenopausal women. **Objective:** To evaluate bone mineral density (BMD), bone microstructure and fractures in young men with T1DM. **Methods:** The study evaluates a convenience sample of 42 T1DM male patients, 20-50 years old, with a follow-up of at least two years in the University Hospital (HUCFF). Clinical and biochemical data were obtained from medical records and the evaluation was updated simultaneously with the imaging exams: dual energy absorptiometry (DXA) for areal BMD (g/cm²) at lumbar spine and hip, and high resolution peripheral quantitative computed tomography (HR-pQCT) for volumetric BMD (HA/cm³) and microstructure (mm) at trabecular and cortical compartments. Excluding criteria were low glomerular filtration rate (GFR) or any other metabolic disturbance or chronic medication that influences osteometabolism. Thirteen healthy age-matched men were included as control group. The study was approved by the Ethics Committee (CAE 18045119.6.0000.5257) and all participants gave written consent. **Results:** For T1DM patients, mean age at diagnosis was 8.4±6.5 yrs, duration of disease 22.2±6.7 yrs, follow-up at HUCFF 12.2±5.9 yrs, current HbA1c 7.73±1.42, GFR 113.3±17 ml/min/1.73 m², and only two had albuminuria between 30-300 mg/gCr (none had above 300). No T1DM or control had previous fractures. At the study, there was no difference between the T1DM and controls in terms of age (31.1±7.9 vs 32.5±8.6 yrs), body mass index (25.8±3.3 vs 27.6±3.6 kg/m²) or lumbar spine BMD (1.156±0.157 vs 1.253±0.195, p=0.13), but T1DM showed lower total hip BMD (1.057±0.143 vs 1.227±0.190, p=0.02), and a trend towards lower femoral neck BMD (1.055±0.152 vs 1.192±0.154, p=0.06). T1DM also showed lower trabecular BMD (187.2±40.7 vs 205.5±31.7, p=0.05), trabecular thickness (0.075±0.01 vs 0.082±0.01, p=0.04) and BV/TV (0.156±0.03 vs 0.174±0.03, p=0.03) at the radius. On the other hand, cortical bone BMD was higher in T1DM at the radius (925.3±53 vs 881.7±71.2, p=0.005) and tibia (944.8±35.2 vs 911.6±46.2, p=0.001). **Conclusion:** Despite good metabolic control, these young males with T1DM had trabecular bone density and microstructure deterioration, while cortical bone was not affected.

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1116123 BONE MINERAL DENSITY PROGRESSION IN A MALE PATIENT WITH HOMOCYSTINURIA TREATED WITH ZOLEDRONIC ACID: A CASE REPORT

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Case Presentation: A 27-year-old male patient with a diagnosis of homocystinuria, using folic acid, pyridoxine, and betaine, began endocrinology follow-up due to low bone mass and a history of pathological lumbar spine fracture. In 2023, bone densitometry revealed bone mineral density (BMD) of 0.780 g/cm² in the lumbar spine (L1-L4) (Z-score -2.8), 0.789 g/cm² in the femoral neck (Z-score -1.0), and 0.971 g/cm² in the total femur (Z-score -0.4). The patient was on calcium carbonate and vitamin D supplementation and had discontinued alendronate three years prior. Other causes of secondary osteoporosis were investigated and ruled out. Treatment with zoledronic acid was initiated, with the first dose administered in December 2023 and the second in December 2024. In February 2025, repeat densitometry showed improvement in lumbar spine BMD to 0.962 g/cm² (Z-score -2.0), representing a 23% increase compared to the previous evaluation. Improvements were also observed in the femoral neck (0.910 g/cm²; Z-score -1.2) and total femur (0.985 g/cm²; Z-score -0.7). **Discussion:** Elevated homocysteine levels have been associated with an increased risk of osteoporotic fractures in some studies, although not all confirm this relationship. Osteoporosis, particularly affecting the vertebral column, is the most consistent skeletal complication observed in homocystinuria. It is recommended that bone mineral density be assessed every 3 to 5 years starting in adolescence. The mechanisms by which homocysteine exerts toxic effects on bone tissue are not yet fully understood. In the literature, there are few reports on the treatment of osteoporosis in individuals with homocystinuria, which limits the standardization of therapeutic approaches in this population. In this case, treatment with zoledronic acid proved to be significantly effective in improving BMD in a young patient with secondary osteoporosis due to homocystinuria.

Final Comments: This case highlights the importance of monitoring bone health in young patients with homocystinuria. Zoledronic acid may be an effective therapeutic option for increasing bone mass and preventing fractures in selected cases.

PO-108

1116071 BROWN TUMOR IN A RARE SITE OF INVOLVEMENT IN PRIMARY HYPERPARATHYROIDISM: A CASE REPORT

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Case Presentation: A 50 year old woman, with no comorbidities and a history of a right humerus fracture 2 months prior without associated trauma, was admitted due to a femur fracture after a fall from her own height, with no other complaints. Upon initial evaluation, her laboratory exams showed: CaT 14.3mg/dL, Cai 2.17mmol/L, PTH 406pg/ml, P 1.8mg/dL, 25-OH-vit D 13.6ng/ml. Following an investigation for primary hyperparathyroidism (PHPT), a parathyroid gland hyperplasia adjacent to the left thyroid lobe was evidenced on scintigraphy, along with uptake in expansive formations in the left mandible and right maxilla, also indicated in neck MRI with lesions measuring 4.4x3.0cm and 2.7x2.0cm respectively; biopsy of the bone lesions confirmed the diagnosis of a brown tumor. Zoledronic acid was administered for the treatment of hypercalcemia and femur osteosynthesis was performed. Surgical treatment for PHPT was indicated. After the procedure, the patient showed a decrease in PTH to 13.1, CaT 8.8, Cai 1.27 and P 2.1. She's currently under outpatient follow-up and so far there have been no complications. **Discussion:** PHPT, a disorder resulting from the hypersecretion of PTH, is the most common cause of hypercalcemia diagnosed in outpatient settings. It's asymptomatic in most patients but can present with clinical manifestations involving nephrolithiasis, secondary osteoporosis and brown tumor. This's characterized as focal bone lesion of giant cells associated with HPT, invasive in some cases but without neoplastic potential. It's more common in long bones, ribs and pelvis, but can occur in any bone, including the maxilla and mandible, where lesions are rare and, when affected, can cause symptoms such as pain, hard edema, impairment of mastication function or remain completely asymptomatic, as in the case of this patient. The control of HPT is the treatment of choice, with well-documented regression or complete disappearance of the tumor following parathyroidectomy, considered the definitive treatment and leading to a significant gain in bone mass. **Final Comments:** PHPT is an important cause of secondary osteoporosis and should be investigated, especially if associated with hypercalcemia. Rarer complications such as brown tumor may be present in these patients and typically show regression after controlling PTH levels. Therefore, early diagnosis of PHPT can prevent the development of these complications, thus promoting greater functionality and quality of life for these patients.

PO-109

1115663 CALCIUM METABOLISM DISORDERS IN CHRONIC KIDNEY DISEASE – A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction: Calcium metabolism disorders are frequent and progressive complications of chronic kidney disease (CKD), including hypocalcemia, hyperphosphatemia, and secondary hyperparathyroidism (SHPT). These alterations contribute to bone demineralization, increasing the risk of fractures and cardiovascular mortality. **Objective:** To assess the association between calcium metabolism disorders and the outcomes of osteoporosis, osteoporotic fractures, and mortality in patients with CKD stages 3 to 5. **Methods:** A systematic review and meta-analysis were conducted using a comprehensive search in PubMed, Embase, Cochrane Library, and NICE databases up to March 2022. Only randomized controlled trials (RCTs) published between 2017 and 2022 were included. Studies involving adult patients with CKD stages 3–5, evaluating parameters such as PTH, phosphorus, calcium, bone mineral density, fractures, and mortality, were analyzed. Exclusion criteria included transplant recipients, pregnant women, or non-CKD-related bone diseases. Statistical analysis was performed using a random-effects model. Heterogeneity was evaluated using I^2 and methodological quality was assessed through the GRADE tool. **Results:** A total of 127 RCTs were included ($n = 20,215$). Sevelamer was associated with a significant reduction in serum phosphorus (MD -0.39 mg/dL; 95%CI -0.65 to -0.14) and progression of vascular calcification compared to calcium-based binders. Cinacalcet reduced PTH levels (MD -0.80 ; 95%CI -1.01 to -0.58) and cardiovascular mortality (RR 0.85; 95%CI 0.76–0.96). The pooled prevalence of osteoporosis was 36%, with a 78% increased risk of fractures (RR 1.78; 95%CI 1.32–2.41) and 112% higher in-hospital mortality (OR 2.12; 95%CI 1.44–3.11) in patients with mineral metabolism alterations. Vitamin D supplementation reduced fracture risk by up to 10% in vulnerable subgroups. **Conclusion:** SHPT, persistent hypocalcemia, and vitamin D deficiency are strongly associated with bone fragility and adverse clinical outcomes in CKD. Interventions such as sevelamer, cinacalcet, and vitamin D proved effective in improving biochemical parameters and reducing clinical events, highlighting the importance of early screening and individualized management in this high-risk population. **Keywords:** Calcium Metabolism Disorders. Bone Fractures. Osteoporosis.

PO-110

1115919 CHALLENGES IN MANAGING A PATIENT WITH COEXISTING TURNER SYNDROME AND FIBROUS DYSPLASIA: A CASE REPORT

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Case Presentation: An 11-year-old female with Turner syndrome (45,X0), diagnosed in early childhood, has been under regular follow-up and on growth hormone (GH) therapy since the age of 5. In November 2023, she presented with decreased visual acuity, more pronounced in the left eye, with symptom onset approximately two months prior. Imaging revealed an expansive lesion in the left sphenoid sinus and thinning of the ipsilateral optic nerve. She underwent surgical resection, but visual recovery did not occur. Histopathological analysis confirmed fibrous dysplasia (FD), and GH therapy was subsequently discontinued. She remains under follow-up and currently presents at Tanner stage M1P1, with height within the expected range. Bone scintigraphy revealed increased metabolic activity at the dysplasia site and biochemical markers of bone turnover were elevated. Estrogen therapy has been indicated and will be initiated due to clinical signs of pubertal delay. **Discussion:** The coexistence of Turner syndrome (TS) and fibrous dysplasia (FD) presents a rare and complex clinical challenge; no established association between the two conditions has been reported in the literature. TS involves GH deficiency or resistance and estrogen deficiency. These hormones are essential for promoting linear growth, initiating pubertal development, facilitating bone mineralization and achieving optimal peak bone mass. FD replaces normal bone with fibrous tissue, leading to structural weakness, pain and deformity. Theoretical concerns suggest that GH and estrogen could exacerbate FD progression by accelerating bone turnover. However, estrogen therapy, when carefully introduced under specialist supervision and close monitoring of clinical outcomes, remains critical for minimizing osteopenia and fracture risk, even in active FD. In pediatric patients with active FD, intravenous bisphosphonates, such as pamidronate, may alleviate pain and stabilize lesions by suppressing excessive bone resorption. Nevertheless, their use during growth requires caution, as potential long-term effects on skeletal development must be balanced against short-term benefits. **Final Comments:** Treatment strategies should be individualized and guided by a multidisciplinary team, carefully balancing the benefits and risks of hormone replacement and antiresorptive therapy. This coordinated approach is essential to optimize outcomes in patients with this rare combination of Turner syndrome and fibrous dysplasia.

PO-111

1116157 CLINICAL AND LABORATORY ANALYSIS OF A COHORT OF PATIENTS WITH POSTSURGICAL HYPOPARATHYROIDISM IN A TERTIARY HOSPITAL

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Introduction: Hypoparathyroidism (HP) is a rare metabolic disorder caused by deficient or absent production of parathyroid hormone (PTH). It is a potential complication of anterior cervical region surgeries. Early identification of permanent HP is essential to prevent chronic complications. **Objective:** To describe chronic complications associated with postsurgical permanent HP and the treatments used. **Methods:** This was a single-center, retrospective observational study conducted at a Brazilian tertiary hospital. Electronic medical records of adult patients between 2018 and 2024 were analyzed. The study was approved by the Ethics Committee under the number 76041923.00000.5479. Medication dosages, laboratory and complementary tests — including ophthalmologic exams — were evaluated to identify the most frequent complications of the disease. **Results:** A total of 36 patients with a diagnosis of permanent HP were included, with an average disease duration of 9.3 years and a mean age of 54.5 years. Of these, 90% were female, and 16% were smokers and alcohol users. Surgical indications were: 35% for Graves' disease, 25% for multinodular goiter, 25% for thyroid cancer, and 15% for glottic cancer. Regarding treatment, all patients used calcium carbonate, with an average daily dose of 1,539 mg. Additionally, 85% used calcitriol (average dose of 0.72 mcg/day) and 66% used cholecalciferol (average weekly dose of 11,700 IU). Hydrochlorothiazide was prescribed to 35% of patients, with an average dose of 34 mg/day. As for chronic complications, nephrolithiasis (15%), subcapsular cataracts (5%), need for seizure prophylaxis (5%), depression (15%), and arrhythmias (10%) were identified. Less frequently observed were basal ganglia calcifications and osteoporosis. Among laboratory tests performed 24 hours after surgery, PTH was requested or available in 59.3% of cases, and 26% of these patients had PTH >10 pg/mL. **Conclusion:** Individuals with require continuous monitoring due to the risk of chronic complications. Proper therapeutic management is essential.

PO-112

1115711 CLINICAL ASPECTS OF PSEUDOHYPOPARATHYROIDISM WITH LATE DIAGNOSIS: CASE REPORT

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Case Presentation: Patient A.J.D., 41 years old, male, black, born and raised in Lauro de Freitas-BA, was followed by the neurology team for epilepsy since childhood and was referred to endocrinology due to hypocalcemia and calcifications in the basal ganglia on a computed tomography (CT) scan of the skull. The patient had epilepsy since childhood, was initially followed by a basic health unit and was taking phenobarbital 100 mg/day and was referred to a tertiary service for investigation only in adulthood. The patient has intellectual disability, and his brother reports poor academic performance, not completing elementary school and never having a paid job. During systematic questioning, he reports constant muscle weakness, sporadic cramps, and asthenia. He also reports delayed tooth eruption, in addition to early tooth loss, requiring a prosthesis in early adulthood. He underwent surgery for cataract treatment in January of this year. General physical examination revealed syndromic symptoms with macroglossia, thick lips, increased anteroposterior diameter of the skull, dental prosthesis, alopecia, breast hypertelorism, brachydactyly, scoliosis, and calcinosis cutis. Laboratory tests showed severe hypocalcemia (serum Ca of 5.95 mg/dL ionic Ca of 4.37 mg/dL), elevated PTH (181pg/ml), phosphorus within normal values (3.8 mg/dL), elevated alkaline phosphatase (877 U/L). In addition to elevated TSH (8.36). Absence of changes in vitamin D (39 ng/ml), Mg (2.3 mg/dL) and normal renal function. Use of rinses with bilateral micronephrolithiasis. Awaiting genetic testing. **Discussion:** Pseudohypoparathyroidism (PHP) is a rare, heterogeneous genetic metabolic disorder characterized by target organ resistance to the action of PTH. The most common cause is a mutation in the GNAS gene, responsible for the expression of GSA, leading to the inability of the cell to produce cAMP from the activation of adenylate cyclase. PHP is typically classified as type 1 or 2, and type 1 is subdivided into 1a, 1b, and 1c. Of all the PHP subtypes, type 1a is believed to be the most common. PHP1a has as its main manifestations resistance to PTH and Albright hereditary osteodystrophy (HAO). HAO is characterized by skin calcifications, obesity, short stature, brachydactyly, mental retardation, dental abnormalities, rounded face, and short neck. In addition to PTH resistance, there may also be other hormonal changes such as hypothyroidism and hypogonadism. **Final Comments:** PHP is a complex endocrine disease, with great clinical variability among affected individuals, which contributes to late diagnosis. Treatment aims to normalize serum calcium and phosphorus levels, avoiding possible complications related to changes in these electrolytes. An early diagnosis results in less morbidity for the patient, improving quality of life.

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1114833 CONGENITAL HYPOPARATHYROIDISM ASSOCIATED WITH FAHR SYNDROME: A CASE REPORT

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Case Presentation: A 43-year-old female was admitted to a tertiary hospital due to rest tremor, dyskinesias, chorea, seizures, and rigidity. Biochemical tests revealed hypocalcemia, hyperphosphatemia, and low parathyroid hormone (PTH) levels. Brain MRI showed signal alterations in the striatum, thalamus, and cerebellum, corresponding to calcification foci. The patient had a history of recurrent nephrolithiasis. Genetic testing revealed an autosomal dominant mutation in the calcium-sensing receptor gene (CaSR), confirmed in two of the patient's children. The patient is under outpatient follow-up, with ongoing treatment, including calcitriol, calcium citrate, cholecalciferol, hydrochlorothiazide, sodium valproate, levodopa, and amantadine. Despite optimized treatment, the patient experiences recurrent hospitalizations due to difficult-to-control parkinsonism, dyskinesia, chorea, dysarthrophonia, and incapacitating generalized plastic hypertonia. She is currently dependent on basic and instrumental activities of daily living and requires a gastrostomy.

Discussion: Hypoparathyroidism (HP) has multiple etiologies, with genetic causes accounting for less than 10% of cases. This case presents congenital HP associated with Autosomal Dominant Hypocalcemia (ADH). ADH is caused by a mutation in the CaSR gene, which leads to increased receptor sensitivity to calcium, preventing proper PTH production and resulting in hypocalcemia. The clinical presentation is variable, including paresthesias, cramps, tetany, and arrhythmias. Imaging tests may reveal nephrocalcinosis, nephrolithiasis, and calcifications in the basal ganglia. In over 15% of cases, basal ganglia calcifications are incidental, but when associated with clinical manifestations, they form Fahr Syndrome, characterized by movement disorders and neuropsychiatric symptoms. The calcification mechanism is related to chronic hyperphosphatemia and an increased calcium-phosphate product. Treatment includes calcium and active vitamin D supplementation, along with thiazide diuretics. The goal is to maintain proper calcium and phosphorus levels. Fahr Syndrome treatment is primarily symptomatic, as no specific treatment halts the progression of cerebral calcifications.

Final Comments: This case illustrates rare congenital HP associated with a CaSR mutation, resulting in multiple complications, including Fahr Syndrome. Early recognition and appropriate treatment are essential to minimize long-term complications, reduce morbidity and mortality, and preserve quality of life

PO-114

1116370 DETECTING HYPERPARATHYROIDISM IN PRIMARY HYPERALDOSTERONISM: A PITFALL?

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Case Presentation: A 45-year-old woman with a history of bilateral nephrolithiasis was referred with a diagnosis of primary hyperparathyroidism (HPT) and PTH: 194.5 pg/mL (RV 18-88), total calcium 10.7 mg/dL (RV 8.8-10.2), and creatinine 1.3 mg/dL. During the assessment, difficult-to-control hypertension had been detected since the age of 29, and history of worsening during the last pregnancy. Severe hypokalemia was detected at 2.07 mEq/L (RV 3.5-5.0). At the age of 31, she presented with an episode of sudden-onset tetraplegia, which resolved after 30 days. The diagnosis was hypokalemic periodic paralysis. A CT scan of the urinary tract showed bilateral nephrocalcinosis and a 3.2 cm right adrenal nodule. Plasma aldosterone/renin activity ratio (RAR) 166. Persistent alterations were observed: hypokalemia 2.4 mEq/L (VR 3.5-5.0), PTH 132 pg/mL (VR 18-88), and elevated calciuria 243 mg/24h (4.3 mg/kg). Normal parathyroid scintigraphy. She underwent right adrenalectomy, with resolution of hypokalemia and improved blood pressure control. During follow-up, normalization of PTH 28 and 35 pg/mL (VR 18-88), reduction of calciuria 28 mg/24h, and maintenance of normal calcemia 9.4 to 10.18mg/dL (VR 8.8-10.2) were observed.

Discussion: The association between PAH and HPT is rare. Aldosterone can increase urinary calcium excretion, leading to secondary stimulation of PTH. In this case, the resolution of PTH after adrenal surgery strengthens the hypothesis of functional PTH secondary to PAH. Both disorders contribute to nephrolithiasis and significant electrolyte alterations, requiring an integrated diagnostic approach in patients with resistant hypertension, hypokalemia, and calcium metabolism disorders. **Final Comments:** Resolution of PTH after PAH treatment highlights a possible functional interrelationship between the two diseases, suggesting that PTH, in some cases, may be secondary to aldosterone-induced renal calcium loss. Recognizing this association avoids unnecessary treatment and allows for a more effective and individualized therapeutic approach.

PO-115

1116063 DIAGNOSTIC CHALLENGES IN A PATIENT WITH TUMOR-INDUCED OSTEOMALACIA

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Case Presentation: We report the case of a 63-year-old female patient referred for evaluation due to bilateral pathological femur fractures. Initial laboratory tests revealed elevated alkaline phosphatase, hypophosphatemia, and hyperphosphaturia with reduced tubular reabsorption of phosphate (TRP), as well as elevated fibroblast growth factor 23 (FGF23). Calcium, parathyroid hormone (PTH), and vitamin D levels were within normal ranges, suggesting a diagnosis of tumor-induced osteomalacia. Genetic testing revealed no significant abnormalities. Imaging studies showed fractures in the costal arches and femurs, along with shortening of the lower limbs. The patient reported chronic pain and significant functional limitations. There were no additional symptoms to aid in localizing the lesion, except for hearing loss previously attributed to chronic otitis. Whole-body MRI did not reveal any suspicious lesions. Further investigation identified a mesenchymal tumor in the auditory canal involving the temporal bone. The patient underwent partial surgical resection in December 2023. Histopathological analysis confirmed a low-grade mesenchymal neoplasm with epithelioid features. Immunohistochemistry described a biphasic mesenchymal tumor with interspersed squamoid epithelial nests and no signs of malignancy — findings consistent with the clinical suspicion of tumor-induced osteomalacia. Postoperatively, the patient showed a significant reduction in FGF23 levels, although complete normalization was not achieved. Since diagnosis, the patient has been receiving oral phosphate supplementation, along with calcium and vitamin D. **Discussion:** Tumor-induced osteomalacia is a rare paraneoplastic syndrome caused by the excessive production of FGF23, usually by small mesenchymal tumors. Elevated FGF23 levels impair phosphate reabsorption in the renal tubules and reduce activation of vitamin D, leading to hypophosphatemia and defective bone mineralization. Diagnosis is often delayed due to nonspecific symptoms and the difficulty in locating the causative tumor. In this case, the tumor was located in the temporal bone — an anatomically complex region — further complicating detection and management. Although advanced imaging techniques such as whole-body MRI are applied, they may fail to identify small or atypically located tumors, requiring thorough and complex investigation. **Final Comments:** This case illustrates the difficulty in localizing tumors responsible for tumor-induced osteomalacia and the therapeutic challenges, especially when tumors are in anatomically complex regions, hindering complete surgical resection.

PO-116

1116082 DIGEORGE SYNDROME AS A RARE CAUSE OF HYPOPARATHYROIDISM: A CASE REPORT

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Case Presentation: A 32-year-old woman was referred to an endocrinology department of a tertiary hospital due to a history of seizures and hypocalcemia. She had recurrent convulsive seizures since the age of three, associated with muscle cramps and paresthesias. Neurodevelopmental delay was noted during childhood. On physical examination, subtle facial dysmorphisms were present, including wide set eyes and low-set ears. Laboratory evaluation revealed persistent hypocalcemia (calcium levels ranging from 5.4 to 8.2 mg/dL) and low parathyroid hormone (<2.5 pg/mL), confirming hypoparathyroidism. Imaging studies identified calcifications in the basal ganglia and situs inversus. Family history revealed consanguinity (parents were first-degree cousins). Given the clinical presentation of hypoparathyroidism combined with neurodevelopmental delay, basal ganglia calcifications, and situs inversus, a syndromic diagnosis was suspected. Genetic testing confirmed a 22q11.2 deletion, establishing the diagnosis of DiGeorge syndrome. The patient was managed with oral calcium carbonate, cholecalciferol and calcitriol to maintain normocalcemia, with frequent monitoring due to episodes of both hypo- and hypercalcemia. Anticonvulsant therapy included carbamazepine and phenobarbital. **Discussion:** DiGeorge syndrome, caused by a microdeletion on chromosome 22q11.2, classically manifests with hypoparathyroidism, immune disorders, and cardiac and facial anomalies. However, presentations vary widely, and hypoparathyroidism may be the initial or sole manifestation, especially in adults. This case illustrates the importance of recognizing hypoparathyroidism as a potential clue to an underlying syndromic diagnosis. Early diagnosis enables comprehensive management of multisystem involvement and genetic counseling. **Final Comments:** Primary hypoparathyroidism can be the first and predominant manifestation of DiGeorge syndrome. Clinicians should maintain a high index of suspicion in patients with unexplained hypocalcemia, especially when accompanied by neurological and developmental abnormalities.

PO-117

1116405 ECTOPIC PRIMARY HYPERPARATHYROIDISM OF THE THYMUS MEASURING 7 CM: A CASE REPORT

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Case Presentation: A 66-year-old female patient with a history of hypertension and dyslipidemia presented to the emergency department with a 15-day history of nausea, vomiting, and abdominal pain, along with a 10 kg weight loss over one year. She was diagnosed with PTH-dependent hypercalcemia. Initial laboratory tests showed: corrected calcium of 14 mg/dL (reference range: 8.4–10.2), phosphorus 2.1 mg/dL (RR: 2.5–4.5), parathyroid hormone (PTH) 367 pg/mL (RR: 18.5–88), 25-hydroxyvitamin D 38 ng/mL (RR: >20), urinary calcium 2.1 mg/kg/24h, and normal thyroid function. Imaging studies included a neck CT scan, which revealed an oval lesion with regular borders in the thymic region, with no other alterations. A technetium-99m sestamibi scan associated with single-photon emission computed tomography/computed tomography (SPECT/CT) showed radiotracer uptake in the anterior mediastinum in the thymic region. Chest CT revealed an oval lesion measuring 5.1 x 3.8 x 7 cm in the same location, suggestive of hyperfunctioning ectopic parathyroid tissue. Thyroid ultrasound showed thyroid nodules under 1 cm in size (TIRADS 3 and 4), which underwent fine-needle aspiration biopsy and were classified as Bethesda III. Carcinoembryonic antigen (CEA) and calcitonin levels were negative. Renal and urinary tract CT revealed bilateral renal microlithiasis, and bone densitometry showed a diagnosis of osteoporosis. The patient experienced clinical improvement after receiving pamidronate and medical management for calcium control while awaiting surgery. **Discussion:** Ectopic hyperparathyroidism is a rare cause of hypercalcemia, resulting from excessive parathyroid hormone (PTH) production by parathyroid tissue located outside the typical anatomical sites of the parathyroid glands. The most common cause involves ectopic parathyroid adenomas, which result from abnormal embryonic migration of the glands and may be found in locations such as the mediastinum, thymus, piriform sinus, carotid sheath, and intrathyroidal tissue. Preoperative localization is a major challenge and often leads to initial surgical failure and persistent disease. Intraoperative PTH monitoring and frozen section analysis assist in confirming complete removal of the hyperfunctioning tissue. Surgical treatment is the definitive cure for ectopic hyperparathyroidism. The surgeon's experience and the use of advanced imaging techniques are essential for accurate adenoma localization. In cases of ectopic parathyroid tissue in the mediastinum, diagnosis depends on combined imaging methods, since cervical ultrasound has low sensitivity for mediastinal lesions. Technetium-99m sestamibi scintigraphy, especially when combined with SPECT/CT, increases the accuracy of gland localization. Surgical treatment may involve video-assisted thoracoscopic surgery, though conversion to thoracotomy or sternotomy may be required for deeply intrathoracic or retrotracheal lesions. **Final Comments:** Investigating the causes, origin, and mechanisms of hypercalcemia is of utmost importance, as accurate and early diagnosis is essential for determining the prognosis and appropriate treatment.

PO-118

1116048 EFFECTS OF ORAL RISEDRONATE THERAPY IN AN ADOLESCENT WITH MONOSTOTIC FIBROUS DYSPLASIA

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Case Presentation: A 12-year-old girl, who had menarche at the age of 10 years with subsequent regular menses, was referred by a dentist due to a large lesion on the right mandibular body associated with pain and increased local temperature upon palpation. There were no other associated bone deformities. X-ray findings showed a lytic lesion with sclerotic borders in the affected area, confirming the diagnosis of fibrous dysplasia. The lesion had an increased uptake of ^{99m}Tc-MDP on bone scintigraphy. Initial laboratory tests showed high concentrations of serum bone remodeling markers: CTX (C-terminal telopeptide of type I collagen): 1390 pg/mL (normal <570), P1NP (procollagen type I N-terminal propeptide): 267 ng/mL (normal <80), and specific bone alkaline phosphatase (BSAP): 77 µg/L (normal <60). After 9 months of treatment with risedronate at a dose of 35 mg, orally, every other week, the patient showed complete clinical resolution. Additionally, biochemical markers showed significant decreases: P1NP reduced by 48%, CTX by 55%, and BSAP by 35%. **Discussion:** Fibrous dysplasia (FD) is a benign condition characterized by the replacement of normal bone tissue with immature fibrous tissue and intense osteoclastic activity. Although it can occur at any age, it is often diagnosed in young individuals. The clinical presentation varies, ranging from asymptomatic cases to those presenting with pain, deformities, or palpable lesions. There are few reports on bisphosphonate therapy for FD, especially using the intravenous form in adults to mitigate the high bone remodeling. Data in children and adolescents remain scarce. **Final Comments:** This case illustrates an uncommon presentation of metabolic bone disease in adolescence, with a prompt clinical response to oral bisphosphonate treatment.

PO-120

1116148 EVALUATION OF PTH MEASUREMENT WITHIN 24 HOURS AFTER CERVICAL SURGERY AS A PREDICTOR OF PERMANENT HYPOPARATHYROIDISM

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Introduction: Hypoparathyroidism (HP) is a metabolic disorder characterized by deficient or absent parathyroid hormone (PTH) secretion, resulting in hypocalcemia. The leading cause of HP is anterior neck surgery. Early identification of permanent HP is crucial for appropriate clinical management and for preventing complications. In 2022, international guidelines suggested that PTH levels below 10 pg/mL within the first 24 hours postoperatively could predict the development of permanent HP. However, this cutoff has not yet been validated in the Brazilian population. **Objective:** To evaluate if a PTH level below 10 pg/mL within the first 24 hours after cervical surgery is predictive of permanent hypoparathyroidism. **Methods:** This was a retrospective, single-center, observational study conducted at a tertiary care hospital in Brazil. Data were collected from electronic medical records of adult patients who underwent anterior neck surgery between 2022 and 2024. The study was approved by the local ethics committee (CAAE 76041923.0.0000.5479), and informed consent was obtained from all participants. Only patients meeting predefined inclusion and exclusion criteria were analyzed. A p-value <0.05 was considered statistically significant. **Results:** A total of 74 patients were included, predominantly female (n=67; 91.78%), with a median age of 54 years. Regarding lifestyle factors, 9.6% reported alcohol consumption and 13.7% were smokers. Surgical indications were diverse: thyroid cancer (n=46; 62%), multinodular goiter (n=10; 13%), Graves' disease (n=8; 10.8%), laryngeal squamous cell carcinoma (n=5; 6%), primary hyperparathyroidism (n=4; 5.4%), and parathyroid carcinoma (n=1; 1.35%). Among the patients, 24 had PTH levels measured within 24 hours postoperatively, of whom 18 (75%) had levels below 10 pg/mL. A statistically significant difference was observed between the groups with and without permanent HP regarding postoperative PTH levels, with mean values of 5.0 pg/mL and 10 pg/mL, respectively (p<0.05). In contrast, serum calcium measured within the first 24 hours did not differ significantly between the two groups (7.5 mg/dL vs. 8.0 mg/dL; p>0.05). **Conclusion:** PTH measurement within the first 24 hours after cervical surgery proved to be a more sensitive and specific marker than serum calcium for predicting permanent hypoparathyroidism. These findings suggest that early PTH monitoring can optimize clinical management by allowing earlier interventions and reducing complications associated with delayed diagnosis. This study contributes to the validation of international diagnostic criteria in the Brazilian population.

PO-122

1115714 FAVORABLE EVOLUTION OF PARATHYROID CARCINOMA IN A YOUNG PATIENT: CASE REPORT

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Case Presentation: E.O.A.R., 20 years old, white, female, born and raised in Jequié-BA. She has been suffering from chronic muscle pain, asthenia, weight loss (about 10 kg), and nodulation in the cervical region for two years. In September 2021, she presented with sudden, intense pain in her left hip that made it impossible for her to walk. In the emergency room, after a hip X-ray, a fracture of the left infero-ischiopubic branch was detected. In the complementary exams, hypercalcemia was observed (serum Ca 14 mg/dL), PTH of 2870 pg/mL, ALP 2196 U/L, urinary calcium 500 mg/24, cervical ultrasound with a nodule of 3.8x3.7x2.4 cm posterior to the right lobe of the thyroid, compatible with right parathyroid adenoma, bone densitometry (BD) with osteoporosis in all sites Z score in the lumbar spine -5.8, femoral neck of -3.8 and total femur of -4.6. In the physical exam on admission, the patient was in fair general condition, pale, dehydrated, emaciated, BMI of 17.5 kg/m². There was a hardened nodule of approximately 3 cm in the right anterior region, mobile upon swallowing. At the time, the femur was immobilized and the patient was in a wheelchair. Measures were taken to control hypercalcemia and surgical treatment was performed with partial right thyroidectomy with ipsilateral inferior parathyroidectomy. The anatomopathological examination showed a 2.8 x 2.0 cm parathyroid carcinoma with main cells, free margins and normal thyroid. In the immediate postoperative period, the patient developed severe bone hunger. Calcitriol and calcium were started during this period. After four years of follow-up in the outpatient clinic, the patient is in good general condition, walks without support, BMI of 20.5 kg/m², with restored autonomy and densitometric improvement in all sites. New OD with Z score in the lumbar spine -1.5, femoral neck of 1.7 and total femur of -0.8. **Discussion:** Parathyroid carcinoma (PC) is a rare neoplasm. Preoperative diagnosis is challenging and requires a high level of suspicion. In general, in carcinoma, the parathyroid glands reach a much larger size than in benign lesions, with an average diameter of 3-3.5 cm. Serum levels of intact PTH are 5x above the upper limit, and in more than 70% of patients, the PTH value exceeds 1000 pg/mL. The calcium value exceeds 14 mg/dL in 50 to 75% of cases. Patients present morbidity and mortality due to sequelae of hypercalcemia and concomitant damage to associated target organs, with bone remodeling being severely affected, generating fractures and low bone mineral density. **Final Comments:** The evolution and prognosis of PC depend on several factors, such as the time between diagnosis and the start of treatment. The basis of treatment is surgical resection. Recovery of bone mass after treatment is a process that can take several months or even years, depending on the severity of the disease and the individual response of each patient.

PO-123

1115595 GENETICS INFLUENCE VITAMIN D AND PARATHYROID HORMONE LEVELS IN MEN LIVING IN SOUTHERN BRAZIL

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Introduction: Polymorphisms in genes related to vitamin D metabolism seem to influence serum 25-hydroxyvitamin D levels (25OHD) regardless of sun exposure or diet. **Objective:** We aimed to investigate the association between 25OHD at the four seasons of the year, parathyroid hormone (PTH), and single nucleotide polymorphisms (SNPs) in genes related to vitamin D metabolism in men living in Porto Alegre, Rio Grande do Sul. **Methods:** Men undergoing military training were invited to participate. 25OHD of the same participants were assessed at the end of four consecutive seasons. PTH, calcium, albumin, and creatinine were also assessed. PTH was measured by chemiluminescence, 25OHD by LC-MS/MS. TaqMan Genotyping Assays were performed: GC (rs4588, rs7041), DHCR7/NADSYN1 (rs12785878), CYP2R1 (rs10741657), and VDR (rs1168275). **Results:** 59 male participants were included. Mean age was 34.25 ± 6.6 years old, body mass index (BMI) was 24.8 ± 1.5 kg/m². Skin phototype was classified as I or II in 49.2% and III or IV in 49.2%. DHCR7/NADSYN1 was associated with 25OHD variations through seasons: for the three genotype forms ($p = 0.03$); and for T carriers versus non-T carriers ($p = 0.013$). The mean (95%CI) 25OHD was significantly higher in T allele carriers than in non-carriers, both in winter [28.4 (26.5 – 30.4) versus 23.3 (20.4 – 26.1) ng/mL] and in summer [32.6 (30.7 – 34.5) versus 28.7 (25.7 – 31.6) ng/mL] – adjusted for phototype and BMI. In addition, DHCR7/NADSYN1 was significantly associated with lower mean (95%CI) PTH levels in T allele carriers than non-carriers [55.8 (49 – 62.6) versus 71.7 (58.7 – 84.8) pg/dL], ($p = 0.034$) – adjusted for age and creatinine. The other SNPs evaluated were not associated with vitamin D or PTH levels. **Conclusion:** DHCR7/NADSYN1 SNP (rs12785878) was independently associated with serum 25OHD concentrations and their variations through seasons. Remarkably, the same SNP was associated with serum PTH levels, even when adjusted for confounders. These findings suggest that DHCR7 enzyme could play a role in the physiological regulation of vitamin D, competing with UVB for bioavailability of 7-dehydrocholesterol in vitamin D synthesis. It is possible that our study could not identify the impact of the other SNPs due to the small sample size.

PO-124

1115633 GROWTH HORMONE THERAPY IN A CHILD WITH GLEOPHYSIC DYSPLASIA DUE TO LTBP3 MUTATION: CLINICAL RESPONSE AND IGF-1 DYNAMICS

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Case Presentation: A 5-year-old male (46,XY) was referred for evaluation of short stature. At first visit, height was 99 cm (-3 SD), BMI 16.3 kg/m² (0.68 SD), with proportionate short stature and growth velocity of 4 cm during the last year. He was born at term (39 weeks) after an uneventful pregnancy complicated only by maternal gestational diabetes. Intrauterine growth was at the 10th percentile. Birth weight was 2790 g and length 45 cm (SD -2.3). Mid-parental height was estimated at 172 cm. At 5 years of chronological age, bone age was estimated at 4 years. A clonidine stimulation test demonstrated peak GH levels of 35.9 ng/mL (90 min). An IGF-1 generation test showed a 64% increase in IGF-1 (from 76.8 to 127 ng/mL), indicating intact peripheral sensitivity to GH. The remainder of the endocrine-metabolic workup for short stature was within normal limits. Genetic analysis identified a pathogenic variant in the LTBP3 gene, confirming a diagnosis of gleophysic dysplasia. Treatment with somatropin was initiated after obtaining informed consent from the patient's legal guardians at 7 years old, and the patient presented a growth velocity of 6 cm during the first year of treatment. After one year of treatment, the patient underwent a fiberoptic bronchoscopy to evaluate possible tracheal stenosis, a feature associated with the syndrome. The examination was normal, and GH therapy was continued. **Discussion:** Gleophysic dysplasia is a rare autosomal recessive skeletal dysplasia associated with mutations in LTBP3, often characterized by severe short stature, joint contractures, dysmorphic features, and cardiac involvement. There is limited evidence regarding the efficacy of GH therapy in these patients, and GH resistance may be a concern in other skeletal dysplasias. In this case, both GH stimulation and IGF-1 generation tests demonstrated normal GH secretion and preserved IGF-1 responsiveness. The patient exhibited a sustained increase in growth velocity with somatropin, and IGF-1 levels remained in the normal range, supporting the therapeutic effect. **Final Comments:** This case suggests that recombinant GH therapy may be beneficial in selected patients with LTBP3-related gleophysic dysplasia who exhibit GH responsiveness. The positive longitudinal growth response supports further investigation into the role of GH treatment in this rare skeletal dysplasia. Prospective studies and case series are warranted to better define indications, efficacy, and safety in this population. **Keywords:** Gleophysic Dysplasia; Short Stature.

PO-125

1116131 HUMORAL HYPERCALCEMIA OF MALIGNANCY DUE TO PANCREATIC NEUROENDOCRINE TUMOR: A CASE REPORT

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Case Presentation: A 64-year-old woman was admitted to the hospital with abdominal pain, asthenia, anorexia, polyuria, and a 30-kg weight loss over the past year. Medical history included well-controlled hypertension and type 2 diabetes on oral medication. On admission, the patient appeared cachectic (BMI 16 kg/m²). The laboratory investigation showed PTH-independent hypercalcemia: serum ionized calcium 1.84 mmol/L (reference range - RR 1.15–1.32), PTH 4.6 pg/mL (RR 15–65). Initial treatment included intravenous hydration followed by administration of furosemide and 60 mg of pamidronate, resulting in a transient normalization of blood calcium levels. An abdominal MRI revealed a solid mass in the pancreatic tail measuring 10.1 x 4.9 x 8.2 cm, which was biopsied, and histologic examination identified a pancreatic neuroendocrine neoplasm with pleomorphic pattern. Diagnostic workup ruled out granulomatous and lymphoproliferative diseases, bone lesions, and neoplasms in other sites. The patient was discharged for outpatient follow-up. Further investigation revealed marked elevation of PTH-related peptide (PTHrP 31 pmol/L; RR <1.02), which is consistent with a diagnosis of humoral hypercalcemia of malignancy. Despite repeated treatments with bisphosphonate (zoledronic acid), the patient was readmitted with severe hypercalcemia (total calcium 18.6 mg/dL; RR 8.6–10.2), requiring intensive care. Surgical resection of the pancreatic mass was performed and the histopathologic analysis confirmed the diagnosis of grade 1 pancreatic neuroendocrine tumor. Postoperatively, the patient experienced weight gain and had no further episodes of hypercalcemia. After three months, ionized calcium was 1.21 mmol/L (RR 1.15–1.32) and PTH 25.7 pg/mL (RR 15–65). **Discussion:** Hypercalcemia is categorized as PTH-dependent or independent. In this case, suppressed PTH with normal calcitriol suggested ectopic PTHrP secretion, which was confirmed by elevated PTHrP levels. The patient had no evidence of breast, lung, renal, or head and neck tumors, which are among the most common tumors associated with PTHrP. Functional PNETs are rare and usually secrete gastrointestinal peptides (gastrin, insulin, VIP, glucagon, somatostatin), with PTHrP secretion being exceptionally uncommon. **Final Comments:** We report a rare case of functional PNET secreting PTHrP, presenting with severe hypercalcemia. Accurate diagnosis and surgical resection led to clinical improvement and rapid normalization of the PTH axis.

PO-126

1116215 HYPERCALCEMIA CRISIS IN HPT, ITS MANAGEMENT AND SURGICAL RESULTS IN A SERIES OF 42 PATIENTS

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Introduction: A hypercalcemic crisis in hyperparathyroidism is a severe and potentially life-threatening complication characterized by very high blood calcium levels (typically > 14 mg/dL) and multi-organ dysfunction. It's a rare but serious emergency requiring immediate medical intervention. Hypercalcemic crisis is an unusual state of progressive and marked hyperparathyroidism producing anorexia, vomiting, dehydration, decreased renal functions, deterioration of mental status, confusion, coma, and if untreated, death. The incidence of HIHC varies in literature from 1.6 to 6%. Immediate management consists of reducing serum calcium levels as soon as possible with clinical support measures and definitively treating HPTp through surgery. **Objective:** To demonstrate the experience of an Endocrine Surgery service, in 2 hospitals in Porto Alegre, in the management of these patients, from preparation for surgery to the results of the procedure, guided by the intraoperative PTH dosage. **Methods:** This is a retrospective review of 978 consecutive patients who underwent parathyroidectomy by the same endocrine service since 1997 to 2025, in two hospitals in Porto Alegre. Patients with total serum calcium equal to or greater than 14.0 mg/dL and elevated PTH, were selected and underwent surgical treatment of HPT guided by sequential determination of intraoperative PTH. The analysis covered preparation for surgery, length of hospital stay before and after the surgery, duration of the procedure, and how many glands was removed. **Results:** There were 42 patients, 29 (69%) women; average age was 61.7 (21–84). In the preparation for surgery, they received abundant hydration and thiazides to reduce hypercalcemia. Pamidronate was associated in four. All underwent surgery with serum calcium levels below 13.0 mg/dL, except in two cases when surgery was performed with a serum calcium level of 13.6 mg/dL. In 37 (88%) patients, one hyperfunctioning parathyroid gland (DUG) was removed, and in 5 (12%) cases, 2 hyperfunctioning glands (DMG) were resected. All patients had calcium normalized during follow-up period (13 months (2–58)). The surgery time was 73.3 (29–130) minutes and the hospital stay after surgery was 70 (6–240) hours. The QPTH was decisive in predicting normocalcemia, a criterion that all hyperfunctioning glands had been resected. **Conclusion:** Hypercalcemia crisis in primary HPT should be considered an emergency, with intensive care to reduce the calcium below 13 mg/dL and be treated with surgery as soon as possible. In this series, it was observed that the incidence of multigland disease was twice as high (12%) compared to the results of our series (6.6%), and surgical treatment had excellent results, with 100% cure.

PO-128

1116167 IMPROVED BONE DENSITY AND QUALITY IN PATIENTS TREATED WITH DIRECT ORAL ANTICOAGULANTS COMPARED TO WARFARIN

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Introduction: Association between warfarin and bone degeneration is well known. It is believed that direct oral anticoagulants (DOACs) may not exert the same effect, as they act independently of vitamin K, which plays a role in bone matrix formation. However, there is limited evidence regarding their impact on bone health markers. **Objective:** To compare users of DOACs and warfarin in terms of bone mineral density (BMD), bone quality assessed through trabecular bone score (TBS), and the prevalence of morphometric vertebral fractures. **Methods:** This was a cross-sectional study including patients aged 40 to 75 years who had been on anticoagulation therapy for more than one year, divided into two groups: DOAC users and warfarin users. The groups were matched for body mass index (BMI), age, and sex. All patients underwent BMD and TBS assessment, as well as vertebral fracture detection using Vertebral Fracture Assessment (VFA). **Results:** A total of 38 patients were included (19 in each group); median age was 67 years (63–72); mean BMI was 29.6 (± 3.7) kg/m²; 20 (52.6%) were male; 34 (89.4%) had hypertension; 14 (36.8%) had diabetes; 11 (28.9%) had an estimated glomerular filtration rate (eGFR) < 60 mL/min/1.73 m²; and 4 (10.5%) were smokers. Baseline characteristics were similar between the groups. There was no difference in the prevalence of vertebral fractures detected by VFA between DOAC and warfarin users. In the assessment of BMD, lower lumbar spine BMD was observed in the warfarin group compared to the DOAC group, both in absolute values (1.088 $\pm$ 0.112 g/cm² vs. 1.255 $\pm$ 0.193 g/cm²; P = 0.003) and in the T-score assessment (-0.7 $\pm$ 0.9 vs. +0.6 $\pm$ 1.6; P = 0.003). No significant differences were observed in femoral neck or total femur BMD. The warfarin group also had a lower TBS, with a difference of 0.091 between the groups (β = -0.091; 95% CI: -0.175 to -0.006; P = 0.036). When variables were correlated with TBS, there was a positive correlation with lumbar spine BMD (β = 0.263; 95% CI: 0.023 to 0.503; P = 0.033) and a negative correlation with body fat index (β = -0.016; 95% CI: -0.030 to -0.002; P = 0.029). **Conclusion:** Patients on warfarin had worse bone quality, as measured by the TBS, and worse spine BMD, compared to DOAC users. This study is among the first to compare intermediate markers of bone health between DOAC and warfarin users.

PO-129

1116273 INCIDENTAL DIAGNOSIS OF OSTEOPETROSIS IN A PATIENT WITH BREAST CANCER

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Case Presentation: A 53-year-old female patient with a history of breast cancer diagnosed in 2017, who underwent left mastectomy and chemotherapy in 2018. The patient is currently receiving tamoxifen therapy. During oncological follow-up, a PET-CT scan revealed diffuse alterations in bone density, with sclerotic and radiolucent changes suggestive of a metabolic bone disorder. The patient had no history of bone fractures and reported only diffuse joint pain. Subsequent radiographs demonstrated diffuse bone sclerosis affecting the femoral and tibial epiphyses, as well as the sacrum and iliac bones. A bone densitometry scan revealed increased bone density across all evaluated segments. Laboratory tests showed normal levels of calcium, phosphorus, alkaline phosphatase, and parathyroid hormone. Genetic testing was requested, which identified a heterozygous pathogenic variant in the BRCA2 gene and a heterozygous pathogenic variant in the CLCN7 gene, confirming the diagnosis of autosomal dominant osteopetrosis. **Discussion:** Osteopetrosis is a rare bone disorder characterized by impaired osteoclast function, leading to increased bone mineral density. This results in bones that are dense yet fragile, with a higher predisposition to fractures. There are distinct forms of osteopetrosis, ranging from a severe infantile form, typically inherited in an autosomal recessive pattern, to a milder adult form with later onset, usually associated with an autosomal dominant inheritance. The latter is frequently linked to mutations in the CLCN7 gene, which encodes chloride channels in the osteoclast membrane. In oncology patients, bone alterations may be mistakenly interpreted as bone metastases, particularly when imaging studies reveal areas of bone sclerosis. This overlap in radiological findings can hinder accurate diagnosis, directly impacting therapeutic decision-making and the patient's prognosis. **Final Comments:** Although rare, osteopetrosis should be considered in the differential diagnosis of diffuse bone alterations in oncology patients, especially when imaging patterns are inconsistent with typical metastatic presentations. Genetic testing plays a crucial role in achieving an accurate diagnosis, guiding appropriate therapeutic strategies, avoiding unnecessary or inappropriate treatments, and ultimately improving the patient's prognosis and quality of life.

PO-130

1115816 LONG-STANDING PRIMARY HYPERPARATHYROIDISM AND ATYPICAL PARATHYROID TUMOR: CASE REPORT

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Case Presentation: A 48-year-old woman was referred to endocrinology in February 2025 for evaluation of longstanding fatigue and a Computed Tomography (CT) scan that revealed a nodule in the lower region of the thyroid. Laboratory tests showed hypercalcemia (15.1 and 13.8 mg/dL), hypophosphatemia (2.0 and 1.7 mg/dL), elevated PTH levels (814 and 1,129 pg/mL), hypercalciuria (397 mg/day) with urine output of 3,020 mL, and elevated alkaline phosphatase (580 and 566 U/L). Fine-needle aspiration (FNA) was classified as Bethesda II, and scintigraphy was suggestive of hyperfunctioning parathyroid tissue in the lower thyroid region, diagnosing Primary Hyperparathyroidism (PHPT). CT also revealed lytic lesions affecting the costal arches, scapula, vertebral bodies, ribs, and sternum, suggestive of brown tumor (osteitis fibrosa cystica). The PTH level in the FNA fluid was 7,386 pg/mL. The laboratory and imaging findings raised suspicion of parathyroid carcinoma. Bone mineral density (BMD) showed osteoporosis in the distal radius and osteopenia in the lumbar spine. The patient was referred for surgery, and pathology confirmed an atypical parathyroid tumor with thyroid parenchyma consistent with a parasitic nodule. Retrospective analysis showed hypercalcemia since 2012 (10.9 and 11.2 mg/dL), history of anemia and hyperferritinemia under hematologic evaluation, and three In Vitro Fertilization treatments, the last delivery occurring two years ago, when fatigue worsened. **Discussion:** PHPT is most commonly caused by a parathyroid adenoma (85%), hyperplasia, multiple adenomas, and, rarely, carcinoma (1%). Although no specific markers distinguish carcinoma from benign forms, severe hypercalcemia or target organ damage—such as cortical bone loss and brown tumors, which are benign skeletal lesions associated with severe disease—should raise suspicion of malignancy. This case represents longstanding, undiagnosed PHPT with markedly elevated PTH and skeletal complications. A new mutation may have contributed to abnormal cell proliferation. Genetic alterations are present in about 10% of cases, and genetic testing is recommended when syndromes such as HPT-JT, MEN1, MEN2, or FHH are suspected. **Final Comments:** This case illustrates an atypical parathyroid tumor with a possible mutation linked to organ damage from prolonged undiagnosed PHPT. It emphasizes the silent progression of atypical PHPT and the need for early detection and careful management to avoid serious complications.

PO-131

1115739 LOW BONE MASS POSTPARTUM WITH VERTEBRAL FRACTURE: CASE REPORT OF A RARE CONDITION IN A HEALTHY YOUNG WOMAN

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Case Presentation: Patient J.A.P., a 33-year-old female, pregnant for the second time, was referred from the orthopedic clinic to endocrinology following the diagnosis of two pathological vertebral fractures associated with disabling pain. Symptoms began approximately 40 days postpartum, with diagnosis confirmed only at the end of the third month. The patient continued exclusive breastfeeding until the fractures were identified. Laboratory screening was negative for other differential diagnoses. The initial bone densitometry revealed a lumbar spine Z-score of -3.6 (normal > -2.5) and Bone Mineral Density (BMD) of 0.648 g/cm²; femoral neck Z-score was -2.7 with BMD of 0.534 g/cm². Treatment with teriparatide was initiated, along with calcium, vitamin D, and calcitriol supplementation. After three months, partial improvement in pain control was noted. A follow-up densitometry after six months showed improvement: lumbar spine Z-score of -2.9 and BMD of 0.725 g/cm²; femoral neck Z-score of -2.6 and BMD of 0.540 g/cm². Despite densitometric improvement, the patient reported persistent pain, requiring the addition of pregabalin and duloxetine. Patient continues on daily teriparatide therapy, with reported improvements in quality of life and no new fractures. **Discussion:** Pregnancy and lactation associated with low bone mass is a rare, underdiagnosed condition with an incompletely understood pathophysiology. It is estimated to affect 4 to 8 women per million pregnancies. The most accepted mechanism involves lactation-induced elevations in PTHrP and prolactin, leading to hypoestrogenism and consequent bone resorption. Additional risk factors include inadequate calcium intake, sedentary lifestyle, and vitamin D deficiency. Management typically involves cessation of breastfeeding, correction of calcium and vitamin D levels, and in severe cases with multiple fractures, the use such as teriparatide or romosozumab. **Final Comments:** This case highlights the need for increased clinical and scientific recognition of this condition in order to improve prevention, early diagnosis, and therapeutic approaches. Given its significant functional and psychosocial impact, the dissemination of clinical experiences and further research on the subject are strongly warranted.

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1116076 MECHANICAL VIBRATION THERAPY ENHANCES OSTEOCYTE NETWORK IN A MODEL OF POSTMENOPAUSAL OSTEOPENIA

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Introduction: Estrogen deficiency is the major contributing factor to bone loss after menopause. Mechanical vibration (MV) has been investigated for its potential to influence bone remodeling, a process regulated by bone cells. Notably, osteocytes function as mechanosensors that detect mechanical stimuli through the lacunocanalicular network and, in turn, modulate the activity of other cells, such as osteoclasts. **Objective:** To investigate the effects of MV isolated and combined with estrogen therapy on osteocytes and their lacunocanalicular networks, osteoclasts, and bone matrix in osteopenic female mice. **Methods:** Fifty female Swiss mice (3 months old) underwent ovariectomy (OVX) or sham-operations and were divided into five groups (n=10/group): SHAM (no treatment), OVX (vehicle), MV (OVX+mechanical vibration), EST (OVX+17 β -estradiol, 10 μ g/kg/day), and MV+EST (OVX+MV+estradiol). Treatments were administered for 60 days: MV applied at low frequency/intensity (30 min/day, 5 days/week), and estrogen given daily. At 9 months of age, animals were euthanized, and their femurs and tibias underwent histochemical analyses: TRAP staining for osteoclast and silver impregnation for osteocyte and canaliculi quantification. Chondroitin sulfate and hyaluronic acid levels were evaluated by agarose gel electrophoresis and ELISA, respectively. **Results:** MV-treated groups showed a higher number of osteocytes in total and trabecular bone compared to other groups. In cortical bone, MV+EST showed increased osteocyte numbers compared to SHAM, OVX, and EST. All treated groups had more canaliculi than OVX, while SHAM showed fewer canaliculi than EST and MV+EST in total and trabecular bone. No differences were observed in osteoclast number among the groups. However, a tendency for reduction was noted in MV. EST and MV+EST presented fewer active osteoclasts than SHAM, OVX, and MV. OVX exhibited a greater bone resorption surface in trabecular bone compared to EST and MV+EST, with no difference compared to MV, while SHAM, MV and MV+EST had larger resorption surfaces than EST. Chondroitin sulfate levels were higher in MV, EST, and MV+EST compared to OVX. Additionally, SHAM, MV and MV+EST showed increased levels of hyaluronic acid than OVX. **Conclusion:** MV increased osteocytes number and their canaliculi and elevated chondroitin sulfate levels, suggesting beneficial effects on bone tissue. These effects were enhanced when MV was combined with estrogen in osteopenic female mice. **Keywords:** Osteocytes and Lacunocanalicular network; Vibration; Osteopenia.

PO-133

1116307 MITIGATING THE CONSEQUENCES OF HYPERPARATHYROIDISM THROUGH THE TREATMENT OF PRIMARY ALDOSTERONISM – A REPORT OF 5 CASES

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Introduction: The interplay between the renin–angiotensin–aldosterone system (RAAS) and the calcium–PTH–vitamin D axis is recognized, though its pathophysiological mechanisms remain poorly understood. We describe five cases illustrating this crosstalk. **Case Reports:** **Case 1:** A 74-year-old female with hypertension, hypokalemia, osteoporosis, and fractures. Labs: PTH 149 pg/mL, TCa 8.3 mg/dL, iCa 1.08 mmol/L, 25OHD 20.4 ng/mL, UCa 428 mg/24h, K 3.4 mEq/L, ARR 43, suppressed PRA; consistent with PA due to adrenal hyperplasia. Spironolactone 75 mg/day improved labs (PTH 42.7 pg/mL, TCa 9.4 mg/dL, iCa 1.18 mmol/L, UCa 100 mg/24h, K 5.1 mEq/L). **Case 2:** A 56-year-old male with fractures, nephrolithiasis, hypokalemia, hypertension, and prior bariatric surgery. Labs: PTH 80 pg/mL, TCa 9.7 mg/dL, iCa 1.30 mmol/L, 25OHD 46 ng/mL, UCa 135 mg/24h, K 2.9 mEq/L, ARR 112. Diagnosed with PA due to right adrenal adenoma; adrenalectomy performed. Post-op labs improved (PTH 43 pg/mL, TCa 9.84 mg/dL, K 4.4 mEq/L, ARR 3). **Case 3:** Female, 51, hypertension, idiopathic hypercalciuria. Labs: PTH 81 pg/mL, TCa 8.8 mg/dL, iCa 1.19 mmol/L, 25OHD 30 ng/mL, UCa 267 mg/24h. Developed hypokalemia; ARR 28.3–29.2; adrenal hyperplasia diagnosed. Spironolactone started, thiazide stopped. Follow-up labs improved (PTH 36 pg/mL, TCa 9.4 mg/dL, UCa 151 mg/24h). **Case 4:** Female, 56, hypertension, nephrolithiasis, hypercalciuria, previous parathyroidectomy for PHPT. Labs: PTH 71 pg/mL, TCa 9.6 mg/dL, iCa 1.35 mmol/L, 25OHD 42 ng/mL, UCa 97 mg/24h, ARR 32. PA confirmed; spironolactone 75 mg/day started. Follow-up labs: PTH 55 pg/mL, TCa 9.4 mg/dL, ARR 9.5. **Case 5:** Female, 63, PHPT, hypercalciuria, osteopenia, ankle fracture, breast cancer; declined PHPT surgery. Adrenal incidentalomas found. Hormonal evaluation revealed PA and ACTH-independent cortisol secretion; imaging indicated bilateral macronodular adrenal hyperplasia. Labs: PTH 111 pg/mL, TCa 10.5 mg/dL, iCa 1.50 mmol/L, 25OHD 29 ng/mL, UCa 680 mg/24h, ARR 34 (on hydrochlorothiazide). After spironolactone 50 mg/day: PTH 71 pg/mL, TCa 10.9 mg/dL, UCa 448 mg/24h. **Discussion:** These cases highlight the need to screen for PA in patients with idiopathic hypercalciuria or hyperparathyroidism. **Final Comments:** The impact of PA on mineral and bone metabolism must be recognized, as medical or surgical treatment of PA can attenuate or reverse osteometabolic abnormalities.

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1116122 MOLECULAR DIAGNOSIS IN A FAMILY SUSPECTED OF OSTEOGENESIS IMPERFECTA

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Case Presentation: Osteogenesis imperfecta is a genetic disorder that manifests in childhood and results from a genetic alteration in collagen. Our index case is a 25-year-old male referred at age 16 due to a history of three low-impact femoral fractures, low bone mass, and blue sclera. Originally from Jaguaquara, Bahia, he denied consanguinity. Family investigation revealed a father and paternal uncle with multiple fractures since adolescence; a paternal aunt (52 years old) with bilateral conductive hearing loss and fibrous dysplasia of the temporal bone; another paternal aunt (49 years old) with lumbar scoliosis and a fracture at age 10; and yet another paternal aunt (46 years old) with multiple fractures since childhood and blue sclera. His daughter, 10 years old, presents with low bone mass, mild scoliosis, and blue sclera. A genetic test of the index case identified a pathogenic heterozygous variant in the COL1A2 gene, which will subsequently be extended to other family members. **Discussion:** Osteogenesis imperfecta (OI) is a genetic disorder characterized by bone fragility and reduced bone mineral density, with variable manifestations. Its pathophysiology predominantly involves mutations in the COL1A1 and COL1A2 genes, responsible for the synthesis of type I collagen. In rare cases, it may be associated with defects in bone mineralization or osteoblastic function, involving other genes. **Final Comments:** OI is a heterogeneous genetic condition requiring a multidisciplinary approach for proper management and prevention of complications. The report highlights the importance of family screening for early diagnosis and individualized treatment aimed at better quality of life.

PO-135

1116412 MORTALITY FROM BONE DENSITY DISORDERS IN BRAZIL (2019–2023): AN ANALYSIS BY SEX, ETHNICITY, AND REGION

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Introduction: Bone density and structural disorders, such as osteoporosis and osteomalacia, compromise bone strength and increase the risk of fractures. These conditions are multifactorial, influenced by genetic factors, age, nutritional deficiencies, sedentary lifestyle and chronic diseases. Socioeconomic aspects, including sex, ethnicity, and geographic region, also impact their occurrence and treatment. In Brazil, monitoring hospitalizations and deaths related to these diseases is essential to guide public health policies and effective prevention strategies. **Methods:** This study analyzed mortality associated with bone density and structural disorders using data from the TABNET/DATASUS system. Hospital records coded with ICD-10 categories M80, M81, M82, M83, M84, and M85 concerning bone density and structural disorders, covering the period from January 2019 to December 2023, were reviewed across the different regions of Brazil. The number of deaths, sex, and ethnicity were examined using descriptive statistical analysis. **Results:** During the study period, there were 2,054 deaths among white individuals, 73.36% of whom were women (1,507) and 26.64% men (547). The Southeast region accounted for the majority of cases (1,440), followed by the South (251) and Northeast (216), with the lowest occurrence in the North (22). Among Black individuals, there were 121 deaths (79 women and 42 men), mostly in the Southeast (79), with very few in the North (2). In the mixed-race (Pardo) population, 708 deaths occurred (468 women and 240 men), mainly in the Southeast (278) and South (275), and fewer in the North (54). Across all racial groups, mortality was higher among women. The Southeast led in mortality in all subgroups, possibly due to its aging population and better access to diagnostics. The North and Central-West regions had the lowest rates, suggesting potential underreporting or barriers in accessing healthcare and death registration. **Conclusion:** Mortality from bone density disorders is higher among women and white individuals, with a significant concentration in the Southeast region. The findings highlight the influence of population aging and regional disparities in access to diagnosis and bone health care. Therefore, it is crucial to implement preventive measures and surveillance policies to promote healthy aging, including early screening, appropriate treatment of osteoporosis, and equitable access to healthcare services, especially in the North and Central-West regions.

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1115768 MULTISYSTEMIC MANIFESTATIONS OF PARATHYROID CARCINOMA: INSIGHTS FROM A CASE REPORT

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Case Presentation: 74-years-old male patient was referred to a tertiary hospital emergency care with suspected multiple myeloma, due to asthenia, mobility issues and weight loss. Imaging showed multiple lytic skull lesions. He had decreased eGFR 20 mL/min/1.73 m² (> 90), elevated albumin-corrected calcium 17,3 mg/dL (8,8-10,2), and increased parathormone 3.126 pg/mL (15,0-65,0), being treated initially with intravenous fluids, corticosteroids, and pamidronate. No monoclonal bands were detected, excluding multiple myeloma. Ultrasound and CT identified a suspicious nodule in the topography of the right parathyroid, measuring 3,4 cm with no lymphadenomegaly. Partial parathyroidectomy was performed, and PTH and calcium levels dropped to 13,99 pg/mL and 7,4 mg/dL, respectively. Histopathology confirmed parathyroid carcinoma, with foci of angiolymphatic invasion. Total column CT and bone scintigraphy showed widespread osteolytic lesions and diffuse bone loss, suggesting brown tumors. He had several other systemic complications, such as hungry bone syndrome (HBS), chondrocalcinosis, atherosclerotic carotid disease, bilateral nephrolithiasis, profound vein thrombosis and severe osteoporosis in DXA and fragility fracture. Currently, he is in multidisciplinary follow-up, with no signs of metastasis, recurrence hypercalcemia or hyperparathyroidism. **Discussion:** Parathyroid cancer corresponds to less than 0.005 % of all cancers worldwide, and is the least common endocrine malignancy. Unlike other endocrine cancers, the parathyroid tumor produces more hormone when it is malignant. Severe hypercalcemia PTH-dependent is the classical finding, and simultaneous nephrologic and bone symptoms are much more frequent in carcinomas than adenomas. Higher cardiovascular risk is documented. Venous thrombosis is not often described as a carcinoma complication, but can occur as paraneoplastic syndrome or due to hemoconcentration. Diagnosis is confirmed by histopathology and parathyroidectomy is the first-line treatment. Five-year overall survival rates range from 78 % to 86 %. **Final Comments:** The initial evaluation of the patient with parathyroid cancer is often nonspecific, and may be mistaken for other differential diagnosis such as multiple myeloma and parathyroid adenoma. Complete biochemical and imaging assessment must be performed before and after the histological diagnosis, to identify multisystemic complications, guide treatment and estimate prognosis.

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1116186 PARADOXICAL INCREASE IN CTX IN POST-BARIATRIC PATIENTS TREATED WITH ROMOSUZUMAB: SERIES OF FOUR CASES

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Case Presentation: Series of four patients with a history of gastric bypass (RYGB), densitometric osteoporosis and use of romosozumab (RMZ), who evolved with persistent and significant elevation of C-telopeptide (CTX), contrasting with the expected pharmacodynamic pattern in postmenopausal women. Patient 1 (75 years old) had a baseline CTX of 0.042 ng/mL, reaching 1.270 ng/mL after 3 months and remaining >1.0 ng/mL for 12 months. P1NP rose from 67 ng/mL to 254 ng/mL. Despite this, there was a gain in lumbar bone mineral density (BMD) of +13%. Patient 2 (48 years old) started with CTX of 0.409 ng/mL, reaching 3.450 ng/mL 5 months after the first dose of RMZ, with P1NP of 528 ng/mL in the same period. However, this patient had been taking glucocorticoids for up to 4 months before starting treatment. In this case, lumbar BMD increased by 40%. Patient 3 (53 years old), currently taking RMZ, had baseline CTX of 0.800 ng/mL with a peak of 0.853 ng/mL at 1 month, remaining > 0.700 ng/mL after 6 months. P1NP decreased from 63 ng/mL (1 month) to 20.6 ng/mL (6 months). Lumbar BMD increased by 7.9%. Patient 4 (39 years old), who received only two doses, had an initial CTX of 0.420 ng/mL and a rise to 0.710 ng/mL in 45 days, with a P1NP of 264 ng/mL. All patients had 25(OH)vitamin D ≥ 24 ng/mL, without hyperparathyroidism, metastatic bone disease or systemic inflammation. Adherence to supplementation and physical activity was adequate. **Discussion:** RMZ is a monoclonal antibody with a dual action on bone: it promotes formation and inhibits resorption by blocking sclerostin. Its use is expected to reduce the bone resorption marker CTX. The behaviour of this marker may also change in patients undergoing bariatric surgery (BC), but the mechanisms are still poorly understood. Despite the increase in CTX, BMD increased in all cases with complete densitometric follow-up, especially in trabecular bone. Given this paradoxical pattern, some hypotheses are raised: chronic accelerated post-bariatric bone remodelling that limits the anti-resorptive effect of romosozumab; functional resistance to sclerostin inhibition of bone anti-resorption; intestinal hormonal interferences (such as GLP-1) and dysbiosis. **Final Comments:** To date, there have been no similar case Reports in the literature. Despite the potential benefit of RMZ in osteoporosis after CB, studies are needed to clarify the behaviour of bone remodelling in this subgroup of patients.

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1115710 PERSISTENT HYPOPHOSPHATEMIA AND FRAGILITY FRACTURES IN ADULTS: TWO CASES OF TUMOR-INDUCED OSTEOMALACIA

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Case Presentation: We report two cases of male patients, a mean diagnostic age of 49 years, presenting with diffuse bone pain, progressive muscle weakness, and fragility fractures (lumbar spine, costal arches, and pubic symphysis), with symptom onset occurring between 2 and 5 years prior to diagnosis. Both patients had persistent hypophosphatemia (0.9–2.0 mg/dL; N: 2.4–5.1 mg/dL) with increased urinary phosphate excretion - 20,5% in the absence of renal tubular acidosis. There was an elevation of bone-specific alkaline phosphatase (142–200 mcg/L; N: 5.5–22.9 mcg/L) and fibroblast growth factor 23 (FGF-23) levels (121 pg/mL; N 22–96 pg/mL and 300 kRU/L; N: 26–110 kRU/L), a key marker in the disease pathophysiology. Bone densitometry revealed markedly reduced bone mass in the lumbar spine (T-score: -4.0 and -3.8), femoral neck (-3.6 and -3.0), and total femur (-4.1 and -2.9). Bone scintigraphy showed multiple areas of increased uptake consistent with fractures, pseudofractures, or postfracture sequelae. Clinical and laboratory findings raised suspicion for tumor-induced osteomalacia (TIO). The first patient underwent genetic testing for FGF-23 mutations, which were negative, confirming the TIO hypothesis. Currently awaiting 68Ga-DOTATOC PET-CT for tumor localization and is being treated with oral phosphate salts (sodium and potassium), cholecalciferol, and calcitriol. The second patient did not undergo genetic testing, but the 68Ga-DOTATOC PET-CT scan localized a tumor in the mandible. Surgical resection of the tumor led to progressive improvement in muscle strength, partial pain relief, and increased serum phosphate levels (5.6 mg/dL; N: 2.5–4.9 mg/dL) as well as a reduction in FGF-23 levels (54.8 pg/mL). **Discussion:** TIO is a rare paraneoplastic syndrome caused by tumors that secrete FGF-23, a bone-derived hormone that plays a central role in phosphate regulation and bone mineralization. Persistent elevation of FGF-23 results in phosphaturia, hypophosphatemia, and decreased production of 1,25-OHD, leading to severe osteomalacia. Clinically, the syndrome is characterized by muscle weakness, diffuse bone pain, and multiple fragility fractures. **Final Comments:** TIO is a rare and challenging condition to diagnose, requiring a high index of suspicion in cases of persistent hypophosphatemia and fragility fractures. Surgical removal of the tumor is the definitive treatment. Early diagnosis and intervention are critical to prevent irreversible complications.

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1116139 PREDICTORS OF PERSISTENT HYPERCALCEMIA IN HOSPITALIZED PATIENTS AFTER DISCHARGE: EXPERIENCE FROM A REFERENCE CENTER

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Introduction: Hypercalcemia is a common cause of hospitalization and is associated with increased mortality. Most cases are related to primary hyperparathyroidism or malignancy, but it also may be caused by immobilization, inflammation and medications. **Objective:** The main goal of this study was to determine the prevalence of hypercalcemia in hospitalized patients in the Internal Medicine Unit and to analyze the evolution of calcium levels in outpatient follow-up in 3 to 12 months. **Methods:** A sample of 1072 hospitalized patients with calcium levels above 10.4 mg/dL was selected from electronic medical records of hospitalized patients in the Internal Medicine Department between 2014 and 2024. **Results:** The median age and BMI were 64 [53-72] years-old and 23.4 [20-27.1] kg/m², respectively. The maximum value of corrected calcium during hospitalization and after discharge were 11.2 [10.7-12.2] mg/dL and 10.2 [9.8-11.1] mg/dL, respectively, while the last reported calcium during the follow-up time was 9.7 [9.17-10.5] mg/dL. Patients with persistent hypercalcemia after discharge were older (p 0.005), had higher levels of calcium (p < 0.001), C reactive protein (CRP) (p 0.037) and alkaline phosphatase (p 0.040) during hospitalization. In a multivariate linear regression model, phosphorus was negatively associated with calcium values during hospitalization (p 0.209 and p 0.010; R² =0.067), and CRP and GFR were positively associated (p 0.008 and p 0.026; R² =0.067). PTH values showed no significant association with maximum calcium reported during hospitalization in this analysis. **Conclusion:** Hypercalcemia is a common finding during hospitalization and, in ambulatory follow-up, most patients normalize calcium values. Those who maintained higher levels of calcium presented higher calcium, CRP and alkaline phosphatase values during hospitalization. This suggests an important role of inflammation and possibly immobilization behind hypercalcemia in hospitalization context.

PO-141

1116296 PRIMARY HYPERPARATHYROIDISM WITH BROWN TUMOR AND PROLONGED BONE STARVATION: CASE REPORT

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Case Presentation: We report a case of a 47-year-old black woman, married, with systemic arterial hypertension for over 15 years and recurrent nephrolithiasis. She had a painful nodule on palpation over the left clavicle and a palpable nodule in the left lobe of the thyroid (~2 cm). Laboratory tests showed total calcium of 10.8 mg/dL (RV: 8.5–10.6) and PTH of 1538 pg/mL (RV: 10–65), confirming primary hyperparathyroidism (PHPT), in addition to nephrocalcinosis and CKD stage IV. Scintigraphy with SESTAMIBI showed retention of the radiotracer in the lower poles. Ultrasonography revealed a suspicious nodule in the left lobe with Bethesda IV FNA. Several bone lesions were identified: brown tumor in the clavicle and left rib, tibia, and “salt and pepper” lesions in the skull. Total thyroidectomy and subtotal parathyroidectomy were performed, with partial preservation of one parathyroid. In the immediate postoperative period, the patient developed bone hunger syndrome (hypocalcemia, significant hypophosphatemia, and hypomagnesemia), with prolonged hospitalization and use of calcium (intravenous and oral) and calcitriol. Clinical resolution occurred seven months after the procedure. Histopathology confirmed diffuse nodular parathyroid hyperplasia and low-risk papillary thyroid carcinoma. Given the exuberant condition and probable onset in the third decade of life, genetic testing was requested, with the hypothesis of a mutation in the *menin* gene (*MEN1*), awaiting the results. **Discussion and Final Comments:** PHPT is the main cause of hypercalcemia in outpatient clinics. The most classic bone manifestations, including brown tumors, are currently rare due to early diagnosis and represent areas of intense bone resorption. Hungry bone syndrome is a postoperative complication of parathyroidectomy and its incidence ranges from 24 to 87%. In the case described, the prolonged recovery probably reflects the severity of the previous bone disease. Papillary thyroid carcinoma is a possible incidental finding in patients with thyroid nodules. The association with PHPT is rare, but possible. The possibility of a genetic test in PHPT syndrome should be considered in patients with early onset, multiple lesions or a family history. The importance of early recognition of skeletal manifestations, appropriate postoperative management and investigation of genetic syndromes in patients with early, atypical or aggressive presentations is highlighted.

PO-143

1116341 PSEUDOHYPOPARATHYROIDISM CAUSED BY A MISSENSE MUTATION ON CODON 196 OF GNAS GENE

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Case Presentation: A 30-year-old female referred to endocrinology for neuropsychomotor developmental delay, obesity, and short stature. Her medical history included precocious puberty, hypothyroidism, cataracts, and seizures. Her mother has brachydactyly of the feet, but normal stature, normal serum calcium and normal PTH levels. Physical exam: round face, brachydactyly of hands and feet, a height of 146 cm (Z-score -1), and weight of 61 kg (BMI of 28.6). Labs: hypocalcemia (ionized calcium: 4.2 mg/dL [4.4–5.8]), hyperphosphatemia (8.3 mg/dL [2.5–4.5]), and an elevated PTH level of 616 pg/mL (7–53). A disproportion between TSH 5.03 mIU/L (0.45–4.5) and FT4 at 1.48 ng/dL (0.85–1.5) was observed. X-rays of hands and feet demonstrated shortening of metatarsals and phalanges. Bone densitometry test and thyroid ultrasound were normal. A head CT scan revealed calcifications in the cerebral hemispheres, basal ganglia, and cerebellum. Molecular analysis by next-generation sequencing identified a missense mutation in codon 196 of the *GNAS* gene, resulting in a substitution of the amino acid aspartate by asparagine, consistent with the diagnosis of pseudohypoparathyroidism type 1A (PHP1A) / Albright hereditary osteodystrophy. Treatment with calcitriol, calcium carbonate, and cholecalciferol was initiated. Her mother was diagnosed with pseudopseudohypoparathyroidism. **Discussion:** PHP1A presents with Albright hereditary osteodystrophy (including premature metaphyseal closure, shortening of diaphyses, short stature, ectopic calcification) and resistance to other hormones with G protein-coupled receptors. The main types of PHP are caused by inactivating mutations of the *GNAS* gene, which encodes Gsα, with an autosomal dominant mode of inheritance. *GNAS* exhibits genomic imprinting. In the most tissues the expression is biallelic, except in thyroid, proximal renal tubules, pituitary gland, and ovaries, in which is primarily maternal. More than 80 *GNAS* mutations associated with loss of function have been described. We identified a missense mutation in codon 196, which has been described only once in association with PHP1A. **Final Comments:** The identification of new mutations highlights the importance of continued research to better define the relationship between genotype and phenotype, allowing for a higher diagnostic precision, better genetic counseling, and improved therapeutic care. **Keywords:** Pseudohypoparathyroidism; Albright osteodystrophy; pseudopseudohypoparathyroidism.

PO-144

1116097 RESPONSES TO ORAL IBANDRONATE THERAPY IN POLYOSTOTIC FIBROUS DYSPLASIA

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Case Presentation: To present two cases of polyostotic fibrous dysplasia (PFD) in male patients, both treated with oral ibandronate.

Case Report: #1: a 16-year-old male presented with bone pain, bone deformities and physical limitations due to several affected skeletal sites (skull, pelvis and lower extremities). Initial labs showed serum CTX of 1200 pg/mL (normal <570) and alkaline phosphatase (ALP) of 427 U/L (< 310). After six months of oral ibandronate therapy (150 mg per month), CTX decreased to 230 pg/mL (80.8% reduction) and ALP to 281 U/L (34.2% reduction). **Case Report:** #2: a 42-year-old male presented with low back. He had two affected skeletal sites (left iliac bone and femoral diaphysis). Lab tests showed normal values for CTX (340 pg/mL) and ALP (96 U/L). After six months of oral ibandronate (150 mg per month), CTX dropped to 140 pg/mL (58.8% reduction) and ALP to 72 U/L (25% reduction). After treatment, both patients reported substantial clinical improvement, with pain resolution and full resumption of daily activities. **Discussion:** Polyostotic fibrous dysplasia is a rare benign disorder in which normal bone is replaced by fibro-osseous tissue, often resulting in pain, deformity, and increased fracture risk. In isolated forms not linked to hormonal syndromes, management focuses on controlling symptoms and reducing bone turnover. There are few reports on the use of bisphosphonates (BPs) in PFD, most of them with the use of intravenous preparations with the rationale to mitigate the increased bone remodeling process, but data on the use of oral BPs are still scarce. In the present cases, treatment led to marked reductions in bone turnover markers (CTX and ALP) and significant clinical improvement within a short period of time. The more pronounced response in the younger patient may be related to higher baseline metabolic activity and extent of skeletal involvement. Treatment was well tolerated and free of adverse events. **Final Comments:** These cases illustrate an uncommon presentation of metabolic bone disease in men with overall good response to oral BPs.

PO-145

1116098 RISK ASSESSMENT OF SARCOPENIA IN PATIENTS ATTENDED AT THE ENDOCRINOLOGY OUTPATIENT CLINIC OF SANTA CASA DA MISERICÓRDIA OF RIO DE JANEIRO

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Introduction: Sarcopenia is the progressive loss of muscle mass, strength, and function, potentially leading to falls, fractures, and increased mortality risk. The European Working Group on Sarcopenia in Older People (EWGSOP2) define sarcopenia: - its earlier onset and phenotype with causes beyond aging; - considered a muscle disease (muscle failure); - Muscle mass and quality are difficult to measure; - has been neglected and undertreated. A variety of tests and tools are available to characterize sarcopenia in both clinical practice and research. **Objective:** To assess the risk of sarcopenia in patients at the endocrinology outpatient clinic using validated and easy-to-apply tools. **Methods:** This is a cross-sectional study approved by the ethics committee. A total of 48 patients were evaluated. We used the SARCF and SARC-CALF questionnaires, the latter addition of calf circumference measurement as well as the handgrip strength test using a hand dynamometer, BMI, abdominal circumference, and physical activity levels. Statistical tests: Chi-square test was used to assess statistical differences. When frequency counts were less than 5, Fisher's exact test was used. **Results:** The mean age was 53 years. 85.4% were female, 95.8% did not engage in physical activity. 77.1% were classified as obese. 16.7% were at high risk for sarcopenia based on SARCF, 56.3% were at high risk according to SARC-CALF. In the the handgrip strength test, 85.7% of men and 53.7% of women had low grip strength, indicating increased risk for sarcopenia. In bivariate analysis, when comparing age group and sarcopenia risk, there was no statistical difference ($p = 0.277$) between adults (53.3%) and older adults (61.1%). Comparing sex and sarcopenia risk, 61% of women and 28.6% of men were at high risk, with no statistical difference ($p = 0.215$). Comparing BMI and sarcopenia risk, 56.8% of obese individuals were at high risk, and 54.5% of non-obese individuals were also at high risk ($p = 0.016$). **Conclusion:** Magnetic resonance and computed tomography scans are considered the gold standard for non invasive muscle mass evaluation but are costly. Using low-cost tools such as SARCF, SARC-CALF, and the handgrip strength test, we can assess sarcopenia risk in line with current research, allowing for prevention, delay, treatment, and sometimes even reversal of the condition by addressing secondary factors such as disease, inactivity, and poor nutrition.

PO-146

1115873 SEVERE ACQUIRED PRIMARY HYPOPARATHYROIDISM WITH ASSOCIATED DRESS SYNDROME IN AN ADOLESCENT: CASE REPORT

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Case Presentation: A 16-year-old female presented with three episodes of generalized tonic-clonic seizures of unknown cause, which ceased after treatment with phenytoin. Cranial computed tomography revealed multiple small hyperdense lesions in the frontal region, suggestive of intraparenchymal calcifications. Initial laboratory tests showed severe hypocalcemia (5.6 to 6.7 mg/dL), hyperphosphatemia (9.6 to 11 mg/dL), and undetectable parathyroid hormone (PTH) levels. After intravenous calcium replacement, no recurrence of seizures was observed. Infectious screening was negative, but C-reactive protein (CRP) remained elevated and rheumatoid factor was above the upper limit of normal. There was a history of juvenile idiopathic arthritis in early childhood, but no history of surgery or prior neuropsychiatric symptoms. During hospitalization, the patient developed fever and a coalescent maculopapular rash on the trunk and limbs, along with hyper eosinophilia (2.034/mm³) and elevated liver enzymes, consistent with DRESS syndrome (Drug Rash with Eosinophilia and Systemic Symptoms), likely secondary to prior phenytoin use. Given this autoimmune spectrum, and after syndromic phenotypes were ruled out by a geneticist, a probable autoimmune etiology was inferred for the severe acquired hypoparathyroidism. The patient was treated with a 14-day course of immunosuppressive corticosteroids and a leukotriene receptor antagonist, resulting in complete resolution of skin lesions. Oral calcium and vitamin D supplementation were continued after discharge. **Discussion:** Acquired hypoparathyroidism unrelated to post-surgical status is significantly rarer, with autoimmune mechanisms potentially responsible for both inhibition of PTH secretion and resistance to its action. Antibodies against the calcium-sensing receptor (CaSR) are identified in approximately one-third of cases. Individuals with autoimmune backgrounds have a higher incidence of hypersensitivity reactions, especially delayed types. In this case, the development of DRESS syndrome in the context of severe hypoparathyroidism supports the hypothesis of a likely autoimmune etiology. **Final Comments:** The differential diagnosis of non-surgical acquired hypoparathyroidism remains a clinical challenge. Autoimmune causes may coexist with other immune-mediated conditions, and their confirmation requires exclusion of more prevalent etiologies, thereby enabling effective therapy and preventing serious or even fatal complications.

PO-147

1116164 SEVERE HYPERCALCEMIA DUE TO COEXISTENCE OF MULTINODULAR GOITER-INDUCED HYPERTHYROIDISM AND PRIMARY HYPERPARATHYROIDISM: A CASE REPORT

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Case Presentation: A 58-year-old woman presented to the emergency department with recurrent vomiting and tachycardia. Physical examination revealed a large multinodular goiter, which the patient reported had been growing over the past seven years. Laboratory tests showed hyperthyroidism with a suppressed TSH and a free T4 of 7.65 ng/dL (4.25 times the upper limit of normal). The TSH receptor antibody (TRAb) was negative. Imaging revealed a substernal component of the goiter, with extension of the right thyroid lobe into the anterior and middle mediastinum, causing deviation of the trachea and esophagus. During hospitalization, the patient developed constipation and a slight increase in nitrogenous waste products. Further investigation revealed severe hypercalcemia, with albumin-corrected calcium at 14.4 mg/dL, due to elevated parathyroid hormone (PTH) levels of 204 pg/mL. Zoledronic acid was administered to control calcium levels, and methimazole was initiated for hyperthyroidism, though it was later discontinued due to unexplained anemia requiring transfusion. Due to the large size of the goiter, parathyroid abnormalities could not be detected on sestamibi Tc-99m scintigraphy. The patient was scheduled for thyroidectomy combined with parathyroidectomy. Surgery proceeded without complications, and the thyroid gland was completely removed with the support of a thoracic surgery team. Additionally, the right inferior parathyroid gland was excised after intraoperative identification of its enlargement, and histopathology confirmed glandular hyperplasia. Postoperatively, PTH levels dropped to <4.6 pg/mL. The patient developed electrolyte imbalances consistent with both hungry bone syndrome and hypoparathyroidism and was later discharged for outpatient follow-up. **Discussion:** The coexistence of toxic multinodular goiter-induced hyperthyroidism and primary hyperparathyroidism is a rare and diagnostically challenging condition, especially when the clinical picture is dominated by nonspecific or overlapping symptoms. In this case, severe hypercalcemia was a crucial red flag that prompted further investigation and led to the diagnosis of a concurrent parathyroid disorder. **Final Comments:** This case highlights the importance of a comprehensive evaluation in patients with endocrine dysfunctions, especially when clinical or laboratory findings cannot be fully explained by a single diagnosis.

PO-148

1115634 SEVERE PTH-DEPENDENT HYPERCALCEMIA IN A CHRONIC KIDNEY DISEASE PATIENT: DIAGNOSTIC CHALLENGE BETWEEN PRIMARY AND TERTIARY HYPERPARATHYROIDISM DUE TO SOLITARY PARATHYROID ADENOMA

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Case Presentation: A 69-year-old female patient, with a history of hypertension and former smoking, was admitted presenting with asthenia and weight loss, associated with severe hypercalcemia and renal dysfunction. Laboratory evaluation revealed: total calcium of 17.7 mg/dL, ionized calcium of 2.24 mmol/L, PTH of 1417.3 pg/mL, and vitamin D level of 39.6 ng/mL, consistent with a picture of severe PTH-dependent hypercalcemia. A cervical MRI was performed and revealed a solid lesion with regular margins, heterogeneous on T2-weighted images, suggestive of a parathyroid adenoma. Subsequently, a 99mTc-sestamibi scan confirmed persistent focal uptake in the upper left pole, supporting the hypothesis of a single functioning parathyroid adenoma. Despite pharmacological interventions with pamidronate and cinacalcet, adequate biochemical control was not achieved. Given the clinical scenario, the patient underwent left superior parathyroidectomy in November 2024. Histopathological analysis confirmed a parathyroid adenoma with cystic areas and no signs of diffuse hyperplasia, consolidating the diagnosis of primary hyperparathyroidism. **Discussion:** The presence of severe hypercalcemia with markedly elevated PTH levels in a patient with renal dysfunction raises the differential diagnosis between primary and tertiary hyperparathyroidism, particularly in the setting of hypercalcemia, estimated GFR < 60 mL/min, and PTH > 1000 pg/mL. However, both MRI and scintigraphy indicated a single functioning adenoma. Although the markedly elevated PTH levels could initially suggest tertiary hyperparathyroidism (3HPT), the absence of multiglandular involvement, lack of significant hyperphosphatemia, preserved vitamin D levels, and no history of chronic dialysis strongly favor the diagnosis of primary hyperparathyroidism. Additionally, in 3HPT, scintigraphy typically reveals multiple hyperfunctioning glands. Current literature supports that chronic kidney disease alone does not necessarily imply 3HPT, especially in the absence of classical criteria such as multiglandular hyperplasia and prolonged dialysis history. **Final Comments:** Osteometabolic disturbances in patients with chronic kidney disease represent a diagnostic challenge. Differentiating between primary and tertiary hyperparathyroidism is often essential. Histopathological examination remains a key component in establishing a definitive diagnosis and guiding appropriate treatment. **Keywords:** Hyperparathyroidism; Chronic kidney disease.

PO-149

1116191 SEVERITY AND BIOCHEMICAL PROFILE OF SPORADIC PRIMARY HYPERPARATHYROIDISM FOLLOWED AT A BRAZILIAN UNIVERSITY HOSPITAL: EVIDENCE OF DIAGNOSTIC DELAY OR A MORE AGGRESSIVE PATHOPHYSIOLOGY?

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Introduction: Primary hyperparathyroidism (PHPT) clinical presentation has changed over the years, becoming mostly asymptomatic in developed countries, but data from developing countries, such as Brazil, remains limited. **Objective:** to evaluate the clinical and biochemical features of PHPT in a Brazilian sample of a tertiary hospital in São Paulo. **Casuistic and Methods:** 295 individuals with PHPT followed at a school hospital in São Paulo. Data are presented as mean $\pm$ SD or median [ranges], depending on the distribution. Statistical significance set if $p < 0.05$. **Results:** The majority were women (87.1%), Caucasian (54.9%), most patients (62.3%) aged between 50-69 years, and clinically asymptomatic (54%). Compared to asymptomatic, those symptomatic were younger and had higher levels of total calcium (tCa), ionized calcium (iCa), PTH, 24-hour urine calcium (uCa), alkaline phosphatase (ALP), and higher BMI. Caucasians were more symptomatic (52.8 vs 37.9%; OR 1.84 [CI 95% 1.14-2.93], had higher proportion of lithiasis (66.9 vs 43.9%; OR 2.58 [CI 95% 1.51-4.38]) and osteoporosis (66.5 vs 45%; OR 1.96 [CI 95% 1.15-3.17]). Individuals with nephrolithiasis were also younger, with higher levels of tCa, iCa, PTH, uCa, and lower phosphorus (P) levels. Patients with osteoporosis were older, had lower BMI, and 15.5% of them had fragility fracture. Data from 194 of 204 submitted to surgery indicated that 88.1% had uniglandular disease, while 11.9% had multiglandular. The volume of the affected parathyroid gland had a positive Spearman correlation with tCa (0.497), iCa (0.418), PTH (0.546), and ALP (0.471), while it negatively correlated with P (-0.18) and 25OHD (-0.255). Moreover, PTH had a negative correlation with 25OHD (-0.335). **Conclusion:** Most patients with sporadic PHPT were Caucasian women aged 50-69 years. Although the proportion of patients without symptoms has exceeded that of symptomatic, it remains significantly lower than in developed countries, suggesting that many asymptomatic patients might still be undiagnosed. Caucasians had a higher risk of being symptomatic and developing nephrolithiasis and osteoporosis compared to other ethnicities. 25OHD concentrations demonstrated an inverse relationship with PTH and the volume of the affected parathyroid gland. Symptomatics are diagnosed at an earlier age and tend to present more severe disease, indicating that severity is not a result of delayed diagnosis but rather a more aggressive disease pathophysiology.

PO-150

1116284 SPONTANEOUS REMISSION OF PRIMARY HYPERPARATHYROIDISM IN THE POSTPARTUM: A RARE PRESENTATION OF PARATHYROID ADENOMA APOPLEXY

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Case Presentation: A 29-year-old woman in the postpartum lactation period was referred to Endocrinology after two days of diffuse cervical pain and ten days of dysphagia. Cervical ultrasound showed a hypoechoic, mildly heterogeneous 2.18 mL nodule ($2.3 \times 1.45 \times 1.23$ cm) adjacent to the inferior left thyroid pole, avascular on Doppler, with a normal-appearing thyroid. Laboratory tests revealed deficiency of 25-hydroxyvitamin D3 (19 ng/mL) and elevated parathyroid hormone (PTH) levels (194 pg/mL; reference: 17.3–74 pg/mL). Vitamin D3 supplementation was initiated. After 4 weeks, reassessment showed an increase in 25(OH)D3 to 26.2 ng/mL, a decrease in PTH to 97.7 pg/mL (reference <88 pg/mL), and normal calcium levels. Follow-up ultrasound revealed a solid structure in the parathyroid region, with regular margins, avascular on Doppler, and reduced volume to 0.2 cm³ ($17 \times 9 \times 7$ mm), corresponding to an approximate 90.8% reduction. Initial differential diagnoses included an exophytic thyroid nodule or a regressed hemorrhagic parathyroid cyst. Fine-needle aspiration revealed hemorrhagic content and markedly elevated PTH in the aspirate (1238.4 pg/mL). The patient had no fracture history, though bone densitometry showed low bone mass at L1–L4 (Z-score: -2.2). There was no family history of parathyroid adenoma and levels of prolactin and gastrin were within normal limits. **Discussion:** Spontaneous remission of primary hyperparathyroidism is rare but documented, most commonly due to parathyroid adenoma apoplexy — sudden hemorrhage or necrosis leading to abrupt PTH decline. Although 25(OH)D3 deficiency may contribute to secondary PTH elevation, the rapid nodule regression, sharp PTH decline, hemorrhagic FNA with high PTH, and acute cervical pain strongly support apoplexy as the underlying etiology. **Final Comments:** This case underscores the importance of considering parathyroid adenoma apoplexy in the differential diagnosis of acute cervical pain and neck masses. Correlation of clinical presentation, imaging findings, and biochemical markers was critical in distinguishing this entity from a hemorrhagic cyst.

PO-151

1115880 SPORADIC PRIMARY HYPERPARATHYROIDISM WITH SEVERE CLINICAL PRESENTATION IN A YOUNG WOMAN: A CASE REPORT

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Case Presentation: A 22-year-old female, previously healthy, fell from her own height due to syncope, developing significant local pain in her upper limbs. She was diagnosed with bilateral humeral head fractures and right distal humerus fractures. During the investigation, it was identified: serum calcium 16 mg/dL (normal range 8.5–10.5), parathyroid hormone (PTH) > 1.000 pg/mL (normal range 20–65), alkaline phosphatase 2.601 U/L (normal range < 300), phosphorus 1.2 mg/dL (normal range 2.5–4.5) and urinary calcium 294 mg/24h (normal range < 250 mg). Regarding imaging tests, parathyroid scintigraphy was suggestive of a hyperfunctioning parathyroid adjacent to the left lobe of the thyroid; bone scintigraphy showed diffuse hyperuptake throughout the axial and appendicular skeleton; bone densitometry showed severely reduced mineral density in the distal radius (estimated mass of 0.011 g/cm²; Z-score: -9.9), and renal ultrasound showed nephrolithiasis. Plasma metanephrines, calcitonin, and whole-body tomography were performed to exclude neoplasms associated with genetic syndromes and were all negative. There was no family history of endocrine, neoplasms, neither of fractures. A left lower parathyroidectomy with selective level VI neck dissection was performed due to the possibility of parathyroid carcinoma. A 3.7 x 2.1 x 2.7 cm lesion was resected, and biopsy showed a parathyroid adenoma, with negative lymph nodes. **Discussion:** Primary hyperparathyroidism (PHT), when sporadic, is usually diagnosed in patients in the sixth decade of life. The hereditary form of PHT is present in approximately 10% of cases, therefore, genetic investigation is recommended in patients under 40 years of age who present multiglandular disease and/or a positive family history. Young patients with PHT often present a distinct clinical and pathological pattern, with a higher prevalence of multiglandular disease, more severe symptoms, and higher rates of recurrence when compared to older patients. Surgery remains the definitive treatment for PHT, although clinical observation may be considered in selected cases. **Final Comments:** This case highlights a severe presentation of PHT in a young woman. Despite a negative family history, a genetic test would be imperative. Early diagnosis and treatment are essential to avoid complications and to preserve quality of life.

PO-152

1115903 SUBMANDIBULAR ECTOPIC PARATHYROID ADENOMA: A CASE REPORT

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Case Presentation: A 48-year-old man had a history of recurrent nephrolithiasis since the age of 20. He underwent laboratory tests that revealed persistently elevated levels of parathyroid hormone (PTH 188pg/mL; normal range 15-65) and ionized calcium (iCa) (1.36mmol/L; normal range 1.05-1.30), despite consistently negative scintigraphy results. In 2024, a new sestamibi scan showed a subtle uptake area inferior to the right thyroid lobe. A right inferior parathyroidectomy was performed, but there was no intraoperative drop in PTH levels. The ipsilateral superior gland was then excised, also without response. Suspecting an intrathyroidal parathyroid gland, a right partial thyroidectomy was carried out, yet intraoperative PTH levels remained elevated (pre-incision: 161.6 pg/mL; 60 minutes post-excision: 219.1 pg/mL). Histopathological analysis revealed parathyroid liposubstitution. The patient was referred for clinical reassessment in February 2025, during which he presented iCa 1.35mmol/L and PTH 134.5 pg/mL. A new SPECT/CT scan with sestamibi and per technetate showed radiotracer uptake in the left submandibular region. Neck ultrasound and CT confirmed a solid lesion approximately 1.6 cm in this area, consistent with ectopic parathyroid tissue. Therefore, the patient is scheduled for a new surgery. **Discussion:** Ectopic parathyroid glands occur in up to 22% cases of primary hyperparathyroidism without prior surgery, and up to 66% of cases following unsuccessful procedures. Submandibular location is rare and poses a diagnostic challenge. Sestamibi SPECT/CT has greater sensitivity than ultrasound for detecting lesions in deep or atypical locations, as in the present case. CT imaging helped delineate the location of the lesion, which was between the external jugular vein and the common carotid artery. The integration of imaging modalities was crucial for diagnostic confirmation and surgical planning. **Final Comments:** This case highlights the diagnostic and therapeutic complexity of ectopic parathyroid adenomas, particularly after previous surgeries. The combination of different imaging techniques was paramount in detecting the submandibular lesion and guiding management. Knowledge of anatomical variations and multidisciplinary approach are essential for success in such challenging cases.

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1115728 TERIPARATIDE THERAPY IN A CASE OF RETT SYNDROME ASSOCIATED WITH OSTEOPOROSIS

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Case Presentation: The 22-year-old female was diagnosed with Rett Syndrome at the age of 8. She had normal neuropsychomotor development until 18 months, when developed psychomotor agitation and delays. Diagnosed with epilepsy, she was treated with Valproic Acid, achieving seizure control. At 7 years and 10 months, she was referred to Pediatric Endocrinology for central precocious puberty and treated with Medroxyprogesterone Acetate for 7 years. She underwent spinal surgery for severe scoliosis at 15 years old. One year later, at the age of 16, DXA showed low bone mineral density (BMD) for age (femoral neck Z-score -3.4), followed by recurrent fractures over 6 months. She transitioned to the adult Endocrinologic Department at 20 years old, and new DXA showed worsening BMD (femoral neck 0.348 g/cm², Z-score -4.5). Clinical osteoporosis was diagnosed, and Teriparatide 20 mcg/day SC was started for 12 months. Weekly cholecalciferol (7000 IU) was also prescribed. After that, no new fractures occurred, and 18 months later, DXA showed significant BMD improvement: +14.5% at 33% radius, +15% at femoral neck, total femur BMD 0.660 g/cm² (Z-score -2.3). Spine was not assessed due to metal implant. **Discussion:** This case illustrates several risk factors for low bone density and microarchitectural compromise, with a history of recurrent fractures and notable benefit from teriparatide therapy. Rett Syndrome is a rare X-linked monogenic disorder affecting mostly females. It involves low bone formation and high fracture risk, impacting quality of life and increasing mortality. Studies reveal early-onset low bone density, with 25-40% of girls experiencing fractures, particularly in the femur. Higher fracture risk is associated with severe mutations (e.g., R168X, R270X), reduced mobility, scoliosis, and use of medroxyprogesterone and anticonvulsants. Teriparatide stimulates osteoblast differentiation, reduces apoptosis, and promotes IGF-1 synthesis — making it a promising option in this case. **Final Comments:** This report shows that teriparatide was effective in a Rett Syndrome patient with high fracture risk and improved bone density and preventing new fractures, although we had a short time observation.

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1115528 THE IMPACT OF TERIPARATIDE USE ON BONE MINERAL DENSITY IN BRAZILIAN PATIENTS WITH OSTEOPOROSIS AT HIGH RISK OF FRACTURES.

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Introduction: Teriparatide was the first anabolic agent approved for the treatment of osteoporosis, showing significant efficacy in reducing the risk of fragility fractures. However, studies evaluating its effects in the Brazilian population remain limited, largely due to restricted access to the medication. **Objective:** To assess the impact of teriparatide on bone mineral density (BMD) in Brazilian patients with osteoporosis at high risk of fractures. **Methods:** Medical records of 22 patients diagnosed with osteoporosis at a Brazilian tertiary hospital were retrospectively analyzed. The cohort included 20 postmenopausal women and 2 men, with a mean age of 67 years. Nineteen patients had previously been treated with bisphosphonates, and 7 had a history of fragility fractures. All participants received daily subcutaneous injections of teriparatide (20 µg). BMD was measured using dual-energy X-ray absorptiometry (DXA). Follow-up scans were performed within 12 months in half of the patients and between 13 and 30 months in the remaining half. Only exams performed at the same radiology center were included for comparison. **Results:** The mean lumbar spine BMD increased from 0.733 to 0.809 g/cm², corresponding to a 10.3% gain ($p = 0.003$). At the femoral neck, BMD rose from 0.685 to 0.712 g/cm², a 3.9% increase ($p = 0.0006$). Total femur BMD improved from 0.694 to 0.750 g/cm², representing an 8.1% gain ($p = 0.019$). In subgroup analysis, patients who underwent DXA within the first year showed BMD increases of 4.7% in the lumbar spine, 5.2% in the femoral neck, and 10% in the total femur. Those evaluated after at least 12 months of treatment demonstrated greater gains: 17% at the lumbar spine, 15.9% at the femoral neck, and 6% at the total femur. No fractures were reported during the study period, and no participants discontinued treatment due to adverse events. **Conclusion:** Teriparatide significantly increased BMD at all evaluated sites in Brazilian patients with osteoporosis at high risk of fractures. Greater improvements were observed with longer treatment durations, especially at the lumbar spine and femoral neck. The absence of fractures and adverse events supports the safety and tolerability of the drug. These findings align with current medical literature and highlight the anabolic efficacy of teriparatide. Broader access and further studies are needed to confirm long-term outcomes in the Brazilian population.

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1115639 A RARE ASSOCIATION - THROMBOTIC THROMBOCYTOPENIC PURPURA (TTP) AND CUSHING'S DISEASE: A CASE REPORT

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Case Presentation: A 22-year-old female patient, diagnosed with Cushing's disease four years ago, was receiving irregular treatment with cabergoline and ketoconazole and was awaiting neurosurgery. She presented to the emergency room with symptoms suggestive of obstructive ureterolithiasis and left-sided pyelonephritis, along with visual complaints of blurriness and floaters. Initial exams showed anemia (Hb 11.4 g/dL) and severe thrombocytopenia (platelets 7,000/ μ L). In addition to urological and visual symptoms, the patient had fever and renal dysfunction (Cr 2.1 mg/dL, U 98 mg/dL). Given high suspicion of thrombotic thrombocytopenic purpura (TTP), a peripheral blood smear revealed polychromasia, micro-spherocytes, schistocytes, and true thrombocytopenia. ADAMTS13 activity was reduced to 0.2% (reference range: 60-130%), confirming TTP. During hospitalization, the patient developed a thrombotic complication with jugular vein thrombosis post-puncture, requiring full anticoagulation. Plasmapheresis was started, along with fresh frozen plasma transfusions as needed. Thrombocytopenia normalized, and the patient showed clinical improvement. She was discharged with a prescription for immunosuppressive therapy (Azathioprine 150 mg/day) and reintroduction of pharmacological treatment for Cushing's disease with ketoconazole and cabergoline. **Discussion:** Cushing's syndrome is characterized by hypercortisolism and is called Cushing's disease when the cause is an ACTH-secreting pituitary adenoma. Thrombotic thrombocytopenic purpura (TTP) is a severe hematological condition marked by microangiopathic hemolytic anemia, severe thrombocytopenia, and ischemic organ damage due to platelet-rich microthrombi. Although there are no reports in the literature documenting a direct relationship between Cushing's syndrome and TTP, Cushing's disease can induce a hypercoagulable state due to endothelial dysfunction, increasing the risk of thromboembolic events, both arterial and venous. TTP, on the other hand, is associated with platelet-rich microthrombi due to ADAMTS13 enzyme deficiency, resulting in large von Willebrand factor multimers and tissue ischemia. Thus, both conditions can contribute to a pro-thrombotic state, worsening the patient's clinical condition. **Final Comments:** This case highlights the need for careful monitoring of patients with Cushing's syndrome due to the increased thrombotic risk. Although the association between Cushing's syndrome and TTP is rare, it emphasizes the need for ongoing monitoring as the combination of these conditions can lead to severe thrombotic complications. Early management and treatments like plasmapheresis are essential for patient recovery.

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1116406 A SUCCESSFUL LONG-TIME EXPERIENCE OF A DOSE-FINDING APPROACH FOR THE TREATMENT OF CENTRAL ADRENAL INSUFFICIENCY (CAI) WITH PREDNISONE

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Introduction: Hydrocortisone (HC) is considered the preferred treatment for patients with CAI. Doses in the upper part of the previously suggested range have been associated with higher cardiovascular morbimortality and recommended doses have been reduced. In our country, HC has never been available in tablets, whereas prednisone, is available in 5mg and 20mg tablets (lower doses are available elsewhere), is easily found, has a low cost, and doesn't require prescription. **Objective:** To analyze our experience with prednisone in patients with CAI using the same dose-finding protocol established four decades ago. **Methods:** Seventy-two patients entered the study. Inclusion criteria: >18y, last consultation <2y, stable daily doses of prednisone, replacement of thyroid and sex hormone deficits. Exclusion criteria: Cushing's disease, non-controlled acromegaly, malabsorption, glucocorticoid-requiring diseases, hepatopathy. We applied a dosing-finding protocol: starting dose of prednisone of 2.5 mg or 5.0 mg. Thereafter, adjustments were done according to clinical signs/symptoms. A pre-defined minimal dose (2.5mg) is attempted in all patients. Patients requiring >2.5mg are changed to 5.0 mg, and then suggested 3.75mg (3/4 of a 5.0mg tablet). If the 3.75mg is insufficient, return to 5.0mg; if impractical, we suggest alternating (2.5/5.0mg) or 5.0mg doses. After that we analyzed clinical parameters and quality of life (QoL) between those doses. QoL was analyzed by SF-36 Questionnaire in patients with CAI treated with PRED 2.5mg (21 patients) or 5.0mg (6 patients) as individually determined by the dose-finding protocol. Statistical analysis: Patients were divided in two dose groups. Statistics: Student's t-test and Fisher's exact test. P<0.05: significant. **Results:** Fifty-four patients on 2.5mg (75%) and 18 patients on 5.0mg (25%). None was on GH replacement. The 5mg group tended to be younger (P=0.06). No significant differences (0.10<P<1.0) were found in: sex, treatment duration, BMI (at diagnosis and last visit), hormone deficiencies, IGF-1 levels, diabetes, dyslipidemia, hypertension and QoL between groups. Those results confirm the adequacy of our dose-finding therapeutic protocol in CAI. **Conclusions:** Patients with CAI are successfully treated with a low morning dose of prednisone. A dose-finding approach is able to adjust doses close to individual requirements. Intermediate and <2.5mg doses should be tried where low dose tablets are available.

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1115692 ADULT-ONSET CARNITINE DEFICIENCY PRESENTING AS PROGRESSIVE SENSORY NEUROPATHY: A CASE REPORT

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Case Presentation: Carnitine plays a critical role in transporting long-chain fatty acids into mitochondria for β -oxidation, being essential for energy metabolism, particularly in muscle tissue. Deficiency can impair fatty acid oxidation, leading to neuromuscular symptoms such as weakness and neuropathy. We report the case of a 37-year-old female who presented in September 2023 with burning pain and progressive weakness in the lower limbs for over one year, followed by new-onset upper limb weakness and sensory disturbances. Her chronic medications included sertraline, omeprazole, amitriptyline, escitalopram, and formoterol/budesonide, alongside ongoing treatment for vitamin B12 and D deficiencies. Electromyography and nerve conduction studies revealed asymmetric sensory neuropathy, predominantly affecting the lower limbs. Initial treatment with deflazacort and pregabalin provided partial pain relief and mild improvement in muscle strength. Laboratory evaluation demonstrated reduced serum carnitine levels: total 1.77 $\mu\text{mol/L}$ (reference: 4.84–12.90 $\mu\text{mol/L}$) and free 1.47 $\mu\text{mol/L}$ (reference: 4.84–11.94 $\mu\text{mol/L}$). Nutritional counseling with a carnitine-rich diet was initiated; however, due to limited clinical response after three months, L-carnitine supplementation (2000 mg twice daily) was introduced in March 2025. After 30 days, serum carnitine levels modestly increased to total 2.58 $\mu\text{mol/L}$ and free 1.98 $\mu\text{mol/L}$. Clinically, the patient reported further reduction in pain intensity and improvement in gait stability following L-carnitine supplementation, corroborating the biochemical response. **Discussion:** Although formal genetic testing for primary carnitine deficiency (SLC22A5 mutations) was not performed, the absence of renal, hepatic, or other metabolic disorders, combined with chronic use of medications known to affect carnitine metabolism, such as omeprazole and antidepressants, raises the possibility of secondary carnitine deficiency. This case illustrates that carnitine deficiency should be considered in the differential diagnosis of adult-onset neuropathies, particularly when common causes such as diabetes, toxic exposures, and inflammatory neuropathies are excluded. Recent literature suggests that adult-onset presentations of carnitine deficiency may be underrecognized, especially in cases of idiopathic neuropathies. **Final Comments:** Early identification and treatment with L-carnitine may mitigate further neurological deterioration. This case underscores the importance of considering metabolic causes, such as carnitine deficiency, in adults presenting with chronic neuropathy, as timely diagnosis and supplementation may prevent irreversible neuromuscular damage.

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1116091 ANXIETY, DEPRESSION AND DISTRESS FACTORS IN PATIENTS WITH ACROMEGALY: CONTRIBUTIONS TO INTEGRATED PSYCHOLOGICAL CARE

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Introduction: Acromegaly is a chronic condition, primarily caused by pituitary adenomas, resulting in excessive secretion of GH and IGF-1, with consequent physical and metabolic alterations. In addition to clinical symptoms, patients experience substantial emotional, social, and psychological distress. Their concerns often extend beyond biomedical issues, including physical, emotional, existential, and practical dimensions. Evaluating these concerns, along with anxiety and depression symptoms, allows for a broader understanding of the disease burden. **Objective:** To assess anxiety and depression symptoms in patients with acromegaly and correlate them with key concerns identified using the Distress Thermometer. **Methods:** Cross-sectional study approved by the institutional ethics committee. Data were managed in REDCap® and included patients diagnosed with acromegaly and followed at a tertiary care hospital. Instruments applied included the Hospital Anxiety and Depression Scale (HAD) and the NCCN Distress Thermometer and Problem List. Descriptive statistics and correlation analyses were conducted. **Results:** Among the 30 patients, 73% were female; 43% were aged 36–50; 53% lived with a partner; 30% had completed secondary education; and 60% had household income between one and three minimum wages. Most participants (80%) reported religious affiliation. Mean HAD scores were 9.37 $\pm$ 4.27 (anxiety) and 9.13 $\pm$ 5.20 (depression). Anxiety symptoms were present in 67%, and depression in 47%. Mean Distress Thermometer score was 7.88 $\pm$ 2.23. The most frequent physical concerns were fatigue (80%), joint pain (48%), and sleep issues (53%). Emotional concerns included fear (70%), worthlessness (57%), and sadness (53%). Social issues involved family conflict (50%) and difficulties with children (40%) and friends (37%). Practical problems included caregiving (83%), finances (70%), and work (60%). Existential concerns included life purpose (50%) and thoughts about death (43%). **Conclusion:** Patients with acromegaly show elevated psychological distress and multidimensional concerns. Anxiety and depression are linked to reduced quality of life. These findings support integrating psychological care into clinical routines, focusing on addressing patient concerns and promoting treatment adherence.

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1115917 ASSESSMENT OF BONE MASS IN ADULTS WITH PITUITARY STALK INTERRUPTION SYNDROME (PSIS) AT A REFERENCE CENTER IN BAHIA

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Introduction: PSIS is a rare condition characterized by congenital anatomical abnormalities of the pituitary gland. Its diagnosis is based on characteristic magnetic resonance imaging findings, which include the triad: absence or ectopia of the posterior pituitary, interruption, thinning or absence of the pituitary stalk, and hypoplasia of the anterior pituitary. The condition results in alterations in the hypothalamic-pituitary axis, ranging from isolated growth hormone (GH) deficiency to combined multiple pituitary hormonal deficiencies. These deficiencies, when occurring during critical periods of development such as puberty, can interfere with the attainment of peak bone mass, essential for bone health. As a result, individuals with PSIS are at increased risk of low bone mass and fractures.

Objective: To evaluate bone mass in adults with PSIS. **Methods:** A cross-sectional and retrospective study based on data from patient records at the Reference Center in Bahia. Z-score values of bone mineral density at the lumbar spine and femoral neck were analyzed, considering a diagnosis of low bone mass for Z-score value of -2.0 or lower. Data regarding the hormonal deficiencies and treatment status were collected. **Results:** Fourteen patients (10 men), mean age 32.6 ± 11.8 years were included in the study. Low bone mass was found in 9 (64%) patients, with a mean Z-Score of -3.2 ± 1.0 . One patient presented with a vertebral fracture. All had GH deficiency. Twelve (85%) individuals reported GH replacement during childhood, with a mean duration of GH use 6.9 ± 4.1 years. Six (42%) patients are still using GH, with average doses of 1.26 ± 0.43 IU/day. Among those with low bone mass, 4 (44%) are using GH. TSH deficiency was observed in 12 (86%) patients, with adequate FT4 levels in 10 (83%). Gonadotropic deficiency was present in 10 patients (71%), all receiving HRT, with average treatment duration of 12.9 ± 3.7 years. ACTH deficiency was identified in 9 (64%) individuals, all using prednisone, mean dose of 4.4 ± 1.1 mg. **Conclusion:** In this study, a high frequency (64%) of low bone mass was observed in individuals with PSIS, suggesting an increased risk of fractures in this young population. These findings may be related to irregular GH use during childhood, underuse of GH during transition and adulthood phases, glucocorticoid excessive doses, as well as poor adherence of HRT. Such hormonal replacements should be optimized in this population to prevent bone mass loss.

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1116371 ASSESSMENT OF QUALITY OF LIFE IN ACROMEGALY PATIENTS WITHIN A TERTIARY HEALTHCARE SETTING - A PILOT STUDY

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Introduction: Acromegaly is a chronic and slowly progressing condition caused by excessive growth hormone (GH) release, which leads to increased insulin-like growth factor 1 (IGF-1) levels. Acromegaly decreases both life expectancy and quality of life. Since quality of life may be influenced by many factors, including cultural background, we decided to evaluate how Acromegaly impacts patients followed up in our center using the Acromegaly Quality of Life Questionnaire (AcroQoL), a questionnaire that assesses both the physical and psychological dimensions that may be impacted by the disease. Results of AcroQoL range from 22 points (worst) to 110 (best). **Objective:** To measure quality of life in patients followed up in our center using AcroQoL and investigate clinical factors that may influence quality of life in these patients. **Methods:** Application of the AcroQoL was carried out in adult patients (18-70 y.o.) with a clinical diagnosis of Acromegaly who are followed up in a tertiary health service and gave their signed consent. Patients that were not able to understand the questions were excluded. Ethical approval was given by our ethical committee (CAAE: 81776124.9.0000.5054). **Results:** 29 patients were included (7 males and 22 women, 53.58 ± 10.99 years). There was a trend towards higher overall scores among female patients with controlled IGF-1 as compared to uncontrolled levels (73 ± 15 vs 58 ± 24 , $P = 0.082$). This difference was more evident in the psychological (23.8 ± 5.4 vs 18.7 ± 7.1 , $P = 0.076$). Among men, the results were not significantly different between the controlled and uncontrolled groups. **Conclusion:** Our findings reveal that IGF-1 control appears to be a more critical determinant of perceived quality of life in women with acromegaly, especially in the psychological aspect. This highlights a potential sex-specific disparity in treatment impact, thereby reinforcing the importance of tailoring therapeutic strategies. An individualized approach, sensitive to these gendered nuances in QoL, is therefore essential for optimizing the comprehensive management of acromegaly. A larger sample of patients is needed to confirm our preliminary results.

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1116373 ASSOCIATION BETWEEN COLONIC POLYPS AND CLINICAL VARIABLES IN PATIENTS WITH ACROMEGALY

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Introduction: Acromegaly, predominantly caused by a growth hormone-secreting pituitary adenoma, leads to excessive hepatic secretion of insulin-like growth factor 1 (IGF-1). The combined mitogenic and anti-apoptotic effects of these hormones may promote colonic polyp formation and their progression to colorectal cancer. Accordingly, it has been suggested that colonoscopy screening should begin at an earlier age as compared to the overall population. However, the association of acromegaly and increased prevalence of colonic cancer has been disputed and may vary in different populations. **Objective:** To determine the prevalence of colonic polyps and cancer in patients with acromegaly and its association with clinical risk factors. **Methods:** Medical records of patients diagnosed with acromegaly that had performed a colonoscopy as a screening tool were reviewed at the endocrinology department of a tertiary hospital. The variables analyzed included sex, ages, IGF-1, IGF-1 ratio (IGF-1 levels divided by the upper limit of normal for age and sex). Shapiro-Wilk test, Fisher's exact test and Wilcoxon rank sum test were used, with the R software, with $p < 0.05$ considered statistically significant. **Results:** A total of 58 patients with acromegaly were analyzed (40 women). The mean age when the colonoscopy exam was made was 54 ± 12 years (range: 32 to 77 y.o.). Colonic polyps were found in 18 patients (31%). Hyperplastic polyps were found in 7 patients (12%) and tubular adenomas with low-grade dysplasia in 11 patients (19%). No patient with colonic cancer was found. Patients with tubular adenoma were significantly older (63 ± 9 vs. 53 ± 12 , $p = 0.012$). Comparing patients with tubular adenomas with the remaining patients, there was no significant difference between the IGF-1 levels (200 ± 91 vs. 200 ± 76 , $p = 0.96$), IGF-1 ratio (0.92 ± 0.42 vs. 0.92 ± 0.35 years, $p = 0.816$) and sex ($p > 0.99$). **Conclusion:** Our study suggests that increasing age is a key risk factor for developing precancerous tubular adenomas in patients with acromegaly. Further studies are needed to determine if surveillance should begin at an earlier age than for the general population.

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1115926 ATYPICAL PRESENTATION OF AUTOIMMUNE POLYGLANDULAR SYNDROME: CASE REPORT OF A PATIENT WITH CELIAC DISEASE, HASHIMOTO'S THYROIDITIS, LYMPHOCYTIC HYPOPHYSITIS, AND TYPE 1 DIABETES MELLITUS

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Case Presentation: A 32-year-old female patient with a history of Celiac Disease and Hashimoto's Hypothyroidism presented with anorexia, weight loss, and non-hyperinsulinemic hypoglycemia. Pituitary evaluation revealed deficiencies in the corticotrophic, gonadotrophic, lactotrophic, and somatotrophic axes. MRI of the sella showed an atrophic adenohypophysis in a partially empty sella. Prednisone and Somatropin replacement therapy were initiated. Her obstetric history revealed an uneventful pregnancy and vaginal delivery without significant blood loss. She was discharged breastfeeding and ceased milk production at three months postpartum. The remainder of her medical history showed no trauma or episode of significant bleeding, making pituitary apoplexy less likely and suggesting autoimmune hypophysitis as a more probable diagnosis. At age 35, she was admitted to the emergency department with Diabetic Ketoacidosis. Work-up showed a C-peptide of 0.05 ng/mL, negative anti-GAD antibodies, but ICA at 512 U/mL (reference $> 4,000$ U/mL), confirming late-onset Type 1 Diabetes Mellitus. Upon discharge, she started insulin therapy with Glargine and Aspart adjusted by carbohydrate counting, along with a continuous glucose monitoring sensor. Occasional hypoglycemia persisted, requiring dose adjustments and nutritional education. She has since remained stable without further decompensations. **Discussion:** The reported patient meets the criteria for Autoimmune Polyglandular Syndrome (Hashimoto's + Celiac Disease + Type 1 Diabetes Mellitus) and presents with rare autoimmune hypopituitarism, possibly secondary to Lymphocytic Hypophysitis, as suggested by pituitary atrophy and absence of obstetric or traumatic factors. This case underscores the importance of regular screening for pancreatic autoimmunity in patients with multiple endocrinopathies. Negative anti-GAD antibodies do not exclude Type 1 Diabetes Mellitus; IA-2 or ICA autoantibodies can be diagnostic, as demonstrated in this case. Management should involve full hormonal replacement before initiating intensive insulin therapy to avoid relative adrenal insufficiency. Use of GH analogues requires close monitoring due to the potential for worsening insulin resistance. **Final Comments:** This case highlights the complexity of Autoimmune Polyglandular Syndrome. Balanced hormone replacement and carbohydrate counting education were key to achieving metabolic control and preventing further episodes of Diabetic Ketoacidosis.

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1116305 ATYPICAL PRESENTATION OF GIGANTISM DUE TO ACUTE OBSTRUCTIVE HYDROCEPHALUS: CASE REPORT

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Case Presentation: A 24-year-old male presented with an insidious onset of mild headache, bitemporal hemianopsia and mood changes for two months. He then experienced a sudden severe headache, worsening of visual symptoms, behavioral changes, and a decrease in the level of consciousness. He was referred to the emergency department, where a pituitary MRI showed a solid-cystic sellar-suprasellar lesion, 4.6×3.3×3.2 cm, compressing the optic chiasm, hypothalamus, and the third ventricle floor, with supratentorial hydrocephalus. Laboratory at admission revealed IGF-1 842 ng/mL (99–365), GH > 50 ng/mL (0.03–2.47), total testosterone 117 ng/dL (249–836), LH 1.63 mUI/mL, FSH 1.67 mUI/mL, T4L 1.32 ng/dL (0.93–1.7), TSH 0.40 mUI/L (0.27–4.2). The patient underwent ventriculoperitoneal shunting and later transsphenoidal resection of the lesion. Post-operatively, he developed a deficiency in arginine vasopressin and panhypopituitarism [cortisol 0.43 µg/dL, T4L 0.54 ng/dL (0.93–1.7), TSH 0.62 mUI/L (0.27–4.2), total testosterone < 2.5 ng/dL, FSH and LH < 0.3 mUI/mL, prolactin 1.2 ng/mL (4.04–15.2 ng/mL), IGF-1 307 ng/mL (99–365) and GH 0.89 ng/mL]. He was discharged on desmopressin, levothyroxine, and prednisone. Histopathological examination confirmed a somatotroph pituitary neuroendocrine tumor (Ki-67 5%). During follow-up, the patient reported excessive sweating, accelerated growth until the age of 19, and a shoe size of 46. On examination, he presented acromegalic facies, macroglossia, dental spacing, soft tissue thickening in the extremities, right temporal hemianopsia, and a height of 195 cm, Z-score +3.0 (target height 183 cm, Z-score +1.4). **Discussion:** This case highlights the presentation of previously unrecognized gigantism, diagnosed due to a mass effect and acute obstructive hydrocephalus, underscoring the importance of early clinical recognition of high stature and acral changes that can be overlooked during the growth phase, especially in males. The lack of early clinical suspicion of GH excess can result in severe consequences, such as visual deficits, hypopituitarism, and pituitary apoplexy. It is crucial to emphasize the recognition of phenotypic signs and insidious symptoms of gigantism in primary care, as well as the need for prompt referral to specialized centers. **Final Comments:** Efficient coordination between levels of healthcare is essential for early diagnosis, timely treatment, and prevention of severe complications in patients with gigantism.

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1116259 CASE REPORT: SEQUENTIAL PRESENTATION OF PANCREATIC NEUROENDOCRINE TUMORS IN A PATIENT WITH MEN1: FROM INSULINOMA TO NON-FUNCTIONING TUMOR

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Case Presentation: A 26-year-old female presented with recurrent hypoglycemia, secondary amenorrhea, galactorrhea, and an incidental dermatofibroma. Fasting hypoglycemia, associated with elevated insulin levels, confirmed endogenous hyperinsulinemia. Abdominal CT identified a 1.6×1.6 cm hypervascular lesion at the junction of pancreatic body and tail. Pituitary MRI demonstrated a 2 mm microadenoma associated with hyperprolactinemia (127 ng/mL; reference: 2.8–20.2), with normal serum calcium and parathyroid hormone levels, confirming diagnoses of insulinoma and prolactinoma consistent with MEN1 syndrome. The patient underwent distal pancreatectomy, and histopathology confirmed a well-differentiated pancreatic neuroendocrine tumor (pNET), positive for chromogranin A and synaptophysin, consistent with insulinoma (Grade 1, Ki-67 <3%). Genetic analysis revealed a pathogenic MEN1 gene variant. Six years later, during routine surveillance, MRI identified a new 3.4×2.2 cm lesion in the pancreatic body. Endoscopic ultrasound-guided biopsy confirmed another well-differentiated pNET (Grade 1, Ki-67 ≈ 2%), chromogranin A-positive, with normal serum levels of insulin, glucagon, gastrin, and chromogranin A. **Discussion:** The classic triad of MEN1 includes tumors of the parathyroid glands, pancreatic islet cells, and pituitary gland. pNETs occur in up to 80% of MEN1 patients and may be functioning (e.g., insulinoma, gastrinoma) or non-functioning. This case demonstrates the sequential development of two distinct pNETs—initially a functioning insulin-secreting tumor, followed by a non-functioning tumor—highlighting the heterogeneity of tumor behavior in MEN1 and emphasizing the importance of lifelong surveillance. Management of non-functioning pNETs remains controversial; current guidelines recommend individualized treatment based on tumor size (>2 cm), growth kinetics, and metastases presence. Active surveillance may be appropriate in selected asymptomatic patients. Surgical resection is indicated for tumors >2 cm or with high-risk features; however, multiple resections raise concerns about pancreatic insufficiency and insulin-dependent diabetes. **Final Comments:** This case illustrates the natural history of MEN1-associated pNETs, transitioning from a functioning to a non-functioning phenotype. It underscores the importance of a multidisciplinary approach and tailored surveillance strategies, integrating clinical, biochemical, and imaging follow-up. **Keywords:** Multiple Endocrine Neoplasia type 1; Pancreatic Neuroendocrine Tumor; Insulinoma; Somatostatin Analog Therapy; MEN1 Surveillance.

PO-303

1115250 CHALLENGING DIFFERENTIAL DIAGNOSIS: MICROMEALY VS. ACROMEALY WITH SPONTANEOUS REMISSION AFTER PITUITARY APOPLEXY

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Case Presentation: A 47-year-old male patient presented with a sellar lesion on an image requested due to a headache. He reported enlargement of extremities, facial changes, and sexual dysfunction. He was taking dexamethasone. On examination, prognathism, frontal sinus projection, macroglossia, enlargement of the hands, and palpable thyroid without nodules was seen. There were no signs of hyperthyroidism and his heart rate was 72 bpm. The sellar lesion measured 3.5x3.3x3 cm, with suprasellar extension and an area of cystic degeneration. The Campimetry was normal. Prolactin and testosterone levels were normal. Initial IGF-1 of 307 (up to 225 ng/mL), followed by 152, 177, 111 and 101; post-glucose GH of 0.233 µg/L. A new MRI showed a 2.7x2.7x2.7cm lesion, Knosp grade 2, that remained stable for two years when pituitary surgery was indicated. Tissue examination confirmed a Pit-NET; connective tissue with signs of old hemorrhage; positive IH for GH, focal PRL, FSH, and PIT1; and Ki67 index <1%. Initial and repeated T4L and T3 were elevated, and TSH was suppressed. Scintigraphy showed irregular distribution of 131I and 20% uptake; negative TRAB and AC TPO >1300 UI/mL. During the evolution, the patient remained without any manifestation of hyperthyroidism, but due to the persistent laboratory picture of hyperthyroidism, he received treatment with thiamazole. **Discussion:** Due to heterogeneous clinical or biochemical presentation, acromegaly can be challenging to diagnose. Biochemical diversity consists of the clinically positive and laboratory borderline presentation, an entity called micromegaly. The reported patient had a macroadenoma, clinical features of acromegaly, normal IGF-1 levels, and GH with post-glucose suppression. Diagnostic options included a non-functioning adenoma in a patient with acromegaly features, a case of micromegaly, or a case of acromegaly with apoplexy followed by normalization of the somatotrophic axis. The positive IH-GH excludes the first hypothesis. This presentation may be micromegaly, but the presence of an area of intratumoral degeneration is a confounding factor, as it could represent a stroke followed by resolution of the GH hypersecretion. **Final Comments:** This report illustrates a case of acromegaly with an unusual and dubious presentation. The concomitant hyperthyroidism, presented here in an unusual way, without clinical repercussions and without 131I hyper uptake in a small diffuse goiter, is triggered by active acromegaly.

PO-304

1116374 CLEAR CELL SARCOMA IN MULTIPLE ENDOCRINE NEOPLASIA TYPE 1: A CASE REPORT

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Case Presentation: A 43-year-old man was being followed up for multiple endocrine neoplasia type 1 (MEN-1), with a positive genetic test. He presented with primary hyperparathyroidism, for which a parathyroidectomy was performed. He also had a neuroendocrine tumor in the pancreas, treated with distal pancreatectomy. Pituitary evaluation revealed a microprolactinoma and hypogonadotropic hypogonadism. The patient developed pain in the deltoid region, where he previously had an asymptomatic lipomatous lesion, which progressed with rapid tumor growth. On physical examination, a lesion was noted in the proximal two-thirds of the right upper limb. MRI of the right arm showed a large expansive lesion in the middle/proximal third of the posterior muscular compartment of the arm, suggesting a primary mesenchymal/sarcomatous neoplasm. Due to the rapid growth of the lesion, a biopsy and an immunohistochemistry was performed, both indicating an alveolar soft part sarcoma. The patient underwent surgical amputation of the right upper limb and right shoulder girdle. Histopathological examination of the surgical specimen revealed a clear cell sarcoma of the soft tissues. Postoperative chemotherapy was performed with palliative intent. Subsequently, a chest CT scan revealed pulmonary lesions suspicious for secondary implants. A cranial CT scan also revealed a large intra-axial expansive lesion in the left frontal lobe, suggestive of metastasis. **Discussion:** MEN-1 is a rare hereditary syndrome with an autosomal dominant inheritance pattern, classically characterized by the occurrence of tumors in the parathyroids, pancreas, and pituitary. Despite the predisposition to multiple neoplasms, the occurrence of tumors of mesenchymal origin is not part of the classical spectrum of MEN-1 and is considered an atypical manifestation of the syndrome. Sarcoma is a rare malignant tumor of soft tissues that arises from mesenchymal tissues. It is aggressive in behavior, with high metastatic potential and a poor prognosis. To our knowledge, the association between MEN-1 and clear cell sarcoma is unprecedented in the literature, highlighting a possible expansion of the clinical spectrum of the syndrome and the lack of genotype-phenotype correlation. **Final Comments:** Patients with MEN-1 require lifelong multidisciplinary surveillance, not only for classical tumors but also for atypical and aggressive presentations with poor prognosis.

PO-305

1115877 CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF CRANIOPHARYNGIOMA PATIENTS AT A TERTIARY REFERRAL CENTER IN SALVADOR, BAHIA

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Introduction: Craniopharyngiomas are rare, benign intracranial tumors of the central nervous system, with an estimated incidence of 0.19 cases per 100,000 population. Despite their histologically benign nature, these tumors pose significant challenges in diagnosis and management due to their critical location and heterogeneous clinical presentations. **Objective:** To provide a comprehensive analysis of craniopharyngiomas, including epidemiological trends, clinical characteristics, surgical interventions, and treatment outcomes at a tertiary neuroendocrinology referral center. **Methods:** This is a quantitative, observational, cross-sectional, and retrospective study conducted using patient medical records from the authors' institution (Hospital Geral Roberto Santos, Salvador, Bahia). Data were collected between March 2019 and April 2025. Demographic data, clinical presentation, tumor characteristics, treatment modalities, and endocrine outcomes were analyzed. **Results:** Nineteen patients were included in the analysis; 67% were male (12), and 50% were under 18 years (9) of age at diagnosis. The mean tumor size at presentation was 4.4 cm in the largest dimension. The most commonly reported initial symptoms included headache (55%), endocrine dysfunction (61%), hydrocephalus (22%), visual disturbances (50%), and seizures (11%). Pituitary hormone deficiencies were observed in 94% of patients (18), with at least two pituitary axes affected in the majority of cases. Surgical resection was the primary treatment modality; however, 23% of patients required a second surgical intervention. Additionally, 17% underwent adjuvant radiotherapy due to residual tumor burden. **Conclusion:** Craniopharyngiomas are rare central nervous system tumors characterized by a bimodal age distribution, with incidence peaks in childhood and late adulthood. Clinical presentation varies by age group, with pediatric patients more frequently exhibiting headache, hydrocephalus, and delayed puberty, whereas adults tend to present with visual impairment and hypogonadism. Gross total resection remains the treatment of choice; however, adjuvant radiotherapy plays a critical role in cases of subtotal resection or tumor recurrence, contributing to long-term disease control.

PO-306

1116276 CLINICAL EVALUATION OF PATIENTS WITH PITUITARY STALK INTERRUPTION SYNDROME (PSIS) AT A REFERRAL CENTER IN BAHIA

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Introduction: Pituitary Stalk Interruption Syndrome (PSIS) is a rare and heterogeneous congenital condition characterized by pituitary hormone deficiencies. Its diagnosis is based on characteristic magnetic resonance imaging (MRI) findings, which include the triad: absence or ectopia of the neurohypophysis, interruption, thinning, or absence of the pituitary stalk, and hypoplasia of the adenohypophysis. Some patients may present with additional anomalies such as cerebellar atrophy, optic nerve abnormalities, agenesis of the corpus callosum, as well as cognitive deficits. The pathogenesis of the syndrome remains unclear. Various factors have been implicated in its development, such as perinatal injuries, disorders in organogenesis, and rare mutations in specific genes like HESX1, LH4, OTX3, and SOX3, which play key roles in embryonic pituitary development. **Objective:** To characterize the clinical and radiological features of adult patients with PSIS. **Methods:** A retrospective study based on data from patient records at a referral center in Bahia. Data on hormonal deficiencies, cognitive deficits, MRI findings, and extra-pituitary anomalies were analyzed. **Results:** Forty patients were included in the study (29 males), with a mean age of 32.6 ± 11.67 years. All patients presented somatotrophic deficiency, 30 (75%) had gonadotrophic deficiency, 28 (40%) had thyrotrophic deficiency, 22 (55%) had corticotrophic deficiency, and 1 (2%) developed diabetes insipidus. Three or more pituitary hormone deficiencies were observed in 27 (67.5%) of the patients. The classic triad of MRI changes was found in 12 (30%) of the individuals. Cognitive deficits were present in 5 (16.6%) patients. Extra-pituitary anomalies were observed in 4 (10%) individuals, including agenesis of the corpus callosum and septum pellucidum, atypia with a colpocephalic appearance and absence of convolutions, volumetric reduction of the right cerebellar hemisphere, and mesial sclerosis of the right temporal lobe. **Conclusion:** The data reinforce the heterogeneity of the syndrome, highlighting a diverse clinical and radiological spectrum, with multiple hormonal deficiencies and, in some cases, structural changes in the central nervous system. The presence of cognitive deficits may impair treatment adherence, requiring therapeutic strategies tailored to the individual needs of the patients.

PO-307

1116289 CLINICAL OUTCOMES OF PROLACTINOMAS DURING PREGNANCY

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Introduction: Management of patients with lactotroph adenoma who wish to become pregnant begins with treatment options aimed at normalizing serum prolactin levels to restore ovulatory function and to reduce tumor volume as estrogen elevation during pregnancy can cause tumor growth. Similarly, postpartum follow-up is essential to assess the need for additional therapy with dopamine agonists, since some patients may not require further treatment after delivery. **Objective:** To evaluate the evolution of patients with prolactinoma before, during and after pregnancy, and to identify cases of remission following delivery. Patients and **Methods:** This is a descriptive, cross-sectional study. Medical records of patients diagnosed with lactotroph adenoma, followed at the Federal Hospital of Bonsucesso in Rio de Janeiro, Brazil, who became pregnant during clinical follow-up were reviewed. Demographical, laboratory, tumoral and treatment data were collected. **Results:** Five patients were included. Median age at prolactinoma diagnosis was 29.6 ± 5.3 years. Three patients had microadenomas and two had macroadenomas. None of the patients underwent surgery or radiotherapy for tumor reduction during follow-up. The median duration of preconception treatment with cabergoline (CAB) was 41.4 ± 31.6 months. All patients achieved normal prolactin levels following treatment with CAB. None used CAB during pregnancy. Tumor growth was observed in four patients (80%) during gestation, but without compressive symptoms. Spontaneous remission of the disease was observed in two patients (40%) after childbirth. **Conclusion:** Most patients with prolactinoma experience tumor growth during pregnancy, possibly associated with lactotroph hyperplasia secondary to increased serum estradiol levels or to CAB withdrawal. The importance of postpartum follow-up with serial prolactin measurements is emphasized in order to assess the need for resuming dopamine agonist therapy as some patients can present disease remission after delivery.

PO-309

1115581 CLINICAL, BIOCHEMICAL AND RADIOLOGICAL PROFILE OF PATIENTS WITH GIANT MACROPROLACTINOMAS

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Introduction: Giant macroprolactinomas are rare pituitary tumors, defined by tumor volume ≥ 4 cm and hyperprolactinemia. They correspond to approximately 1–5% of prolactinomas and have more aggressive behavior, with a higher risk of local invasion and compressive effects. **Objective:** To describe the clinical, laboratory, radiological and evolutionary characteristics of patients with giant macroprolactinomas followed at a referral center in neuroendocrinology. **Methods:** Retrospective observational study, using data from electronic medical records. **Results:** Seventeen patients were evaluated, 53% of whom were male, 53% were between 21 and 40 years of age at diagnosis. Regarding prolactin levels, 50% had values between 1,000–10,000 ng/mL and 19% values above 10,000 ng/mL. The mean prolactin level at diagnosis was 366.4 times the upper limit of normal. The mean tumor size at diagnosis was 5.18 cm in the largest axis. Regarding the compressive effect, 88% of the patients had compression of the optic chiasm and visual field alteration in computerized campimetry. Regarding invasion of cavernous sinuses, 53% had invasive characteristics. Regarding apoplexy, 29% had images and symptoms compatible with pituitary apoplexy. The initial symptoms reported were: headache (53%), amenorrhea/menstrual irregularity (47%), spontaneous galactorrhea (35%), sexual dysfunction (23.5%). Regarding pituitary axis deficiency, 95% had at least one pituitary axis affected. Regarding tumor size reduction after pharmacological treatment with cabergoline, 29% had tumor disappearance, 35% had tumor reduction greater than 50%, and 35% had tumor reduction less than 50%. Most patients who had initial prolactin levels greater than 10,000 ng/mL still had high prolactin levels, even with optimized therapy. The mean cabergoline dose at the time of collection was 2.8 mg weekly. Regarding second-line therapies, 17% underwent transsphenoidal surgery and only 1 patient required radiotherapy. **Conclusion:** Giant macroprolactinomas are invasive and clinically aggressive tumors, often associated with pituitary dysfunction and compression of neighboring structures. Pharmacological treatment has proven effective in most cases, although additional interventions may be necessary in specific situations.

PO-310

1116161 CLINICAL, SURGICAL AND HORMONAL IMMUNOHISTOCHEMICAL PROFILE OF PATIENTS WITH ACROMEGALY FOLLOWED AT CENTRAL HOSPITAL, VITORIA/ES

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Introduction: Acromegaly is a rare, debilitating and chronic disorder caused by excessive growth hormone (GH) production predominantly due to a benign pituitary adenoma (somatotropinoma). It is most often diagnosed in middle aged adults (average age 40 years, men and women equally affected). Conventionally, acromegaly patients may have a higher mortality rate than the general population. **Objective:** To evaluate the clinical, surgical and hormonal immunohistochemical (IHC) profile in a population of acromegalic patients from the Central Hospital-Vitoria/ES. **Methods:** This was a transversal and descriptive study involving patients from the neuroendocrinology unit, from January 2014 to March 2025, based on a retrospective analysis of medical records. **Results:** Twenty-three patients aged between 24 and 68 years were evaluated, 12 (52%) of whom were women. Among the clinical manifestations at diagnosis related to tumor mass effect, we found only 3 patients with hypopituitarism, 5 with headache and 7 with visual field alteration. Regarding tumor morphology, only 2 patients had microadenoma and 21 (91%) macroadenomas, with the largest tumor diameter ranging from 1 to 3.8 cm. Only 1 patient underwent primary clinical treatment and the others underwent transsphenoidal surgery, with 6 patients undergoing at least two. Regarding postoperative complications, 3 patients had cerebrospinal fluid leak, 2 had hyponatremia, and 3 patients developed arginine vasopressin deficiency. Regarding IHC, only 12 patients had available tissue samples, of these 8 (66%) had a mammosomatotrophic profile and the rest had plurihormonal tumors. Among the operated patients, only 2 met criteria for cure while the others had residual tumors and are undergoing adjuvant medical treatment with somatostatin analogues and/or dopamine agonist. **Conclusion:** Acromegaly is a rare and chronic disease associated with increased morbidity and mortality, requiring early diagnosis and effective treatment. Differently from the literature, we found a higher prevalence of the mammosomatotrophic subtype compared to the densely granulated somatotrophic subtype. A multidisciplinary approach in referral centers is essential to normalize patients' life expectancy.

PO-308

1115999 CLINICAL-LABORATORY EVALUATION AND EPIDEMIOLOGICAL ANALYSIS OF PATIENTS WITH CRANIOPHARYNGIOMA IN A REFERRAL HOSPITAL IN MARANHÃO

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Introduction: Craniopharyngioma (CP) is a rare brain tumor whose pathogenesis involves an embryonic disturbance of Rathke's pouch. Although it is a benign lesion, it establishes anatomical relationships with critical structures in the sellar and parasellar regions, leading to high morbidity. Additionally, diagnostic and therapeutic approaches often contribute to a deterioration in quality of life. Tumor resection frequently results in hypothalamic sequelae, contributing to post-surgical metabolic dysfunction and central obesity. Given that CP is a rare disease, little is known about the typical progression of these patients, often resulting in delayed diagnosis and less favorable treatment outcomes. **Objective:** To establish the clinical-laboratory and epidemiological profile of patients with CP in a referral hospital in Maranhão, as well as to analyze the impact of the therapeutic approach on the metabolic profile of these individuals. **Methods:** This is an analytical, cross-sectional study, with data obtained from the medical records of patients followed for CP (n=11) in a referral hospital in Maranhão. A standardized form was used to assess study variables, which were evaluated during the pre-surgical period and at the most recent follow-up visit. All patients had undergone surgical resection, and the follow-up period ranged from 1 to 11 years. **Results:** Data from 11 patients (8 female) were analyzed, with a median age at diagnosis of 12 years [range 4–51]. Obesity or overweight was present in 45% of the sample in the pre-surgical period, increasing to 82% over the follow-up period. Headache was reported by all patients at diagnosis, while visual changes were noted in 10 patients (91%). Before tumor resection, hypopituitarism was present in 5 of the 11 patients (45%). Post-surgically, all patients developed hormonal deficiencies, with the thyroid axis affected in 100% of cases. Patients underwent tumor resection via transcranial and transsphenoidal routes in 91% and 9% of cases, respectively. All patients experienced tumor recurrence during follow-up. **Conclusion:** CP should be considered in patients with visual disturbances, signs of increased intracranial pressure, and endocrine disorders, particularly in the pediatric population. Although surgical resection remains a key therapeutic pillar, its outcomes—particularly concerning the hypothalamic-pituitary axis—are associated with a high rate of hypopituitarism and metabolic impairment.

PO-311

1115972 CONTROL OF CUSHING'S DISEASE (CD) WITH EXCLUSIVE KETOCONAZOLE (KTZ) TREATMENT FOR 16 YEARS

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Case Presentation: An initially 12 year old female presented with central obesity, growth retardation, moon facies, buffalo hump and easy bruising, whose diagnostic workup has shown an elevated 24h-urinary free cortisol 538 [NI: 37-136 ug/dL], midnight serum cortisol 14.37 ug/dL and overnight 1 mg dexamethasone suppression of 13.2 ug/dL. ACTH was 58 pg/mL (NI< 46), and after normal pituitary MRI, BIPSS with CRH stimulation confirmed CD. Due to negative imaging and lack of sphenoid sinus pneumatization, KTZ 200 mg/day was started and gradually uptitrated to 800 mg/day. After 8 months, she presented with clinical features of intracranial hypertension, confirmed by an elevated CSF opening pressure on lumbar puncture, bilateral papilloedema and normal MRI, and was managed with acetazolamide, resulting in full recovery without stopping KTZ. During follow-up sequential hormonal, electrolyte and imaging evaluation, as well as liver enzyme monitoring, resulting in UFC and late night salivary cortisol normalization, and recovering overnight dexamethasone suppression capability. She completed normal puberty and started having regular menses. Throughout follow-up, KTZ dose varied from 400-800, ultimately being maintained at 400 mg/day without decompensation. Currently, the patient is on continuous KTZ treatment for approximately 16 years. During this period, ACTH levels varied (12,1-251 pg/mL) and 3-Tesla MRI is still negative. Liver toxicity never developed, as monitored by liver function tests and ultrasound and elastography imaging. She is now 31 years old, has graduated from university and is not planning pregnancy. **Discussion:** The primary treatment of CD is transsphenoidal surgery. Surgical contraindications and anatomical challenges, such as negative imaging and lack of sphenoid sinus pneumatization may indicate primary medical treatment. The scarcity of drugs and their not well-established efficacies make this indication controversial. Furthermore, the long term effects of these treatments are not well known, with the possibility of tumor progression and drug tolerance being concerns. **Final Comments:** This case presents the 16-year follow-up of the effective primary treatment of CD with KTZ, without developing escape phenomenon, tumor progression or liver toxicity, demonstrating that this drug may be a safe and effective long term primary therapy in CD.

PO-312

1116088 COPING STRATEGIES AND ANXIETY AND DEPRESSION FACTORS BEFORE AND AFTER PSYCHOLOGICAL INTERVENTION IN PATIENTS WITH MULTIPLE ENDOCRINE NEOPLASIA TYPE 1

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Introduction: Multiple Endocrine Neoplasia type 1 (MEN-1) is a rare hereditary syndrome characterized by tumors in the parathyroid glands, pancreas, and pituitary, significantly compromising quality of life. Due to the physical and emotional burden, coping strategies are essential for managing the challenges of living with a chronic illness. Psychoeducation, as a brief psychological intervention, aims to enhance disease understanding and foster psychosocial adaptation. **Objective:** To evaluate coping strategies adopted by individuals with MEN-1 and assess the presence of anxiety, depression, and distress before and after a psychoeducational intervention. **Methods:** This longitudinal, before-and-after study was approved by the Institutional Ethics Committee. Data were collected using REDCap® and included individuals diagnosed with MEN-1. Instruments included the Coping Modes Questionnaire (EMEP), the Hospital Anxiety and Depression Scale (HADS), and the Distress Thermometer. The intervention consisted of a single 50-minute psychoeducational session. **Results:** Of the 60 participants, 33 were women (55%), 43% were aged 36–50 years, 52% were married, 52% had completed secondary education, 71% reported household income between 1 and 3 minimum wages, and 93% identified as Christian. The most frequent coping strategies were problem-focused coping and positive thinking (78%), followed by religious practices (77%), social support seeking (56%), and emotion-focused coping (46%). Pre-intervention HADS scores indicated anxiety in 63% and depression in 43%. Post-intervention, these rates dropped to 30% and 20%, respectively. Mean distress scores decreased from 6.25±2.74 to 4.98±2.52. A paired t-test revealed a statistically significant difference ($p = 0.00006$). **Conclusion:** Problem-focused coping and positive thinking were the most frequently employed strategies, while social support was less utilized—potentially due to emotional barriers related to MEN-1's hereditary nature. Although social support is typically associated with active coping, such barriers may limit its effectiveness. The psychoeducational intervention had a positive impact by reducing anxiety, depressive symptoms, and distress, supporting greater understanding and agency in the illness experience.

PO-313

1116075 DISEASE ACTIVITY AND MATERNAL-FETAL OUTCOMES IN PREGNANT WOMEN WITH CUSHING'S SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objective: To evaluate the natural course and maternal-fetal outcomes in pregnant women with Cushing's syndrome (CS). **Methods:** We conducted a systematic review of observational studies including three or more pregnant women diagnosed with CS. Outcomes included spontaneous miscarriage, preterm birth, exacerbation of diabetes or gestational diabetes, arterial hypertension or eclampsia, perinatal mortality, low birth weight, and congenital malformations. We searched Embase, Medline, LILACS, and CENTRAL, and performed proportional meta-analyses using Stata. **Results:** We identified twenty-two studies including 380 pregnancies. Among 200 women with reported CS etiology, 54% were attributed to Cushing's disease, 24% to adrenal adenoma, 11% to adrenal carcinoma, with smaller percentages for other causes. Notably, among the 149 pregnant women in whom hypercortisolism control was assessed during pregnancy, only 47% achieved control during this period. The overall frequency of spontaneous miscarriage was 6% (21 studies of 245 pregnancies; 95% CI, 3-13%), and of preterm birth was 36% (18 studies of 341 pregnancies; 95% CI, 23-52%). Additionally, worsening of preexisting diabetes or development of gestational diabetes occurred in 23% (16 studies of 343 pregnancies; 95% CI, 13-38%) and arterial hypertension or eclampsia in 39% (19 studies of 361 pregnancies; 95% CI, 23-57%). Two studies assessed the frequency of thromboembolic events, reporting only one occurrence among 134 pregnancies. The overall frequency of perinatal mortality was 7% (18 studies of 341 newborns; 95% CI, 3-13%), 27% (11 studies of 113 newborns; 95% CI, 15-43%) for low birth weight, and 1% for congenital malformations (11 studies of 306 newborns; 95% CI, 0-7%). No maternal mortality was reported. **Conclusion:** Approximately half of the pregnancies occurred during periods of uncontrolled hypercortisolism. The perinatal mortality, low birth weight, and preterm birth rates were increased in pregnant women with CS in relation to reported prevalences in pregnant women without CS. FAPESP grants: 2024/07690-7 and 2024/03507-3.

PO-314

1116153 DISSEMINATED CRYPTOCOCCOSIS IN A PATIENT WITH CUSHING'S DISEASE: A CASE REPORT

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Introduction: Cushing's disease is an endocrinological condition characterized by chronic exposure to hypercortisolism, which leads to immunosuppression and vulnerability to infections, including opportunistic infections. In cases of active infection, it may be necessary to delay surgical and definitive treatment of the disease due to the operative risk. In this context, pharmacological management becomes important. **Case Presentation:** A 22-year-old woman was admitted for headache, blurred vision and lethargy. She reported weight gain over the past two years, associated with a rounded face and large violaceous stretch marks on her abdomen. She had been diagnosed with systemic arterial hypertension and diabetes mellitus, as well as amenorrhea for a year. The patient complained of fatigue and progressive muscle weakness, fluctuating levels of consciousness and seizures. During hospitalization, the diagnosis of endogenous Cushing's Syndrome was confirmed with a post Dexamethasone cortisol suppression test result of 24.5 (NV < 2), 24-hour urine cortisoluria of 710 (NV: 4.2 - 60ug/24h) and high levels of ACTH. MRI scan revealed a pituitary microadenoma and further investigation showed an excavated lung lesion. The patient underwent ultrasound-guided puncture of the lung lesion and cerebrospinal fluid puncture, both of which were positive for *Cryptococcus neoformans*. She was started on ketoconazole to control hypercortisolism while undergoing infectious treatment, and then switched to fluconazole to cover the cryptococcosis. Afterwards, intravenous etomidate was used to alleviate hypercortisolism. The patient underwent transsphenoidal resection of the microadenoma after infectious control and reached levels of hypocortisolism in the early postoperative period. **Discussion:** Susceptibility to serious infections in Cushing's Syndrome is directly correlated to cortisol levels. Generally, opportunistic infections prevail in patients with ectopic ACTH production or exogenous Cushing's. In this case report, we present a patient with disseminated cryptococcosis in the context of severe Cushing's disease. Final considerations: The association between Cushing's disease and disseminated fungal infection represents a challenge in medical practice due to the seriousness and urgency of treating both conditions. In these cases, drugs that inhibit adrenal steroidogenesis become important for controlling hypercortisolism while treating the infection.

PO-315

1115691 EFFECTS OF CAFFEINE CONSUMPTION DURING ADOLESCENCE ON NEURAL DEVELOPMENT: A SYSTEMATIC REVIEW

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Introduction: Caffeine consumption among adolescents has increased markedly in recent years, particularly through energy drinks, coffee, and sodas. More than 70% of adolescents consume caffeine regularly, often in high doses. This developmental stage is characterized by significant neurobiological changes, during which exposure to psychoactive substances may alter emotional regulation, stress responses, and brain development. **Objective:** This systematic review aimed to evaluate the long-term effects of caffeine consumption during adolescence on emotional regulation, stress responses, and brain connectivity in adulthood. **Methods:** A systematic search was conducted using PubMed, Scopus, and ScienceDirect (2010–2023), with descriptors related to caffeine, adolescence, emotional regulation, stress, and brain connectivity. Studies involving humans or animals that assessed the long-term effects of caffeine or taurine consumption during adolescence were included. Selection followed PRISMA guidelines, and data were synthesized qualitatively. **Results:** From the initial search, five articles met the inclusion criteria and were analyzed. The selected studies investigated the neurological effects of caffeine and taurine during adolescence, integrating evidence from animal models and human observational data. Adolescence was consistently identified as a critical period of vulnerability due to ongoing brain maturation. Caffeine consumption was associated with increased anxiety-like behaviors and long-term alterations in the hypothalamic-pituitary-adrenal axis, such as elevated corticosterone levels and reduced stress responsiveness. Taurine exposure was linked to cognitive deficits and neurotransmitter alterations, particularly in the hippocampus and amygdala. Several studies reported sex-specific differences, suggesting distinct behavioral and neurochemical responses. Human data associated higher caffeine intake with poorer sleep quality, more prevalent among female adolescents and individuals who smoke. **Conclusion:** Overall, these findings suggest that caffeine consumption during adolescence may constitute a vulnerability factor for the subsequent development of psychiatric disorders, with potential lasting impacts on emotional regulation, mood, exploratory behavior, and increased reward-seeking tendencies, including a greater propensity for ethanol consumption in adulthood.

PO-316

1115693 EFFICACY AND CLINICAL IMPACTS OF THERAPEUTIC INTRANASAL OXYTOCIN IN PEDIATRIC PATIENTS WITH AUTISM SPECTRUM DISORDER: A SYSTEMATIC REVIEW OF RANDOMIZED CLINICAL TRIALS

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Introduction: Autism Spectrum Disorder (ASD) is characterized by persistent deficits in social communication and restricted, repetitive behaviors. While behavioral therapies remain the primary approach, pharmacological modulation of neurobiological pathways has gained increasing interest. Intranasal oxytocin is a promising intervention due to its role in regulating pro-social behaviors. However, heterogeneity in protocols and outcomes hinders evidence consolidation. **Objective:** This systematic review aimed to synthesize recent evidence on the efficacy and clinical effects of intranasal oxytocin in children with ASD, focusing on social behavior modulation. **Methods:** This review followed the PRISMA guidelines. PubMed, Scopus, and Cochrane Library databases were searched for randomized, placebo-controlled clinical trials published between January 2021 and April 2024, in English or Portuguese. Included studies involved chronic intranasal oxytocin administration in individuals under 18 years old with a formal ASD diagnosis, reporting clinical and social outcomes. Study selection and data extraction were performed independently by two reviewers. Methodological quality was assessed using the Cochrane Risk of Bias 2.0 tool. Due to heterogeneity across studies, a descriptive qualitative analysis was conducted. **Results:** Among 132 studies screened, 4 met the inclusion criteria, totaling 142 participants aged 4–17 years. Treatment with intranasal oxytocin lasted 4–24 weeks, with doses from 12 to 48 IU/day. Three studies showed significant improvements in social responsiveness ($p < 0.05$), assessed via validated scales such as SRS and ADOS. One study showed no overall significance but suggested subgroup benefits. Adverse events were mild (e.g., nasal irritation, headache) and similar across groups. Methodological quality ranged from moderate to low, with common limitations including small sample sizes and short follow-up. **Conclusion:** Intranasal oxytocin demonstrates therapeutic potential for modulating social responsiveness in pediatric patients with ASD, with a favorable safety profile. However, protocol heterogeneity, lack of standardized outcomes, and limited statistical power underscore the need for further research with greater methodological rigor and subgroup-focused designs to validate its clinical applicability.

PO-317

1115874 EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH ACROMEGALY IN BRAZIL: A STUDY OF THE BRAZILIAN RARE DISEASES NETWORK.

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Introduction: Acromegaly is a rare, progressive disorder of adulthood marked by excessive growth hormone (GH) and insulin-like growth I (IGF-1) secretion, most often due to a pituitary adenoma. It carries substantial morbidity, mortality and quality of life impairment. In Brazil, its prevalence is estimated at 4–7 cases per 100,000 inhabitants, with an annual incidence of 0.38 per 100 000.

Objective: To describe the epidemiological profile of individuals with acromegaly in Brazil, based on data from the Brazilian Rare Diseases Network (RARAS). **Methods:** Data from the retrospective (2018–2019) and the prospective phase (2022–April 2025) of the RARAS epidemiological survey were analyzed. Information was collected using a standardized form on the REDCap platform.

Results: Among 18,774 records, 159 cases of acromegaly were identified (0.8%), with predominance of females (58.5%) and white individuals (58.8%). Most cases (56.9%) were from São Paulo State, with 60% registered at the Hospital das Clínicas, University of São Paulo, a referral center for this condition. Mean age at inclusion was 57 years (SD $\pm$ 14.5). Reported symptom onset ranged from 2 to 66 years, with a median of 35.5 years. Most patients (97.5%) had a confirmed diagnosis, predominantly etiological (78.8%), with 99.2% covered by the public health system (SUS). Mean time from symptom onset to diagnosis was 5.9 years (range: 0 to 38 years). Most frequent findings included elevated IGF-1 (33.3%), headache (28.9%), and large hands (19.5%). Family history was reported in 6.9%. Patients visited an average of 2.2 healthcare services before diagnosis (range: 1 to 15). Main comorbidities were lipoprotein metabolism disorders (16.1%), essential hypertension (14.9%), and diabetes mellitus (14.3%). Regarding treatment, 20.1% underwent surgery, 46.5% used lanreotide, 43.4% octreotide, and 20.1% cabergoline. The most frequent specialties involved in the care were endocrinology (59.7%), neurology (59.7%), ophthalmology (18.9%), and cardiology (16.4%). **Conclusion:** This study revealed wide variability in the age of symptom onset in acromegaly, reflecting its heterogeneous clinical presentation. Diagnosis was often delayed, involving multiple healthcare services. These findings highlight the need to improve training for primary and specialized providers to support timely identification of suspected cases. Finally, the study reinforces the importance of multidisciplinary follow-up for effective diagnosis and management.

PO-318

1116241 FUSIFORM CELL ONCOCYTOMA OF THE PITUITARY: A RARE CAUSE OF CUSHING'S DISEASE

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Case Presentation: A 47-year-old female presented with a three-year history of central obesity, fatigue, facial plethora, lower limb weakness with frequent falls and fractures, spontaneous bruising, secondary amenorrhea, severe dyslipidemia, recently diagnosed diabetes mellitus, and difficult-to-control hypertension. She experienced an acute myocardial infarction, treated with angioplasty and stent placement. Due to suspected hypercortisolism, a 1 mg overnight dexamethasone suppression test was performed, revealing serum cortisol of 35 mcg/dL and plasma ACTH of 64 pg/mL, suggesting ACTH-dependent Cushing's syndrome. Pituitary MRI showed no lesions. Chest and abdominal CT scans identified a 2.7 cm left adrenal nodule with a 62% absolute washout, without density description, and no suspicious thoracic lesions. Bilateral inferior petrosal sinus sampling confirmed a central source of ACTH secretion, with a central/peripheral gradient of 6.2 at baseline and 18 after DDAVP stimulation, and lateralization to the left side (gradient 2.1). The patient underwent uneventful transsphenoidal surgery. Histopathology revealed a pituitary adenoma; however, immunohistochemistry showed a fusiform cell proliferation consistent with fusiform cell oncocytoma. **Discussion:** Cushing's disease, the main cause of ACTH-dependent Cushing's syndrome, is usually caused by pituitary adenomas. The patient's classical clinical presentation and laboratory findings supported this diagnosis. Despite the adrenal adenoma finding, elevated ACTH levels and absence of thoracic lesions shifted the focus to the pituitary. Petrosal sinus sampling, indicated in cases of negative imaging, confirmed central origin and lesion lateralization. Pituitary oncocytomas are rare—approximately 85 cases reported until 2021—and typically non-functioning, although hormonal secretion has been described. Diagnosis relies on immunohistochemistry, as morphology may mimic common adenomas. **Final Comments:** This case illustrates the diagnostic challenge of ACTH-dependent Cushing's syndrome with negative pituitary imaging and incidental adrenal adenoma. Petrosal sinus sampling was crucial for diagnosis and management. The rare finding of a functioning oncocytoma highlights the importance of detailed histological evaluation. Uncommon sellar tumors should be considered in patients with typical clinical features and inconclusive imaging.

PO-319

1115152 GH AND PRL CO-SECRETION IN ACROMEGALY: CLINICAL FEATURES AND OUTCOMES

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Introduction: Hyperprolactinemia is reported in a significant number of patients with acromegaly, with prevalence ranging from 21.5% to 34.7%. Hyperprolactinemia (hyperPRL) happens either due to stalk compression or tumor secretion. Recent studies have shown that patients with co-secretion of growth hormone (GH) and prolactin (PRL) may present with distinct clinical features and prognosis compared to acromegalic patients with isolated GH secretion. However, to date, there is no consensus regarding the definition of co-secretory tumor, especially when prolactin values range between 100 ng/mL and 200 ng/mL. **Objective:** This study compares the clinical characteristics and evolution of acromegalic patients with or without hyperPRL. **Methods:** This series comprises a retrospective cohort of patients diagnosed with acromegaly. HyperPRL was classified as co-secreted when serum prolactin levels were equal or superior to 200 ng/mL. Descriptive and comparative analyses were conducted using clinical, imaging, laboratory, surgical, and histopathological data. **Results:** 106 patients with acromegaly (age 48.1 ± 13.5 years, 57.5% women) were included. 32 (30.2%) cases presented with hyperPRL, 6 being a co-secretor of GH and PRL (5.7%). Based on established criteria, 77 patients (72.6%) achieved biochemical control. Tumor reduction was observed in 73 cases (86.9%). The co-secretor group presented with 6 macroadenomas, 5 (83.3%) of them were invasive. In the last evaluation, 4 of these patients had the disease under control and tumor size reduction. No significant differences were found in therapeutic outcomes among the groups. However, there was a significant difference in the use of surgery, with a lower frequency among co-secretor tumors ($p=0.022$), which were associated with the use of cabergoline ($p=0.001$). The group with hyperPRL presented a significantly lower age at diagnosis ($p<0.001$). Ki-67 presented significantly higher values in patients with hyperPRL ($p=0.047$). **Conclusion:** Co-secreting patients did not differ significantly from those with GH-isolated secretion. This finding does not support that co-secretors have a worse remission rate, as reported in the literature. However, interestingly, the hyperPRL group showed lower age at diagnosis and higher Ki-67 index values, usually associated with a worse prognosis, highlighting the need for a larger sample to assess the true impact of this finding.

PO-320

1116173 GIANT PROLACTINOMAS: CLINICAL-EPIDEMIOLOGICAL PROFILE AND THERAPEUTIC RESPONSE OF PATIENTS FOLLOWED AT A REFERRAL HOSPITAL IN MARANHÃO

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Introduction: Prolactinomas are the most common pituitary tumors, accounting for approximately 50% of all cases. A subset of patients presents with prolactinomas measuring ≥ 4 cm, referred to as giant prolactinomas (GPs). In addition to their size, GPs are characterized by prolactin levels exceeding 1,000 $\mu\text{g/L}$ and significant extrasellar extension. They are rare, representing less than 5% of all prolactinomas. Their clinical presentation is often insidious and nonspecific, which contributes to delayed diagnosis and, consequently, mass effect with involvement of critical adjacent structures. Due to the rarity of this condition and the limited number of comprehensive studies, the clinical characterization of patients with GPs remains insufficiently understood. **Objective:** To establish the clinical-laboratory and epidemiological profile of patients with GPs followed at a referral center in the state of Maranhão, Brazil. **Methods:** This is a cross-sectional, analytical study based on data from the medical records of patients with GPs ($n=22$) followed at a referral hospital in Maranhão. Clinical manifestations at diagnosis, as well as epidemiological and laboratory parameters, were assessed. **Results:** Data from 22 patients (15 male) were analyzed. The mean age at diagnosis was 34.13 years (± 14.24). Visual disturbances and headache were the most frequently reported symptoms at presentation, mentioned by 13 (59.09%) and 11 (50%) patients, respectively. During clinical follow-up, 17 (77.27%) patients reported visual disturbances, and 100% of female patients experienced menstrual irregularities. At the time of diagnosis, the median serum prolactin level was 2,010 ng/mL [145, 14,140] before and 11,953 ng/mL [650, 25,129] after dilution of the plasma sample. Among the other pituitary axes, the gonadotropic axis was the most frequently affected, with 16 cases (72.73%), followed by the thyrotropic axis in 14 cases (63.64%). **Conclusion:** GPs were more prevalent among male individuals and occurred across a wide age range. Initial clinical presentation typically included signs of compression of adjacent structures, headaches, and hormonal alterations. Prolactin levels were markedly elevated from the onset, but true values were often underestimated due to limitations of routine assays. Therefore, dilution of the plasma prolactin sample is essential when clinical suspicion is high.

PO-321

1115721 GONADOTROPIN-SECRETING PITUITARY NEUROENDOCRINE TUMOR: A CASE REPORT

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Case Presentation: A 40-year-old woman presented with irregular menstrual cycles. Physical examination was normal, however, laboratory tests showed elevated levels of estradiol and follicle-stimulating hormone (FSH), with regular levels of luteinizing hormone (LH). A transvaginal ultrasound showed polycystic and enlarged ovaries. Magnetic resonance imaging of the sella turcica identified a 1.1x0.7x0.8 cm pituitary tumor. The patient was referred for surgical resection of the lesion. Histopathological analysis showed cells compatible with neuroendocrine neoplasia, and immunohistochemistry (IHC) was positive for SF-1, estrogen receptor, GATA3, FSH and LH. On postoperative follow-up, the patient showed complete clinical resolution and laboratory tests normalization. **Discussion:** Pituitary tumors are common in the general population, although most are asymptomatic. Gonadotropin-secreting pituitary tumors represent only 2% of all functioning pituitary adenomas. Recently, the World Health Organization (WHO) has changed the classification of pituitary adenomas, including them under the new nomenclature of pituitary neuroendocrine tumor (PitNET). Hence, tumors with aggressive features, such as hemorrhage and necrosis, invasion of nearby structures, or metastasis, can now be treated with more potent therapies. When clinical manifestations result from the release of FSH, menstrual irregularity and/or ovarian hyperstimulation syndrome (OHSS) are observed in premenopausal and reproductive-aged women. OHSS results from excessive gonadotropic hormone stimulation, which may occur due to a functional gonadotropinoma, pregnancy, mutation in FSH receptors, or associated with assisted reproduction techniques. It is understood that the constant release of FSH by the tumor leads to uninterrupted stimulation of the gonads, with recruitment of multiple follicles. This gives the ovaries a polycystic appearance and increases serum estradiol levels.

Final Comments: Transsphenoidal resection is the treatment of choice, as it may reduce endocrine dysfunction, cease headaches, restore sexual and reproductive function, and provide tissue for detailed analysis. Also, modern surgical procedures offer reduced risks of complications, with loss of pituitary function in less than 5% of cases. Therefore, the importance of identifying functioning neuroendocrine tumors is highlighted, to ensure proper treatment, follow-up and to reduce associated morbidity.

PO-322

1115673 HYPERPROLACTINEMIC HYPOGONADISM (HPH) IN CHRONIC KIDNEY DISEASE (CKD)-MEN'S: A PROSPECTIVE STUDY

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Introduction: CKD is a burden diagnosis worldwide. In men, it is often associated with sexual dysfunction and negative impact on quality of life. HPH is a condition that may be present in CKD patients but is still poorly reported. In addition to sexual dysfunction, its associated with worse response to erythropoietin, quality of life (QOL), and worsening of muscle strength, among others. **Objective:** To describe prospectively the prevalence of HPH in men with advanced CKD and analyze its association with clinical and metabolic/hormonal disorders. **Methods:** 165 men with CKD stage 4, stage 5 non-dialytic (5-ND), and stage 5 dialytic (5-D) were included. Demographic, clinical, and laboratory/hormonal (PRL, Testosterone, SHBG) data were analyzed. Muscle strength was assessed by the handgrip strength (HGS) test. Quality of life and sexual dysfunction were evaluated by validated questionnaires: SF-36 (Medical Outcomes Study 36 - Item Short-Form Health Life), AMS (Aging Male's Symptoms Scale), and ADAM (Androgen Deficiency in the Aging Male). **Results:** The prevalence of HPH was 27.9%, with significant difference among the CKD stages and higher incidence in patients undergoing dialysis (CKD4:13.3%, CKD5-ND: 31%, CKD5-D: 47.9%, $p<0.001$). Prolactin was significantly higher in dialytic group [(CKD4: 24%, CKD5-ND: 47.6%, CKD5-D: 64.6%, $p<0.001$); prolactin: 16.5ng/dL (IQR: 12.1 – 30.4, range 3.364 – 236.6)]. Patients with HPH had significantly lower SHBG levels (42.7 ± 17.7 vs. 33.5 ± 14.2 $p=0.002$). SF-36 domains were lower in all patients, with statistical differences between HPH and no-HH groups in "Physical role" domain (25 [0-75] vs 0 [0-25], $p=0.008$). The AMS test was positive in 76.1% of patients with HH and 64.7% in patients with no-HH, with the worst score in sexual symptoms (13 [10-17] vs. 16 [12-18], $p=0.032$). Most patients had positive ADAM test without difference between groups (96.9%, 97.8%, $p=1.0$). HGS was lower in HH patients ($p = 0.04$) due to CKD-4 patients with HPH, who had lower HGS than non-HPH patients (LHG: $33,05 \pm 9,72$ vs $25,42 \pm 5,75$ $p = 0,032$). **Conclusion:** HPH is a prevalent disorder in men with CKD, mainly in dialytic patients. This condition is associated with poorer quality of life and aging-related symptoms. Sexual dysfunction was present in all patients, regardless of CKD stages and HH. The data suggest many potential therapeutic intervention in this patients.

PO-323

1116380 HYPOGONADOTROPIC HYPOGONADISM: A POSSIBLE MANIFESTATION OF HEREDITARY HEMOCHROMATOSIS

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Case Presentation: A 37-year-old female patient presented with secondary amenorrhea since the age of 29, peripheral arthritis, and progressive fatigue. She initially sought medical evaluation due to infertility. She reported early menopause with no relevant gynecological history. During the diagnostic workup, laboratory tests revealed a ferritin level of 4,266 ng/mL. Genetic testing confirmed hereditary hemochromatosis with compound heterozygosity for the H63D and S65C mutations. Serial phlebotomy sessions were initiated. Gonadal function was assessed in the context of amenorrhea and showed FSH < 0.3 mIU/mL, LH < 0.3 mIU/mL, and estradiol < 11.8 pg/mL—findings consistent with hypogonadotropic hypogonadism. MRI of the pituitary revealed diffuse hypointensity on T2-weighted sequences in the anterior pituitary, suggestive of iron deposition. Other pituitary axes remained preserved. **Discussion:** Hereditary hemochromatosis is an autosomal recessive disorder characterized by progressive iron accumulation in various tissues. Although the most common mutation is C282Y, the H63D/S65C combination, as observed in this case, can also result in clinically significant iron overload. Excess iron deposition affects multiple organs, including the endocrine system, impairing their function. Hypogonadotropic hypogonadism results from iron accumulation in the anterior pituitary, particularly affecting gonadotroph cells, leading to reduced FSH and LH secretion. While this manifestation is frequently reported in males, it is less common in young females and may present as early amenorrhea, infertility, and decreased libido. In this case, amenorrhea at age 29, along with suppressed gonadotropin levels and imaging findings suggestive of pituitary siderosis, characterized a rare central dysfunction that is often clinically underrecognized. The preservation of other pituitary axes reinforces the selective vulnerability of gonadotrophs in early stages. Early recognition of hypogonadotropic hypogonadism is essential, especially in patients with reproductive desires, as hormonal induction therapy may offer a chance of fertility. **Final Comments:** This case illustrates an atypical presentation of hereditary hemochromatosis in a young woman, initially manifesting as hypogonadotropic hypogonadism and secondary amenorrhea. It highlights the importance of comprehensive endocrine evaluation, particularly when systemic symptoms such as fatigue and arthritis are present. Early diagnosis is critical to prevent irreversible complications, especially in patients with reproductive goals.

PO-324

1115953 IMPACT OF KETOCONAZOLE ON ADENOMA SIZE IN CUSHING'S DISEASE: A LONGITUDINAL ANALYSIS

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Introduction: Adrenal steroidogenesis inhibitors represent a therapeutic strategy for patients with Cushing's disease (CD). Among these agents, ketoconazole (KTZ) is one of the most widely available. Effective long-term blockade of adrenal cortisol secretion could be associated with pituitary adenoma progression and ACTH elevation, as occurs after bilateral adrenalectomy. However, the behavior of adenoma size during effective treatment with KTZ remains poorly documented in the literature. **Objective:** The aim of this study is to evaluate the behavior of adenoma size in patients with CD treated with KTZ who have demonstrated a positive treatment response. **Methods:** An initial cohort of 35 patients treated with KTZ was evaluated. After excluding patients who underwent radiotherapy or received cabergoline, pasireotide, or temozolomide, 10 patients were initially selected. Of these, 9 had pre and post ketoconazole imaging data and were included in the analysis. **Results:** The follow-up duration among patients varied considerably, ranging from 11.61 to 192.86 months, with a median follow-up of 46.3 months (IQR: 124.9 months). Of the included patients, 8 of 9 had negative imaging before starting ketoconazole treatment, and one patient had an initial adenoma size of 6 mm. Over the follow-up period, 3 of the 8 patients who initially presented with negative imaging developed a visible adenoma. Their sizes were 3, 4 and 10 mm and appeared after 10, 2 and 3 years of treatment, respectively. The remaining of the 5 patients with negative imaging remained without significant changes on imaging follow-up. The only patient with a visible adenoma of 6 mm at the starting point revealed a 5 mm adenoma after 9 years of treatment. **Conclusion:** Among responsive patients treated with ketoconazole over a long follow-up period, no significant imaging changes were observed, with only 3 patients presenting with a new lesion after treatment, although it cannot be attributed to ketoconazole itself, since other factors like newer imaging techniques may have improved the detection of small lesions. The risk of adenoma growth seems negligible even after long term effective steroidogenesis blockade.

PO-325

1116386 LATE-DIAGNOSED MALE HYPOGONADOTROPIC HYPOGONADISM: ATYPICAL PRESENTATION WITH PAINFUL GYNECOMASTIA

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Case Presentation: A 34-year-old male patient presented with breast enlargement and mastalgia for the past 4 months, predominantly on the left side and worsened by local manipulation. At age 20, he had sought medical care due to absent pubertal development, but was only prescribed vitamin supplements, with no subsequent pubertal progression. He was referred to the endocrinology department now primarily due to pain. He reported no history of sexual activity. On physical examination, his height was 1.86 m, wingspan 2.00 m, pubic-heel length 1.00 m, and weight 90.5 kg. He had bilateral painful gynecomastia and atrophic testes (4 mL, Tanner stage II). Laboratory tests showed: TSH 2.590 mIU/L, free T4 1.26 ng/dL, FSH 1.28 mIU/mL, LH 0.83 mIU/mL, prolactin 7.5 ng/dL, total testosterone 12.65 ng/dL, androstenedione 0.49 ng/dL, 17-OHP 75 ng/dL, and DHEA 99 ng/dL. Karyotyping confirmed 46,XY. A diagnosis of hypogonadotropic hypogonadism was made, and testosterone cypionate 200 mg/mL was initiated every 20 days. After 1 year, therapy was switched to testosterone undecanoate 250 mg/mL every 3 months. The patient reported development of secondary sexual characteristics, emergence of pubic and body hair, increased muscle mass, and testosterone levels of 562.90 ng/dL under hormonal replacement therapy. **Discussion:** Male hypogonadotropic hypogonadism is characterized by low testosterone levels accompanied by inappropriately low or normal LH and FSH levels, reflecting dysfunction of the hypothalamic-pituitary-gonadal axis. It typically presents in adolescence with delayed puberty. Adult-onset cases are rare and often underdiagnosed, particularly in atypical presentations such as painful gynecomastia - which results from an increased estrogen-to-androgen ratio, promoting estrogenic effects on breast tissue. Differential diagnoses include hyperprolactinemia, testicular tumors, Klinefelter syndrome (47,XXY), hypothyroidism, and renal insufficiency - all excluded in this case by laboratory testing and karyotyping. Management involves androgen replacement therapy to restore physiological testosterone levels and promote normal pubertal development. **Final considerations:** This case illustrates a late diagnosis of hypogonadism, highlighting the need for early detection and proper monitoring of sexual development. The atypical clinical presentation prompted thorough diagnostic investigation and initiation of androgen replacement therapy, leading to significant clinical improvement.

PO-326

1115547 LONG-TERM DISEASE CONTROL IN PATIENTS WITH ACROMEGALY SWITCHING FROM INJECTED SOMATOSTATIN RECEPTOR LIGANDS TO ONCE-DAILY ORAL PALTUSOTINE: INTERIM RESULTS OF THE PATHFNDR-1 OPEN-LABEL EXTENSION

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Introduction: Paltusotine is a selective, non-peptide, SST2 receptor agonist in development as a once-daily oral treatment for acromegaly. PATHFNDR-1 was a randomized, double-blind, placebo-controlled trial that evaluated the efficacy and safety of switching to paltusotine in patients whose acromegaly was controlled (IGF-I $\leq 1.0 \times$ ULN) with injected depot somatostatin receptor ligands (SRLs; octreotide LAR or lanreotide depot). PATHFNDR-1 includes a 36-week randomized controlled (RC) phase and a single-arm, open-label extension (OLE; currently ongoing). At the end of the RC phase, IGF-I $\leq 1.0 \times$ ULN was maintained in 83.3% of paltusotine-treated patients versus 3.6% of patients in the placebo control group ($P < 0.0001$). **Objective:** The OLE is evaluating the efficacy and safety of longer-term treatment with paltusotine. **Methods:** Outcome measures include IGF-I and GH levels and the Acromegaly Symptom Diary (ASD), a patient-reported outcome measure that consists of 7 core items (headache, joint pain, sweating, fatigue, leg weakness, swelling, numbness/tingling; score range, 0-70; higher scores indicate greater symptom burden). **Results:** Fifty-eight patients enrolled in the RC phase (paltusotine, $n=30$; placebo, $n=28$); 53 of 58 (91.4%) continued into the OLE (paltusotine in RC, $n=27$; placebo in RC, $n=26$). Fifty patients had efficacy data at Study Week 96 (OLE Week 60; efficacy analysis). Mean (SD) IGF-I was $0.93 (0.22) \times$ ULN at OLE baseline (Week 36) and $0.81 (0.21) \times$ ULN at Week 96 (mean change: -0.11 ; $n=50$). At Week 96, mean (SD) IGF-I was similar for patients who received paltusotine ($0.82 [0.23] \times$ ULN) or placebo ($0.80 [0.20] \times$ ULN) in the RC phase. Mean (SD) GH was $1.0 (1.0)$ ng/mL at OLE baseline and $1.1 (1.2)$ ng/mL at Week 96. Mean (SD) ASD score was $10.7 (10.5)$ at OLE baseline and $12.0 (10.3)$ at OLE Week 96 (mean change, 1.3 ; $n=42$). As of this analysis, the most common AEs during the OLE (reported in >3 patients) were diarrhea (15.1%), nausea (9.4%), fatigue (7.5%), and urinary tract infection (7.5%). Serious AEs, 1 of which was considered treatment-related (bile duct stone), were reported in 6 patients. **Conclusion:** Once-daily oral paltusotine maintained biochemical and symptom control and was well tolerated during long-term treatment in patients with acromegaly who switched from injected SRLs.

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1115823 METABOLIC PROFILE AND BODY COMPOSITION ASSESSMENT IN ADULTS WITH PITUITARY STALK INTERRUPTION SYNDROME (PSIS) FOLLOWED UP AT A REFERRAL CENTER IN BAHIA

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Introduction: Pituitary Stalk Interruption Syndrome (PSIS) is a rare congenital anomaly that results in pituitary hormone deficiencies, negatively impacting body composition and metabolic profile. These hormonal disorders promote the development of metabolic syndrome and increase cardiovascular risk. Understanding these effects is essential for appropriate clinical management and improving quality of life in affected individuals. **Objective:** To evaluate the hormonal and metabolic profiles, as well as body composition, in adult individuals with PSIS. **Methods:** Hormonal and metabolic data were collected from a review of medical records of PSIS patients at a Referral Center in Bahia. Body composition was assessed using bioelectrical impedance analysis (BIA) with the InBody 270S device, and anthropometric measurements (waist circumference and waist-to-height ratio) were taken on the same day as the BIA. **Results:** Twenty-four patients (17 men), mean age 31.5 ± 11.9 years, were included in the study. Of the 24 patients, all had somatotrophic deficiency, 18 (75%) had gonadotrophic, 19 (79%) thyrotrophic, 16 (66%) corticotrophic deficiency, and 1 (4.1%) had arginine vasopressin deficiency. Twenty-one patients (87%) used growth hormone (GH) during childhood. In adulthood, 11 (45%) are using GH, with 9 of them having used it in childhood. The mean duration of GH use in adulthood was 5.8 ± 4.0 years, with average GH dose 1.9 ± 1.6 IU/day. Some patients were still transitioning their GH dose. Dyslipidemia was observed in 12 (50%) patients; none had diabetes mellitus. The mean body fat was $31.9\% \pm 12.5\%$ ($26.2 \pm 9.1\%$ in men; $45.8\% \pm 8.0\%$ in women). The mean lean mass was 23.0 ± 9.7 kg (26.1 ± 9.9 in men; 15.5 ± 3.3 in women). Eight (33%) had visceral fat levels above 10. The waist circumference was 80.6 ± 12.6 cm in men, 85 ± 13.1 cm in women, and average waist-to-height ratio was 0.5 ± 0.1 . **Conclusion:** All adult individuals with PSIS presented with GH deficiency and showed increased fat mass and reduced skeletal muscle mass. These changes in body composition may be related to the multiple hormonal deficiencies, which are often undertreated. The discontinuation of GH treatment after reaching final height in PSIS patients may contribute to these findings and should be discouraged in this population.

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1115631 METASTATIC BREAST CARCINOMA CAUSING PAN-HYPOPITUITARISM: A CASE REPORT

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Case Presentation: A 48-year-old female patient with a history of invasive lobular carcinoma of the left breast diagnosed in 2013 presented to the emergency department with progressively worsening paresis of the lower limbs and ascending flaccid paralysis involving both the lower and upper extremities, accompanied by areflexia. A cerebrospinal fluid analysis revealed mild proteinorrachia, and treatment with intravenous immunoglobulin was initiated under the suspicion of Guillain-Barré syndrome. Magnetic resonance imaging (MRI) of the sellar region was performed for further investigation, revealing a lobulated expansive lesion in the pituitary gland, entirely infiltrating the gland. The imaging findings suggested a macroadenoma of the pituitary, associated with extraxial nodules within the subarachnoid space in the posterior fossa and at the level of the Luschka foramina. During hospitalization, the patient was diagnosed with central diabetes insipidus (DI) attributable to electrolytic disturbances and commenced on appropriate therapy. Hormonal evaluations confirmed the presence of pan-hypopituitarism secondary to pituitary metastasis, necessitating the initiation of levothyroxine 50 mcg/day, desmopressin 0.1 mg/mL (one spray nightly), dexamethasone 4 mg every 6 hours, and targeted oncologic therapy with lapatinib and capecitabine, maintaining adequate hormonal and oncological control. **Discussion:** Breast cancer is the leading cause of cancer-related mortality among women, with most deaths attributable to metastases, particularly within the central nervous system. In this context, metastasis to the hypothalamic-pituitary region is relatively rare, accounting for less than 3.6% of all malignant pituitary tumors, and often remains asymptomatic. When identified, such metastases are frequently incidental findings detected postmortem or during the course of advanced disease in terminal stages. Notably, approximately 50% of affected patients also develop DI. **Final Comments:** Routine clinical and hormonal assessment in patients with metastatic solid malignancies is essential to prevent endocrine emergencies. Although rare, hypothalamic-pituitary involvement should be suspected in patients presenting predominantly with hypothyroidism and hypocortisolism symptoms. **Keywords:** Hypothalamic-pituitary metastasis; Invasive lobular breast carcinoma, panhypopituitarism.

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1115645 METASTATIC NEUROENDOCRINE TUMOR: DIAGNOSTIC AND THERAPEUTIC CHALLENGES – A CASE REPORT

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Case Presentation: A 59-year-old male patient with a history of dyslipidemia, smoking, alcohol use, and a family history of malignant neoplasms initially presented with persistent lower back pain. Laboratory tests and imaging revealed colonic polyps with low-grade dysplasia. 18F-FDG PET-CT showed lymphadenopathy, hepatic nodules, and bone lesions. In turn, 68Ga-DOTATATE PET-CT demonstrated increased uptake in thoracic and retroperitoneal lymph nodes, liver, and bone structures. Biopsy and immunohistochemical analysis confirmed a well-differentiated neuroendocrine tumor, grade 2 (Ki-67: 5%). Treatment with somatostatin analogs was initiated, achieving a partial response. Due to rapid disease progression, chemotherapy with etoposide and cisplatin was administered, followed by 177Lu-DOTATATE therapy, which provided temporary disease control. The patient later experienced increased tumor burden, severe pain, fatigue, ascites, and new bone lesions. A new regimen with temozolomide and capecitabine was introduced, partially controlling hepatic lesions but with limited efficacy on bone metastases. Identification of a duodenal lesion compatible with a neuroendocrine tumor on biopsy suggested a probable primary site. Subsequently, a new biopsy revealed signet ring cell adenocarcinoma in the duodenal bulb, indicating a synchronous neoplasm of distinct histogenesis. As pancreatic and systemic involvement worsened, the patient developed glycemic decompensation, predominantly hypoglycemia, attributed to direct tumor infiltration of the islets of Langerhans. Disease progression led to weight loss, refractory bone pain, and marked decline in quality of life, requiring intensified palliative care with opioids. **Discussion:** Neuroendocrine tumors are rare, often present with heterogeneous clinical features, and are frequently diagnosed at advanced stages. 68Ga-DOTATATE PET-CT, the gold standard for evaluating well-differentiated neuroendocrine tumors, played a crucial role in staging and disease monitoring. The coexistence of synchronous neoplasms and endocrine-metabolic dysfunction due to pancreatic infiltration underscores the systemic complexity of this case. **Final Comments:** This case highlights the diagnostic and therapeutic challenges associated with metastatic neuroendocrine tumors, emphasizing the importance of a multidisciplinary approach and individualized treatment. In advanced stages, strategies focusing on symptom control and quality of life are essential.

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1115885 MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 (MEN1) SYNDROME WITH GRADE II NEUROENDOCRINE TUMOR IN A YOUNG PATIENT, WITH BREAST AND BONE METASTASIS: CASE REPORT

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Introduction: Multiple Endocrine Neoplasia type 1 (MEN1) is a rare hereditary syndrome characterized by tumors in the parathyroid glands, pancreas, and pituitary gland. Neuroendocrine tumors (NETs) are one of the possible manifestations, which may be functional or non-functional, and present with variable metastatic potential. This report describes a complex case of MEN1 with a Grade II NET and breast and bone metastases. **Case Presentation:** A 34-year-old woman with a family history of colon cancer (father) and carcinoid syndrome (mother and maternal grandfather) was diagnosed with a Grade II NET in September 2023. At the time, she presented with recurrent nephrolithiasis and an abdominal ultrasound revealed a hepatic nodule. Subsequent MRI showed an expansive lesion in segment 6 of the liver (8.4 x 6.8 cm) and nodules with similar characteristics in segments 2, 7, and 8 (1.3 cm). A liver biopsy confirmed a neuroendocrine carcinoma with immunohistochemistry consistent with a Grade 2 NET, Ki-67 of 15%, and positive synaptophysin. PET-CT and PET-Gallium scans revealed multiple hepatic lesions suggestive of active undifferentiated neoplasia, retroperitoneal lymphadenopathy, a breast nodule with mild uptake, and bone lesions in the sternal manubrium and femoral diaphysis. Due to the previous biopsy result, MEN1 screening was initiated. Pituitary MRI revealed a microadenoma (0.6 cm), and laboratory findings showed elevated PTH, borderline serum calcium, and low bone mass on DEXA scan. Parathyroid scintigraphy and genetic testing are currently underway. The patient is being treated with lanreotide (3 doses, most recent on 05/20/2025), etoposide, and carboplatin (4 cycles). During her last consultation, she reported episodes of diarrhea, facial flushing, and a future desire for pregnancy. The oncology team is considering a temporary pause in chemotherapy to allow ovulation induction when feasible. **Discussion:** This case highlights the complexity of managing MEN1, particularly in the presence of metastatic disease. Early diagnosis is challenging and often occurs after clinical complications arise. The combination of pituitary adenoma, hyperparathyroidism, and hepatic NET is highly suggestive of MEN1. Bone and breast involvement are rare, making this case particularly noteworthy. Identifying the primary site of the NET is essential to guide treatment decisions. The use of lanreotide and chemotherapy is part of the therapeutic approach to metastatic NETs, aiming to control symptoms and tumor progression. **Conclusion:** This case underscores the importance of genetic screening and multidisciplinary follow-up in hereditary syndromes such as MEN1. Early intervention can significantly impact prognosis, especially in young patients with advanced disease and reproductive goals. **Keywords:** Hyperparathyroidism, Neuroendocrine tumor, pituitary adenoma.

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1116408 OBESITY EPIDEMIC IMPACTS CUSHING'S DISEASE PRESENTATION

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Introduction: Weight gain/obesity are highly frequent in patients with Cushing's disease (CD), but severe obesity was reportedly uncommon in the past. Currently, under the obesity epidemic, the prevalences of all grades of obesity in CD are likely to have increased and that could impact its clinical and laboratory presentation. **Objective:** To assess the prevalence of overweight/obesity and the potential impact of BMI on clinical and laboratory presentation of CD under the current obesity epidemic. **Methods:** Retrospective cross-sectional multicentric study. Setting: Two referral centers. Participants: Two-hundred and thirty-two adult patients with CD (193 F; median age 35y) diagnosed between 2000-2020 were selected after screening for inclusion and exclusion criteria and were classified and analyzed by BMI categories (normal to grade 3 obesity) and also in two groups: BMI $\geq 35\text{kg/m}^2$ (high-grade obesity) and BMI $< 35\text{kg/m}^2$. Prevalence of each BMI category in patients were compared with a contemporary national reference population. P trends between demographics, clinical, biochemical and image characteristics and BMI were calculated using linear regression modeling the BMI category as an ordinal independent variable. Comparisons between two groups were carried out by Mann-Whitney or Fisher's test. **Results:** Prevalence of high-grade (grades 2 and 3) obesity was 30.6% and prevalence ratios for obesity grades 2 and 3 were 4.8 and 8.9, respectively. Increasing BMI was associated with diagnosis delay ($p < 0.001$), decreasing 24h-urinary free cortisol (24h-UFC) ($p = 0.001$), and decreasing prevalence of hypokalemia ($p = 0.002$). Also, patients with high grade obesity showed longer disease duration (3y vs. 2y, $p = 0.01$), lower prevalence of severe physical signs (24.2% vs. 38.3%, $p = 0.014$), lower 24h-UFC (1.8 vs. 2.8xULN, $p = 0.0005$), lower prevalence of hypokalemia (2.9 vs. 13.8%, $p = 0.013$), and higher prevalence of false negative 24h-UFC (24.3 vs. 7.7%, $p = 0.015$). **Conclusion:** BMI significantly impacts on clinical and biochemical presentation of CD. Patients with CD and high-grade obesity have attenuated clinical and biochemical presentations of hypercortisolism, which pose additional challenges to diagnosis and delay proper treatment. Bariatric surgery in patients with high grade obesity and unrecognized hypercortisolism has had serious consequences. More effective strategies to detect endogenous hypercortisolism in patients with high-grade obesity are needed.

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1115620 ONCE-DAILY ORAL PALTUSOTINE IN THE LONG-TERM TREATMENT OF PATIENTS WITH BIOCHEMICALLY UNCONTROLLED ACROMEGALY: INTERIM RESULTS OF THE PATHFNDR-2 OPEN-LABEL EXTENSION

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Introduction: Paltusotine is a selective, non-peptide, SST2 receptor agonist in development as a once-daily oral treatment for patients with acromegaly or carcinoid syndrome. **Objective:** To evaluate the safety and efficacy of longer-term treatment with paltusotine in patients with biochemically uncontrolled acromegaly. **Methods:** PATHFNDR-2 was a randomized, double-blind, placebo-controlled trial that included a 24-week randomized controlled (RC) phase and a single-arm, open-label extension (OLE; currently ongoing). Outcome measures include IGF-I levels and the Acromegaly Symptom Diary (ASD), a patient-reported outcome measure that consists of 7 core items (headache, joint pain, sweating, fatigue, leg weakness, swelling, numbness/tingling; score range, 0-70; higher scores indicate greater symptom burden). **Results:** Of 106 patients who completed the RC phase, 103 (97.2%) continued into the OLE (paltusotine in RC phase, n=51; placebo in RC phase, n=52). In addition, 11 patients who met eligibility criteria for the RC phase and were in the screening process when target enrollment was reached were directly enrolled in the OLE. At this interim analysis (data cutoff: September 1, 2024), 88 patients had efficacy data at Study Week 60 (OLE Week 36; efficacy analysis). The safety analysis included all 114 enrolled patients. Compared with OLE baseline, mean IGF-I was maintained in patients who received paltusotine in the RC phase (Week 60 mean change, $-0.01 \times \text{ULN}$; n=40) and decreased in patients who received placebo in the RC phase (Week 26 mean change, $-0.63 \times \text{ULN}$; n=52; Week 60 mean change, $-0.81 \times \text{ULN}$; n=39) and directly enrolled patients (Week 60 mean change, $-0.75 \times \text{ULN}$; n=9). Mean ASD score was maintained in paltusotine RC phase patients (Week 60 mean change, 0.1; n=39) and decreased in placebo RC phase patients (Week 60 mean change, -1.8 ; n=39) and directly enrolled patients (Week 60 mean change, -1.1 ; n=8). As of this analysis, 13 patients (11.4%) discontinued from the OLE: 9 investigator decision, 2 due to AEs, 1 withdrawal by patient, and 1 requiring medication not allowed per protocol. **Conclusion:** IGF-I levels decreased rapidly in patients who had received placebo during the RC phase and patients with elevated IGF-I who were directly enrolled into the OLE, and the previously observed decrease was sustained in patients who continued on once-daily oral paltusotine. Paltusotine was well tolerated during long-term treatment.

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1115982 PERCHERON ARTERY COMPROMISE AFTER TRANSSPHEOIDAL SURGERY IN A PATIENT WITH CUSHING'S DISEASE DUE TO PITUITARY MACROADENOMA

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Case Presentation: A 19-year-old female patient presented with amenorrhea, galactorrhea, obesity, moon facies, difficult-to-control hypertension and diabetes mellitus, and urinary lithiasis, all stemming from Cushing's disease. This was confirmed by elevated cortisol levels (24-hour urinary cortisol: 570 mcg/24h (nl: 36-137); midnight serum cortisol: 22.8 mcg/dL (nl: <5); midnight salivary cortisol: 1.08 nmol (nl: <0.208) and ACTH: 84 pg/mL (nl: up to 48). Imaging revealed a pituitary macroadenoma with suprasellar extension, superior and posterior prolongation of the lesion, which was heterogeneous and showed hyperintense areas on T2. She underwent transsphenoidal surgery with adenoma resection and identification of normal pituitary tissue, displaced to the left. Postoperatively, she developed transient diabetes insipidus and a drop in cortisol consistent with hypercortisolism remission, prompting hydrocortisone replacement. She experienced difficulty with extubation, somnolence, difficulty speaking, impaired spontaneous movement, motor incoordination, and gait disturbance, suggestive of dyspraxia/agnosia. She also developed a pulmonary fungal infection requiring systemic antifungals. A cerebral angio-MRI showed thalamic infarction areas compatible with a Percheron artery lesion. She has since been managed with physiotherapy measures, showing partial improvement in gait and speech, and remission of hypercortisolism, hypertension, diabetes mellitus, and hypopituitarism, requiring continuous hormonal replacement. There has been no hormonal recurrence up to the last evaluation. **Discussion:** The artery of Percheron is a rare variant of the posterior cerebral arterial system (present in up to 12% of the population), which bilaterally irrigates the paramedian thalamic nuclei and part of the rostral midbrain. Injury to this artery leads to a clinical picture involving altered consciousness, cognitive deficits, aphasia, oculomotor disturbances, motor deficits, and, more rarely, epileptic seizures. This clinical presentation can be mistaken for common postoperative complications (cerebral edema, hematoma, delayed ischemia) or hormonal disturbances related to postsurgical hypopituitarism (adrenal crisis, SIADH, diabetes insipidus, hypothyroidism). Angio-MRI is essential for differential diagnosis and potentially beneficial preoperatively in patients with suprasellar extended lesions for improved surgical planning. **Final Comments:** This case reports a postoperative complication of transsphenoidal resection not previously described in the literature, particularly in Cushing's disease. This condition can occur in surgeries for macroadenomas with suprasellar extension, leading to a clinical picture that can be confused with other common postoperative complications, highlighting the importance of angio-MRI imaging in this differential diagnosis.

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1116394 PHENOTYPIC ANALYSIS OF 10 FAMILIES WITH MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 (MEN1) FOLLOWED OVER THE PAST 18 YEARS

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Introduction: Multiple Endocrine Neoplasia type 1 (MEN1) is a hereditary syndrome characterized by the development of tumors in multiple endocrine glands, primarily involving the parathyroids, anterior pituitary, and pancreatic islet cells. Inherited in an autosomal dominant pattern, MEN1 often affects several members of the same family. However, affected individuals within the same family frequently exhibit marked phenotypic variability. The mechanisms that modulate the phenotypic expression of MEN1 are not yet fully understood. **Objective:** To characterize the phenotypic profile of families with multiple individuals affected by MEN1 and to analyze the presence of typical clinical manifestations within the evaluated groups. **Methods:** This is a retrospective and observational study based on data collected from the review of medical records of members from 27 families with MEN1 mutation carriers enrolled in a clinical follow-up protocol initiated in 2008. For our phenotypic analysis, we included the 10 families with the highest number of members with positive genetic testing under follow-up. **Results:** The 10 families had at least 6 members, totaling 151 individuals, 99 (65.6%) female. Of these, 74 tested positive for the MEN1 gene mutation and 49 negative. Among positives, the mean age was 45.7 ± 14.9 years; 56 (75.7%) had at least one typical tumor, and 43 (58.1%) had atypical tumors. Families F1, F2, F3, F4, and F5 had 73 members, with 35 mutations identified and 29 showing predominantly typical manifestations. F6 had 21 members, 12 with mutations and typical tumors; breast and thyroid tumors were atypical findings. F7 had 15 members, 12 mutated, with clear cell sarcoma and oral squamous cell carcinoma identified in one member each as atypical features. F8 had 23 members, 12 mutated, 13 with typical tumors; lung, mediastinal, and adrenal tumors were atypical. F9 had 7 members, 5 mutated, all with typical tumors; papillary thyroid cancer in 3 were atypical findings. F10 had 12 members, 6 mutated, 5 with typical findings; kidney and breast tumors were atypical. **Conclusion:** The sample analysis revealed the presence of a similar mutation across all families included in this study. However, distinct clinical presentations, especially of atypical tumors, may indicate the presence of epigenetic factors and/or additional specific genetic alterations that influence the clinical expression of the disease and assist in diagnostic screening.

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1116343 PREVALENCE OF ABNORMAL FIB-4 INDEX IN PATIENTS WITH ACROMEGALY

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Introduction: Acromegaly is a condition usually caused by a growth hormone (GH)-secreting pituitary adenoma. Acromegaly can result in a variety of metabolic disturbances, including liver damage. The fibrosis-4 index (FIB-4) is a non-invasive tool to detect liver fibrosis. Given the high prevalence of metabolic disorders in these patients, investigating the association between FIB-4 and clinical characteristics may contribute to more effective screening strategies. **Objective:** To determine the prevalence of abnormal FIB-4 index and risk factors associations in patients with acromegaly. **Methods:** This observational study was approved by our ethics committee. Patients with acromegaly under follow-up at our neuroendocrinology unit were included if data needed to calculate the index were available in the medical records. Statistical analysis was performed considering sex, age, IGF-1, and IGF-1 ratio (measured/upper limit of reference range of IGF-1). The risk of significant fibrosis was stratified according to FIB-4 values: low risk (<1.30), intermediate risk (1.30–2.67), and high risk (>2.67). Shapiro-Wilk test, Fisher's exact test and Wilcoxon rank sum test were used, with the R software, with $p < 0.05$ considered significant. **Results:** 63 patients with acromegaly were analyzed (mean age 56.0 ± 11.8 years), 45 were women (71.4%). Overall, mean IGF-1 level was 248.5 ± 149.8 ng/mL, and the mean IGF-1 ratio was 1.12 ± 0.67 . Regarding the risk of significant fibrosis, 39 patients (61.9%) were low risk, 21 (33.3%) intermediate risk, and 3 (4.8%) high risk. Comparing the group with high or intermediate risk versus low risk, there was no statistically significant difference between IGF-1 (228 ± 156 vs 262 ± 147 , $p = 0.08$), IGF-1 ratio (1.04 ± 0.72 vs 1.17 ± 0.64 , $p = 0.48$), and sex ($p = 0.75$). Patients with abnormal FIB-4 were significantly older (64 ± 9 vs 50 ± 10 , $p < 0.001$). Among the components of FIB-4 index, all were higher in the abnormal FIB-4 index group except for ALT. **Conclusion:** More than a third of the patients had an intermediate or high risk for significant liver fibrosis and were candidates for further evaluation, including elastography. These findings suggest that screening of metabolic liver disease should be a standard in the care of these patients. Patients with abnormal FIB-4 were older than the low risk group. Since age is a component of the FIB-4 formula, whether this correlation is due to the natural history of the disease remains to be elucidated.

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1115186 PREVALENCE OF ANEMIA AND ITS CORRELATION WITH HYPOPITUITARISM IN PATIENTS WITH PITNETS

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Introduction: Reports on the prevalence of anemia in pituitary tumors are rare. This study aimed to establish the prevalence of anemia in a cohort of patients with acromegaly, non-secretory pituitary adenomas (NFA), and prolactinomas. **Objective:** A secondary objective was to evaluate the coexistence of hypopituitarism and anemia. **Methods:** Clinical and hematological data were reviewed in the medical records of patients diagnosed with pituitary adenomas at a neuroendocrinology reference center. Of the 344 cases eligible for the study, 98 (28.5%) were patients with acromegaly (mean age 50.5 years old, 57.1% women), 166 (48.3%) patients had NFA (64.6 years old, 44% women) and 80 (23.2%) had prolactinomas (52.1 years old, 60% women). **Results:** Anemia was diagnosed in 68 (19.8%) patients: 22 (32.35%) with acromegaly (average hemoglobin [aHb]: 11.8 g/dL), 29 (42.65%) with NFA (aHb: 11.6) and 17 (25%) with prolactinomas (aHb: 11.5). The prevalence was significantly higher in men, with 45 cases (27%), compared to 23 (13%) cases in women ($p = 0.002$). Most cases had mild anemia 65 (96.6%). Regarding the classification according to mean corpuscular volume and mean corpuscular hemoglobin concentration values, 59 (87%) had normocytic normochromic anemia. Testosterone and thyroxine deficiency did not significantly affect the frequency of anemia. Anemia was associated with hypocortisolism ($p = 0.027$) and insulin-like growth factor deficiency (IGF-1) in the NFA group ($p = 0.009$). **Conclusion:** This study shows a high prevalence of anemia, particularly in men, among patients with pituitary adenomas. The results improve knowledge of the comorbidities in patients with pituitary adenomas and suggest the importance of monitoring blood counts in patients' evolution, given the impact of anemia on general health.

PO-337

1116321 PROGRESSION OF A CORTICOTROPH TUMOR: A CASE REPORT

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Case Presentation: A 56-year-old woman was diagnosed with Cushing's disease in 2009, presenting with severe headache, significant weight gain (>30 kg), muscle weakness, violaceous striae, dorsal hump, and galactorrhea. At the time, she had a pituitary macroadenoma with right parasellar extension, measuring 2.7 × 1.6 × 1.1 cm. Because of severe hypercortisolism, she was started on ketoconazole, but discontinued it after one month due to gastrointestinal intolerance and because she discovered she was pregnant. In 2011, she underwent transsphenoidal surgery without achieving remission criteria. Subsequently, she received cabergoline with insufficient control, followed by radiotherapy (28 sessions) in 2012 targeting the residual lesion. Due to persistent hypercortisolism, unresponsive to ketoconazole and cabergoline, bilateral adrenalectomy was performed in 2013. From 2013 to 2022, MRI showed progressive reduction of the tumor remnant (from 2.2 cm to a partially empty sella), with stable ACTH concentrations and no hyperpigmentation. In 2023, she developed progressive mucocutaneous hyperpigmentation and fatigue. ACTH levels rose gradually (>1250 pg/mL), and MRI revealed a 0.8 cm residual lesion in the right cavernous sinus, consistent with corticotroph tumor progression (CTP; also known as Nelson's syndrome). In April 2024, therapy with pasireotide 900 mcg SC twice daily was initiated, resulting in biochemical, clinical, and tumoral improvement: ACTH decreased to 460 pg/mL, hyperpigmentation stabilized, and the tumor remnant remained unchanged. However, glycemic control worsened (HbA1c increased from 6.1% to 8.3%). Pasireotide was discontinued after six months due to unavailability. ACTH levels rose again to 578 and later 840 pg/mL, with worsening hyperpigmentation but no tumoral progression on MRI in April 2025. **Discussion:** CTP occurs in 8–47% of cases after bilateral adrenalectomy. It is characterized by hyperpigmentation, increased ACTH, and tumor progression. This case describes the occurrence of CTP 11 years after adrenalectomy with favorable response to pasireotide, suggesting its potential role as a supportive therapy in refractory or non-surgical cases, though access to treatment remains a challenge. **Final Comments:** This case underscores the importance of long-term follow-up with regular clinical, laboratory, and imaging surveillance, and reinforces the need for individualized management in this rare and complex condition.

PO-338

1116383 REAL-WORLD MANAGEMENT OF ACROMEGALY: AN ANALYSIS OF TREATMENT MODALITIES AND BIOCHEMICAL CONTROL AT A SINGLE TERTIARY CENTER

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Introduction: Acromegaly is usually caused by a Growth Hormone-secreting pituitary adenoma, resulting in elevated levels of insulin-like growth factor 1 (IGF-1). Achieving hormonal control is one major therapeutic goal, as it is associated with decreased morbidity and mortality. This usually requires a multimodal strategy including surgery, medications and radiotherapy. **Objective:** To determine the rate of biochemical control and the therapeutic strategies for acromegaly in our neuroendocrine unit. **Methods:** This was an observational retrospective study. Data was collected from the medical records of patients with acromegaly on follow-up at the neuroendocrine unit of a public university hospital. All surgeries had been performed by the same dedicated pituitary neurosurgeon. The variables analyzed were sex, age, IGF-1 levels, IGF-1 ratio (IGF-1 levels/ IGF-1 upper limit of normality), and treatment modalities performed. Data were analyzed using the R software, with $p < 0.05$ considered significant. **Results:** A total of 117 patients with acromegaly were included, of which 77 (66%) were female, with a mean age of 57 ± 14 years. The mean IGF-1 level was 258 ± 174 ng/mL, and the mean IGF-1 ratio was 1.11 ± 0.67 . Using an IGF-1 ratio < 1.3 as the cutoff for biochemical control, 87 patients (74%) were controlled, whereas under a stricter cutoff of normal IGF-1 levels, 68 patients (58%) were controlled. Using the less stringent cutoff, 54 controlled patients (62%) underwent transsphenoidal surgery, compared to 15 patients (50%) in the uncontrolled group. Radiotherapy was used in 5 controlled (5.7%) and 2 uncontrolled patients (6.7%). At the time of this study, the therapeutic options available through the Brazilian public system were limited to Octreotide, Lanreotide and Cabergoline. Among 58 controlled patients, 37 were on SA monotherapy (63.8%), 19 were on combination therapy (SA + CAB) (32.8%) and 2 were on monotherapy with CAB (3.4%). In the uncontrolled group, which included 21 patients, 8 were on somatostatin analogue (SA) monotherapy (38.1%), 12 were on combination therapy (SA + CAB) (57.1%) and 1 was on monotherapy with CAB (4.8%). **Conclusion:** Even with multiple therapy modalities, many patients with acromegaly fail to achieve hormonal control. Further availability of better treatments, including newer medical treatments like the somatostatin analogue pasireotide and the GH receptor antagonist pegvisomant, are needed in the public system.

PO-339

1116339 REMISSION OF CUSHING'S DISEASE AFTER TUMORAL APOPLEXY - A CASE REPORT

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Case Presentation: Although pituitary tumors commonly exhibit small areas of apoplexy, resultant endocrinological remission is rare. This report describes a 22-year-old male on anticoagulation who experienced complete remission of hypercortisolism due to pituitary apoplexy. At first, he presented with Cushing facies, muscle weakness, uncontrolled hypertension, blurred vision, diplopia and recurrent skin and soft tissue infection. He had been experiencing gradual weight gain with abdominal and facial fat accumulation and dark abdominal striae and reported an episode of central venous thrombosis and hypertension four years ago. Initial investigations revealed severe hypokalemia (2.6 mEq/L) and hyperglycemia (500 mg/dL). ACTH-dependent hypercortisolism was confirmed. Pituitary MRI revealed a right-sided sellar expansive lesion (2.5x2.1x1.5cm) infiltrating the right cavernous sinus and encasing the right internal carotid artery. Central hypothyroidism and hypogonadism were also diagnosed. Patient's hospital course was complicated by refractory hypokalemia, deep vein thrombosis in the left lower extremity, and pulmonary thromboembolism. He was managed with ketoconazole and cabergoline, antihypertensives drugs, potassium supplementation, levothyroxine, rivaroxaban and insulin. He was then referred to our tertiary university center, two months after initial hospitalization. In this interval, he presented with a severe headache, feeling of pressure in the right eye, diplopia, and right-sided ptosis/mydriasis. Two weeks later he was admitted due to malaise and hypotension requiring vasopressors. Adrenal crisis was suspected, ketoconazole was suspended, and hydrocortisone was initiated. Cortisol level was 1.47 µg/dL (RR 4.82 - 19.5 µg/dL). A follow-up pituitary MRI performed 4 weeks apart from the previous one showed a reduction in the macroadenoma size to approximately 1.9x0.7x1.2cm. After hydrocortisone was administered, there was significant improvement in the symptoms of adrenal insufficiency. Antihypertensives and insulin were discontinued, maintaining good blood pressure and glycemic control. **Final Comments:** Complete clinical and laboratory remission of Cushing's disease due to pituitary apoplexy is rare. This should be suspected in patients who experience a sudden worsening of neurological symptoms, followed by subsequent improvement in both the clinical and laboratory aspects of hypercortisolism.

PO-340

1115672 REMISSION OF DIABETES MELLITUS AFTER ADRENALECTOMY IN A PATIENT WITH PRIMARY BILATERAL MACRONODULAR ADRENAL HYPERPLASIA

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Case Presentation: A 31-year-old male was evaluated after hospitalization for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, during which clinical features of hypercortisolism, including centripetal obesity and violaceous striae, were observed. He had a history of lifelong obesity, with marked weight gain over the prior 3 years (from 90 to 136 kg; BMI 46.5 kg/m²). Hypertension was diagnosed at age 27. Family history included obesity (father and siblings) and type 2 diabetes (mother). Initial late-night salivary cortisol was within the normal range (6.1 nmol/L; reference <7.6). Eight months later, he presented with further weight gain (25 kg), worsening hypertension, new-onset diabetes, and steatohepatitis. At ten months, he was hospitalized with diabetic ketoacidosis. Type 1 diabetes was excluded (C-peptide 3.39 ng/mL; negative anti-GAD). Insulin requirement exceeded 1.6 IU/kg/day, indicating severe insulin resistance. Reassessment revealed elevated midnight salivary and serum cortisol, increased 24-hour urinary cortisol, suppressed ACTH, and computed tomography (CT) showing bilateral adrenal enlargement with multiple nodules up to 3.0 cm. He underwent right total and left partial adrenalectomy (10% of the gland preserved). Glycemic control normalized, and insulin was discontinued within 48 hours postoperatively. No adrenal insufficiency occurred. Within 12 months, he lost 38 kg. After nearly 3 years, he remains in diabetes remission, although he regained 22 kg and is undergoing reevaluation for possible hypercortisolism recurrence. **Discussion:** Primary bilateral macronodular adrenal hyperplasia (PBMAH) is a rare cause of Cushing's syndrome, characterized by bilateral adrenal macronodules with autonomous cortisol secretion. Hypercortisolism is associated with increased cardiometabolic risk, with diabetes being a common manifestation. Diabetic ketoacidosis is uncommon in this context and may reflect severe metabolic decompensation. The evolution of diabetes after surgical treatment of PBMAH is rarely reported. **Final Comments:** This case demonstrates significant metabolic improvement after adrenalectomy in PBMAH, including remission of insulin-dependent diabetes and significant weight loss. Partial adrenal preservation may prevent adrenal insufficiency but requires long-term monitoring due to the risk of hypercortisolism recurrence.

PO-341

1116397 ROLE OF ADIPONECTIN IN THE CLINICAL SEVERITY OF GASTROENTEROPANCREATIC NEUROENDOCRINE TUMORS ASSOCIATED WITH MULTIPLE ENDOCRINE NEOPLASIA TYPE 1

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Introduction: Multiple Endocrine Neoplasia type 1 (MEN1) is an autosomal dominant genetic syndrome characterized by neoplasms, with the classical triad being primary hyperparathyroidism, pituitary tumor, and gastroenteropancreatic neuroendocrine tumor (GEP-NET). Adiponectin is an adipokine that plays a complex role in the pathophysiological mechanisms of tumor development, with effects that may vary depending on the cancer type. **Objective:** To describe an analysis based on adiponectin levels and its possible role in the clinical severity of GEP-NETs in MEN1 patients followed in a tertiary care center. **Methods:** Adults over 18 years old with a clinical, laboratory, and/or familial diagnosis of MEN1 were included after informed consent. Medical records were reviewed to confirm tumor diagnosis. GEP-NETs were classified as severe if they presented with tumor size > 2 cm, presence of metastasis, and/or hemorrhage. Blood samples were collected for adiponectin level analysis. Data were subjected to the Shapiro-Wilk normality test and then analyzed using Student's t-test to statistically compare mean adiponectin levels among the "no tumor" (NT), "non-severe tumor" (NST), and "severe tumor" (ST) groups. Statistical analysis was performed using IBM® SPSS Statistics software, with a p-value < 0.05 considered significant. **Results:** A total of 81 patients with a MEN1 diagnosis were included, with a mean age of 44.2 ± 12.3 years; 55 (68%) were female. Among these, 37 had ST and 19 had NST. Regarding hormonal secretion, the most common tumor types were: 29 "Non-functioning", 18 "Gastrinomas", and 6 "Insulinomas." The mean adiponectin level was 6.14 ± 5.42 µg/mL in the NT group, 8.10 ± 6.71 µg/mL in the ST group, and 7.01 ± 4.33 µg/mL in the NST group, with no statistically significant difference observed between ST and NST (p = 0.46), ST and NT (p = 0.21), or NST and NT (p = 0.56). **Conclusion:** There was no association between adiponectin levels and the presence or clinical severity criteria of GEP-NETs proposed in this study. Literature suggests that reduced adiponectin levels are associated with increased risk for several types of cancer and may exert inhibitory effects on tumor progression and metastasis. However, the effects of this hormone on the clinical course of MEN1 patients remain incompletely understood.

PO-342

1116163 SELF-REPORTED COGNITIVE DIFFICULTIES IN CUSHING'S SYNDROME

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Introduction: Cushing's Syndrome or hypercortisolism is a rare endocrine disorder caused by prolonged high cortisol exposure. Beyond its physical effects, hypercortisolism profoundly impacts the central nervous system and can cause irreversible brain changes and neuropsychiatric complications. **Objective:** Our study focused on investigating perceived cognitive symptoms, including attention, Attention-Deficit/Hyperactivity Disorder-like symptoms and sluggish cognitive tempo, and their correlation with psychological symptoms. **Methods:** Cross-sectional, observational, and correlational study, approved by the local ethics committee (CAAE nº 80554624.0.0000.5327). The sample consisted of 14 Brazilian patients with hypercortisolism (12 females; mean age 39.7 years). Most were in remission (64.2%), with 110 months of mean clinical monitoring and surgeries included hypophysis (78.5%) or adrenal (14.2%). Instruments used were: The Adult Self-Report (ASR/ASEBA) scores of Attention-Deficit/Hyperactivity Disorder (inattention, hyperactivity, and impulsivity), Sluggish Cognitive Tempo (confusion, daydreaming, and lethargy) and Attention problems (difficulties with concentration, distractibility, and sustaining focus), Fatigue Severity Scale (FSS), Hospital Anxiety and Depression Scale (HADS), Pittsburgh Sleep Quality Index (PSQI), World Health Organization Quality of Life-Bref (WHOQoL-B), and Cushing Quality of Life Questionnaire (CushingQoL). **Results:** The most severe self-reported cognitive complaints were difficulties making decisions (85.71% recognize some difficulty), lack of energy (85.71%), difficulties sustaining attention (64.29%), difficulties establishing priorities (71.43%) and forgetfulness (64.29%). Spearman test found a correlation between the ability to perform day-to-day activities and overall scores in cognitive tempo (p=0.01), ADHD-like symptoms (p=0.006) and attention (p=0.005). Additionally, symptoms of forgetfulness were found to be correlated to anxiety (p=0.004), depression (p<0.001), fatigue (p=0.003), lower Cushing quality of life (p<0.001) and lower overall quality of life (p=0.007). No significant correlations were found between cognitive complaints and sleep. In terms of quality of life, key difficulties were the ability to concentrate and to perform in day-to-day activities, in addition to reduced capacity for work. **Conclusion:** Results indicate the importance of considering cognitive symptoms as part of clinical monitoring in hypercortisolism.

PO-343

1115868 SEVERE HYPONATREMIA AND ALTERED MENTAL STATUS AS INITIAL CLUES TO CENTRAL ENDOCRINE FAILURE

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Case Presentation: A 72-year-old male with a history of systemic hypertension presented to the emergency department with psychomotor agitation, nausea, and vomiting. He received intramuscular haloperidol with partial improvement. Within 24 hours, he developed hypotension and decreased level of consciousness, requiring orotracheal intubation and vasopressors. Transferred to a tertiary care center, laboratory evaluation revealed severe hyponatremia (serum sodium: 108 mEq/L), elevated C-reactive protein, and mild metabolic acidosis. Cranial computed tomography showed cortical atrophy and small vessel disease. He received intravenous sodium correction and was admitted to intensive care. Persistent hypotension and hyponatremia were managed with norepinephrine, fluids, and hydrocortisone. Antibiotics were initiated for presumed pulmonary infection. On the general ward, he reported peripheral visual loss. Brain magnetic resonance imaging revealed a sellar mass (1.6 x 1.8 x 2.2 cm) with suprasellar extension and optic chiasm compression. Hormonal evaluation confirmed panhypopituitarism: cortisol 0.5 µg/dL (ref. 3.7–19.4), ACTH 25.2 pg/mL (ref. 7.2–63), free T4 0.7 ng/dL (ref. 0.7–1.4), TSH 1.2 µIU/mL (ref. 0.5–5), IGF-1 37.2 ng/mL (ref. 64–188), LH 0.48 mIU/mL (ref. 1.8–8.16), total testosterone 0.11 nmol/L (ref. 4.4–35.3). The patient was discharged for outpatient follow-up on levothyroxine, prednisone, and androgen replacement therapy. He continues to exhibit visual field deficits, mild tumor progression into the cavernous sinus, and rising prolactin levels, possibly due to pituitary stalk compression. He was referred to neurosurgery for surgical evaluation. **Discussion:** This case represents an acute and atypical presentation of panhypopituitarism due to a non-functioning pituitary macroadenoma. The initial presentation mimicked sepsis or drug-induced delirium. Severe hyponatremia and shock were later attributed to secondary adrenal insufficiency. Visual symptoms prompted imaging, which confirmed optic chiasm compression. In elderly patients, endocrine disorders should be included in the differential diagnosis of altered mental status and electrolyte disturbances. **Final Comments:** Early recognition of central hormonal deficiencies is essential to reduce morbidity. Hormone replacement and appropriate imaging are key to diagnosis, stabilization, and therapeutic planning.

PO-344

1115754 SEVERE THROMBOCYTOPENIA ASSOCIATED WITH CUSHING'S DISEASE: A CASE REPORT

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Introduction: Cushing's disease presents classic metabolic and cardiovascular alterations, hematological alterations such as thrombosis are common, while thrombocytopenia is rare and little described. We report a case of severe Cushing's disease with hypopituitarism and reversible thrombocytopenia associated with hypercortisolism. **Case Presentation:** A previously healthy 46-year-old man was admitted with fatigue, lower limb paresthesias, nocturia and emotional lability. History of post-COVID-19 DVT, recent hypertension, sexual dysfunction and progressive glycaemic alteration. Physical examination with cushingoid facies, facial plethora, proximal petechiae, muscle atrophy and BP 170/110 mmHg. Laboratory tests: hypokalemia (K 2.5), elevated urinary cortisol, failure to suppress with dexamethasone (74.4 µg/dL), ACTH 302 pg/mL, central hypothyroidism and hypogonadotrophic hypogonadism. MRI of the saddle showed a macroadenoma (2.1x1.6x1.8 cm), with suprasellar extension and no cavernous invasion. While awaiting transphenoidal surgery, he developed severe hyperglycemia, requiring insulin therapy, hallucinations and thrombocytopenia (62,000). A myelogram showed medullary aplasia with normal immunophenotyping. Thrombocytopenia was attributed to hypercortisolism. After IV immunoglobulin and transfusion, he underwent surgery without complications. Anatomopathology confirmed an ACTH-producing neuroendocrine tumor, with early clinical remission. One month later, platelets normalized without further treatment. **Discussion:** Cushing's disease increases the risk of thrombosis due to procoagulant changes induced by cortisol. In contrast, thrombocytopenia is rare and poorly recognized. There are hypotheses that hypercortisolism may inhibit megakaryopoiesis and induce transient medullary alterations. Studies indicate that high cortisol can modulate platelet function and negatively affect their reactivity. A recent study showed an inverse correlation between plasma cortisol levels and platelet function in the elderly, suggesting possible medullary toxicity and endothelial dysfunction induced by glucocorticoids. In this case, thrombocytopenia was considered secondary to severe hypercortisolism, with no evidence of primary hematological disease, with normalization after surgery and clinical remission. **Conclusion:** Although rare, thrombocytopenia should be considered among the possible hematological manifestations of Cushing's Disease, especially in severe or atypical presentations.

PO-345

1115613 SOMATOSTATIN RECEPTOR AXIS IN PANCREATIC NEUROENDOCRINE TUMORS: DIAGNOSTIC AND THERAPEUTIC INSIGHTS FROM RECENT CLINICAL EVIDENCE

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Introduction: Pancreatic neuroendocrine tumors (PanNETs) are rare and heterogeneous neoplasms that range from indolent lesions to aggressive metastatic disease. A hallmark of well-differentiated PanNETs is the high expression of somatostatin receptors, particularly subtypes 2 and 5, which has enabled advances in targeted imaging and therapeutic strategies. **Objective:** This systematic review aimed to synthesize recent clinical and translational evidence regarding the diagnostic, prognostic, and therapeutic implications of somatostatin signaling in PanNETs. **Methods:** A structured search following PRISMA 2020 guidelines was conducted in PubMed, Scopus, and Web of Science, covering the past five years. Eligible studies included clinical trials, cohort studies, and translational research involving patients with PanNETs, assessing the role of somatostatin or its receptors in imaging, outcomes, or treatment. **Results:** Four studies met the inclusion criteria, encompassing 236 patients with well-differentiated PanNETs. Functional imaging using radiolabeled somatostatin analogs correlated strongly with receptor expression and tumor grade. Positron emission tomography with somatostatin receptor-targeting tracers demonstrated accurate staging capabilities and prognostic utility. In high-risk patients deemed unfit for surgery, treatment with long-acting somatostatin analogs led to stable disease in a substantial proportion, with a favorable safety profile. Additionally, a first-in-human trial using a radiolabeled somatostatin receptor antagonist demonstrated promising efficacy and manageable toxicity. **Conclusion:** These findings underscore the central role of the somatostatin receptor axis in the management of PanNETs, from diagnosis to treatment selection. However, the small sample sizes and methodological heterogeneity among studies highlight the need for larger, prospective clinical trials to confirm these results and further investigate novel antagonists in advanced or unresectable disease.

PO-346

1115716 TSHOMA AND PREGNANCY: CASE REPORT OF LONG-TERM OCTREOTIDE USE WITH FAVORABLE OUTCOME

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Case Presentation: A 19-year-old woman presented with a four-year history of headache, weight loss, tremors, and goiter, initially diagnosed as poorly controlled primary hyperthyroidism. Laboratory evaluation revealed an inappropriately normal TSH with elevated total T4 and T3; thyroid autoantibodies were negative. Pituitary MRI confirmed a macroadenoma with suprasellar extension; other pituitary hormones and visual fields remained normal. Diagnosed with TSHoma, the patient's initiation of Octreotide LAR resulted in favorable clinical, biochemical, and tumor reduction responses. Two successful pregnancies were achieved at ages 33 and 39, with continuous medication administration. Gestational diabetes mellitus developed during the first pregnancy, managed dietetically. Both children were healthy, full-term, without neonatal complications, and breastfed. No tumor growth or visual impairment was observed during either pregnancy. Between pregnancies, three early spontaneous abortions occurred. Octreotide management varied across these events: discontinued upon pregnancy discovery in one, not used in another, and maintained throughout the last. Fetal analysis from the last abortion revealed no chromosomal abnormalities or malformations. **Discussion:** TSHoma is a rare pituitary tumor, with only eight reported pregnancy associations in the literature. Tumor management presents challenges. Surgery, though first-line, has high recurrence (~30%) and risk of hypopituitarism, commonly requiring adjunct somatostatin analogs (SSA). SSA, such as octreotide, normalize thyroid function in 73-100% and reduce tumor volume in 20-70% of cases. Therapeutic selection must consider the potential impact of surgery-associated hypopituitarism and untreated secondary hyperthyroidism on fertility. Furthermore, pregnancy can significantly increase tumor size, as observed in two cases where octreotide treatment was interrupted or absent. Though data are limited, available evidence supports octreotide's safety in pregnancy. **Final Comments:** This case demonstrates the safety and efficacy of long-term octreotide use during pregnancy for TSHoma control, without fetal or maternal harm. Despite a theoretical risk from fetal somatostatin receptor inhibition, no adverse effects have been documented. This case highlights individualized therapy and octreotide as a viable option for pregnant TSHoma patients.

PO-347

1116317 TUMOR RECURRENCE AFTER CABERGOLINE WITHDRAWAL IN PATIENTS WITH PROLACTINOMA

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Introduction: Cabergoline (CAB), a dopamine agonist, is the first-line therapy for symptomatic prolactinomas due to its effectiveness in prolactin suppression and tumor volume reduction. In selected patients with normalized prolactin levels and significant tumor reduction, treatment withdrawal may be considered. However, recurrence remains a clinical concern. **Objective:** To assess the recurrence rate of prolactinomas following cabergoline withdrawal and to identify associated factors. **Methods:** This was a cross-sectional, retrospective, and descriptive study involving consecutive patients treated with CAB for prolactinomas in whom treatment withdrawal was tried. Data analyzed included demographic characteristics, radiological findings, treatment response, and recurrence after CAB discontinuation. **Results:** The sample consisted 25 patients, predominantly females (92%), with microadenomas present in 56% of cases. The median reduction in serum prolactin levels was 97.14%, and tumor size reduction was observed in 76.2% of patients. Despite of the initial therapeutic success, recurrence occurred in 57.9% of patients following CAB withdrawal. Recurrence was more frequent in the presence of a visible tumor on MRI at the time of drug discontinuation. There was no difference in sex, tumor size at diagnosis, previous surgery, radiotherapy, or length of medical treatment between patients that presented recurrence or not. **Conclusion:** Tumor recurrence after CAB withdrawal is relatively frequent, especially in patients with visible residual lesions on imaging. Careful selection of candidates for therapy discontinuation and close clinical follow-up are crucial to minimize risks and ensure long-term disease control.

PO-348

1116329 TWO PREGNANCIES IN A PATIENT WITH CONGENITAL HYPOPHYSECTOMY

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Case Presentation: A female patient, investigated for short stature, was diagnosed with congenital panhypopituitarism (growth hormone (GH) deficiency + central hypothyroidism + partial ACTH deficiency) due to empty sella. She has been receiving continuous treatment with levothyroxine (T4) and GH between 6 and 16 years of age, achieving IGF-1 levels and growth velocity appropriate for her age. She developed spontaneous puberty, blocked with triptorelin 3.75 mcg every 25 days until she was 13. Menarche occurred at the age of 15, followed by irregular menstrual cycles and oligomenorrhea, and oral contraceptives were started at the age of 19. At age 27, a GH stimulation test with glucagon was unresponsive (peak = 2.3 ng/mL). Asymptomatic hyperprolactinemia (49.2 ng/mL) was observed during oral contraceptive use (drospirenone 3 mg + ethinylestradiol 0.02 mg), with prolactin normalization after discontinuation. After an unsuccessful attempt to induce ovulation with clomiphene, the following protocol was used: 10 days of oral progesterone + 5 days of letrozole 2.5 mg (starting on the 2nd day of menstruation) + hCG test if no menstruation in the following month + repeat progesterone-letrozole cycle up to three times if negative hCG; no need for GH therapy. The first pregnancy occurred at age 28 and a male newborn of adequate weight and size was born at 39 weeks. T4 was increased to 125 mcg and decreased to 100 mcg two months after birth. The second pregnancy occurred at age 32, T4 adjusted as per controls (150 mcg Monday-Saturday, 225 mcg on Sundays). Delivery at term, uncomplicated, a male newborn. Currently, the patient is breastfeeding, has not yet resumed her menstrual cycles, and is using T4 125 mcg, without oral contraceptives. **Discussion:** Considering the congenital hypopituitarism diagnosis, ovulation induction and levothyroxine adjustment were necessary during pregnancy, according to controls of total and free T4 levels. Despite GH deficiency, the patient was able to become pregnant without replacement therapy. During pregnancy, in agreement with the literature, GH replacement was also not necessary for a favorable outcome. **Final Comments:** Though rare, more than one pregnancy in patients with congenital hypopituitarism is possible, considering medication management, ovulation induction and hormonal adjustment. This case emphasizes the need for multidisciplinary care and monitoring of thyroid function during pregnancy in patients with hypopituitarism.

PO-349

1116206 WHEN THEORY BECOMES REALITY: PROPTOSIS AND DEMYELINATION AS RARE MANIFESTATIONS OF HYPERCORTISOLISM

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Case Presentation: A 34-year-old woman presented with progressive visual blurring and proptosis, initially diagnosed as glaucoma. Despite topical treatment, she developed sudden ocular pain, hyperemia, and worsening proptosis, culminating in spontaneous evisceration of the left eye. She also had spontaneous corneal perforation in the right eye, later undergoing corneal transplantation. Seven years earlier, she had reported weight gain, abdominal fat accumulation, violaceous striae, amenorrhea, and resistant hypertension. Hypercortisolism was suspected. She denied exogenous corticosteroid use. Laboratory evaluation confirmed Cushing's disease (cortisol after 1 mg dexamethasone: 26.8 ng/mL; ACTH: 68 pg/mL). MRI revealed a 0.7 cm pituitary microadenoma and demyelinating lesions in supratentorial and infratentorial deep and periventricular white matter. Cerebrospinal fluid showed no oligoclonal bands. Other differential diagnoses were excluded clinically and laboratorially. Ocular and neurological findings were attributed to chronic hypercortisolism. Ketoconazole 600 mg/day was started with good tolerance while awaiting neurosurgery. **Discussion:** Cushing's disease is a rare endocrinopathy with progressive, multisystemic manifestations. Although ocular changes are uncommon, studies describe associations with ocular hypertension, glaucoma, and, less frequently, central serous chorioretinopathy. Proptosis may occur due to retro-orbital fat redistribution and was described in 1932 by Harvey Cushing in 4 out of 12 patients with Cushing's disease, but this is an often forgotten clinical sign. Spontaneous evisceration is an exceptional event, typically related to globe perforation or tissue fragility. Most documented cases have involved exogenous Cushing's syndrome. Demyelinating lesions, after excluding infectious and autoimmune causes, have been attributed to chronic hypercortisolism. Diffusion tensor imaging studies suggest cortisol excess may alter white matter microstructure, affecting myelinated tracts making the patient's finding compatible with the few records in the literature. **Final Comments:** This report highlights two rare and severe complications of Cushing's disease, underscoring the importance of broad clinical reasoning in atypical neurological and ophthalmologic contexts.

PO-155

1115747 ABDOMINAL CIRCUMFERENCE POSITIVELY ASSOCIATES WITH POORER SUBJECTIVE SLEEP QUALITY IN ADULTS FROM WESTERN SANTA CATARINA

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Introduction: Experimental and epidemiological data show that visceral adiposity and sleep impairment reinforce one another through neuro-endocrine and inflammatory pathways, yet inland Brazilian communities remain under-studied. **Objective:** Quantify the association between waist circumference and subjective sleep quality in adults from western Santa Catarina. **Methods:** Cross-sectional household survey of 61 randomly selected adults (59 % women; 57.7 ± 14.3 years). Participants completed the Pittsburgh Sleep Quality Index (PSQI) and underwent standard anthropometry. Sociodemographic, behavioural and morbidity data were obtained by interview. Normality was checked with Kolmogorov-Smirnov; group differences used Student t, Mann-Whitney or χ^2 tests; associations used Spearman ρ ($\alpha = 0.05$). **Results:** Mean body-mass index (BMI) was 28.7 kg m⁻² and 80 % showed central obesity (waist 100.7 ± 15.2 cm). Median global PSQI was 6 (IQR 4–8), classifying 66 % as poor sleepers. Waist correlated directly with PSQI ($p = 0.289$; $p = 0.0267$); each extra PSQI point predicted a 1.33 cm larger waist, explaining 10 % of abdominal variance. Waist also rose with age ($r = 0.38$; $p = 0.0023$). Hypertension affected 45.9 %, dyslipidaemia 26.2 % and diabetes 11.5 %; three-quarters of diabetics were poor sleepers. Sedentary participants had a BMI 3 kg m⁻² higher and tended to worse sleep than active adults; global PSQI declined from 6.9 in sedentary individuals to 6.1 in those exercising three times weekly and 4.9 among daily exercisers. Smoking (27.9 %) and alcohol intake (11.5 %) did not modify the waist-sleep relationship, and no sex interaction emerged. **Conclusion:** In this inland cohort, poorer subjective sleep quality is modestly yet significantly associated with greater waist circumference, independent of age, sex and key behaviours. The findings support a bidirectional model in which nocturnal fragmentation elevates cortisol, ghrelin and insulin resistance, fostering visceral fat that further disrupts sleep via pro-inflammatory cytokines and respiratory disturbance. The coexistence of central obesity, ageing, low schooling and sedentarism underscores the need for primary-care programmes that integrate sleep-hygiene counselling with lifestyle and metabolic interventions targeting waist reduction. Prospective trials should test whether decreasing abdominal fat yields measurable sleep benefits in similar communities. **Keywords:** Sleep quality; Waist circumference; Community health.

PO-156

1116396 ADIPOSOPATHY IN MIDDLE-AGED PATIENTS HOSPITALIZED FOR HEART FAILURE AND ITS RELATIONSHIP WITH ISCHEMIC ETIOLOGY

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Introduction: Obesity, insulin resistance and diabetes mellitus (DM) contribute to the development of heart failure (HF) through morphological and functional changes in the myocardium, which involve microangiopathy and atherosclerosis. **Objective:** To evaluate adiposity parameters in middle-aged patients with HF and their relationship with ischemic etiology. **Methods:** Cross-sectional study conducted in a Cardiology center with patients aged 40 to 64 years hospitalized for HF. The anthropometric parameters evaluated were body mass index (BMI, with a cutoff point of 25 kg/m² indicating overweight/obesity), waist circumference (WC, altered if ≥88 cm in women and ≥102 cm in men), waist-to-hip ratio (WHR, altered if >0.9 in men and >0.85 in women), and waist-to-height ratio (WHtR, altered if >0.5). The percent body fat (%BF) was assessed by whole-body dual-energy X-ray absorptiometry (DXA), using a cutoff point of 25% for men or 35% for women. The ischemic etiology of HF was indicated by imaging tests or coronary angiography. **Results:** A total of 203 patients were evaluated, of which 54.7% were male. Ischemic HF was present in 54.7% of the sample. The median age was 57 (interquartile range [IQR]: 51.0-61.0) years. 44.8% had preserved left ventricular ejection fraction (LVEF), 16.7% had mildly reduced LVEF and 38.4% had reduced LVEF. The majority had dysglycemia, with 46.3% having DM and 33.5% prediabetes (median hemoglobin A1c: 6.3% [IQR 5.8-8.3]). Of the adiposity parameters, 65%, 57.6%, 85.7%, 88.7% and 63.5% had altered BMI, WC, WHR, WHtR and %BF, respectively. Ischemic HF was associated with higher prevalences of DM (56.8% vs. 33.7%, $p = 0.001$), high BMI (73% vs. 55.4%, $p = 0.009$), increased WC (64.9% vs. 48.9%, $p = 0.022$), high WHtR (92.8% vs. 83.7%, $p = 0.042$), high %BF (72.1% vs. 53.3%, $p = 0.006$), with no association with a higher prevalence of high WHR (88.3% vs. 82.6%, $p = 0.250$). **Conclusion:** Our data showed a high prevalence of adiposity indicators in patients with HF, which was associated with ischemic cause.

PO-157

1115992 ASSOCIATION BETWEEN BMI AND LIVER FIBROSIS IN PATIENTS WITH TYPE 2 DIABETES AND MASLD: A CROSS-SECTIONAL STUDY

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Introduction: Metabolic Associated Steatotic Liver Disease (MASLD) is the most common liver disease worldwide, affecting approximately 24% of the global population. Its association with type 2 diabetes mellitus (T2DM) and/or obesity leads to a poor prognosis. BMI-based screening assists in early diagnosis and treatment. **Objective:** This study aims to determine the BMI of patients with T2DM and MASLD treated at a reference endocrinology center in Maranhão, Brazil. **Methods:** This is a cross-sectional study involving patients from the T2DM/MASLD outpatient clinic, using a clinical-demographic survey that evaluated variables such as weight, height, BMI, waist and hip circumferences, and waist-to-hip ratio, correlating these with transient liver elastography (TLE). Patients over 18 years old who signed the informed consent form and had no risk factors for liver diseases were included. **Results:** 253 patients were included, mostly female (64.03%; n=162), mixed race (64.03%), mean age 60.2±9.78 years, with up to 10 years since T2DM diagnosis (51.38%), HbA1c above target (55.41%), earning ≤1.5 minimum wages (37.94%), and with primary education (37.15%). Over half (52.17%) were obese, mostly female (68.18%), mixed race (62.12%), mean age 58.07±10.23 years, with T2DM for ≤10 years (54.55%), HbA1c above target (58.58%), low income (39.39%), and primary education (35.61%). Regarding TLE, 16.21% (n=41) had high probability of cirrhosis (9.6–12 kPa), 8.3% (n=21) had advanced fibrosis (8.2–9.6 kPa), and 15.81% (n=40) showed early significant fibrosis (7–8.2 kPa). Overall, 40.32% (n=102) had relevant fibrosis. Obesity was more prevalent in those with advanced fibrosis (66.67%) and high cirrhosis risk (63.41%). Grade III obesity was more frequent in the high cirrhosis risk group (24.39%) and advanced fibrosis group (19.05%) compared to others. **Conclusion:** A slight positive correlation (r=0.237) was observed between BMI and the degree of fibrosis assessed by TLE, with significant association (p<0.001). The proportions of advanced fibrosis and high probability of cirrhosis were higher among groups with elevated BMI (p=0.004). These findings reinforce the importance of BMI in the screening of patients with MASLD. The prevalence of obesity and higher degrees of fibrosis among female, mixed-race, low-income, and low-education individuals highlights the need for improved public policies focused on health education and prevention of liver disease in these more vulnerable groups.

PO-158

1116391 ASSOCIATION BETWEEN BODY COMPOSITION AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) IN INDIVIDUALS WITH OBESITY

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Introduction: Metabolic dysfunction-associated steatotic liver disease (MASLD), recognized as the hepatic manifestation of metabolic syndrome, is a condition characterized by increased fat content in the liver, which can progress to fibrosis, cirrhosis, or hepatocellular carcinoma. **Objective:** To evaluate the association between body composition and MASLD in patients with obesity. **Methods:** This was a cross-sectional study with a non-probabilistic convenience sample, conducted within a university extension project. A total of 24 patients participated, with a mean age of 49.9 (11.3) years, of both sexes. Inclusion criteria were adults with body mass index (BMI) ≥ 25, who had undergone total abdominal ultrasound close to the time of the physical evaluation. Data collection included anthropometric assessment and body composition analysis using bioelectrical impedance with the InBody 770 device, which features an eight-point tactile tetrapolar system. The diagnosis of MASLD was based on total abdominal ultrasound combined with the criteria of the International Diabetes Federation (IDF). The project was approved by the Research Ethics Committee (protocol number 38331720.0.0000.5348). Data analysis was performed using SPSS v.22 (p<0.05), applying Spearman's correlation. **Results:** Among the patients included in the analysis, 18 (75%) were female, and of these, 14 (58.3%) presented with hepatic steatosis. The mean body fat percentage (%BF) was 43.4 (11.8)%, visceral fat area (VFA) was 219.7 (57.3) cm², BMI was 38.2 (7.3) kg/m², and waist-to-hip ratio (WHR) was 1.04 (0.07). The degree of steatosis showed a weak positive correlation with VFA (rs=0.499; p=0.013) and a moderate positive correlation with BMI (rs=0.542; p=0.006). However, no significant correlation was observed with %BF (rs=0.361; p=0.083) or WHR (rs=0.325; p=0.121). **Conclusion:** The findings suggest that the presence of MASLD in individuals with obesity is associated with BMI and visceral fat, but not with total body fat percentage or WHR. This highlights the importance of assessing central adiposity and the degree of obesity in the management of MASLD. Studies with larger sample sizes are needed to confirm these associations.

PO-159

1116099 CLINICAL-EPIDEMIOLOGICAL PROFILE AND FACTORS ASSOCIATED WITH OVERWEIGHT IN PRIMARY HEALTH CARE USERS

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Introduction: Overweight is a prevalent multifactorial condition that directly impacts population morbidity and mortality, including an increase in non-communicable chronic diseases (NCDs), a reduction in quality of life and an overload on health services. Additionally, identifying the profile of affected individuals is essential for assessing social determinants and planning intervention strategies. **Objective:** In this context, the present study aimed to describe the clinical-epidemiological profile of Primary Health Care (PHC) users, estimate the prevalence of overweight, and analyze its relationship with sociodemographic, health, and behavioral variables. **Methods:** This cross-sectional study was conducted in the urban PHC network of Marau, Rio Grande do Sul, including individuals aged ≥ 20 years who received care during 2019. After obtaining ethical approval (approval number 4.769.903), data were collected from electronic medical records. The outcome was overweight, determined by calculating Body Mass Index (≥ 25 kg/m² for adults and ≥ 27 kg/m² for older adults). Independent variables included sociodemographic conditions, health characteristics, and behavioral aspects. Statistical analysis included descriptions of absolute and relative frequencies of the independent variables, calculation of overweight prevalence with a 95% confidence interval (95% CI), and assessment of its distribution across predictor variables (Pearson's chi-square test; 5% alpha error). **Results:** The sample (n=3,309) was predominantly female (61.6%), aged ≥ 60 years (52.2%), white (73.6%), with elementary education – upper grades (38.4%), and 73.8% were not engaged in paid work. Notable findings included a diagnosis of hypertension (44.2%), diabetes mellitus (16.6%), and dyslipidemia (20.7%); physical inactivity (97.7%), alcohol consumption (4.4%), and smoking (9.1%). Overweight was recorded in 67.6% (95% CI: 66.3-68.9), with higher prevalence among individuals with hypertension (51.0%; $p<0.001$), without diabetes (78.3%; $p<0.001$), and without dyslipidemia (74.1%; $p=0.003$), as well as among non-smokers (92.4%; $p=0.003$). **Conclusion:** The high prevalence of overweight, particularly among older adults in less favorable sociodemographic conditions and those with NCDs, suggests the need for health promotion and prevention measures aimed at improving dietary habits and overall biopsychosocial well-being.

PO-160

1116238 COHEN SYNDROME, A RARE CAUSE OF OBESITY AND INSULIN RESISTANCE: CASE REPORT

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Case Presentation: A 28-year-old woman was referred to our Endocrinology Center for suspicion of Prader-Willi syndrome. She was diagnosed with dyslipidemia and diabetes mellitus at age of 5 years. She takes metformin 1.5g, gliclazide 60mg, enalapril 10mg, and simvastatin 40mg daily. Moreover, her medical history included: neonatal hypotonia, microcephaly, strabismus, myopia, neurodevelopmental delay, short stature, neutropenia, recurrent respiratory, and dental infections. Reported no abnormalities in the pubertal development. Physical examination: weight 67kg, height 1.42m; BMI 34.96; abdominal circumference 107cm; blood pressure 110/80mmHg; normal thyroid palpation, truncal fat distribution, supraclavicular fat pads, and acanthosis nigricans. Her mother reported progressive weight gain without hyperphagia. Laboratory tests: karyotype 46,XX; hemoglobin 13.4g/dL; total leukocytes 5010/uL; neutrophils 1328/uL (1700-7500); platelets 300,000/uL; fasting glucose 277mg/dL; HbA1c 7.4%; total cholesterol 115mg/dL; HDL 31 mg/dL; triglycerides 118mg/dL; creatinine 0.65mg/dL; microalbuminuria 486mcg/mg; TSH 0.818uUI/mL; urinary cortisol 15.4ug/day (9.5-148). Genetic testing: microdeletion on chromosome 8, region q22.2 at linear position 100,067,471-100,622,400, involving the VPS13B gene (*607817), associated with Cohen syndrome (#216550). **Discussion:** Cohen is a rare autosomal recessive syndrome. VPS13B is a transmembrane protein responsible for maintaining the functional integrity of the Golgi complex. Its dysfunction leads to accelerated adipocyte differentiation, resulting in insulin resistance via reduced AKT phosphorylation (a protein kinase). Individuals with Cohen syndrome typically exhibit growth failure in childhood, with a progressive ponderal gain in adolescence. The average age of obesity onset is 11 years, with rapid weight gain of 10-15 kg over 4-6 months, and fat deposition is predominantly truncal. Unlike Prader-Willi syndrome, appetite and food intake do not increase during this period. Cushing's disease is also part of the differential diagnosis. **Final Comments:** It is important that endocrinologists acknowledge the Cohen syndrome since it is a differential diagnosis of obesity, diabetes mellitus, and short stature. Phenotypic variability and the associated complications lead to significant challenges, but early multidisciplinary interventions can improve patients' quality of life. Early detection is essential to minimize related complications. **Keywords:** Cohen syndrome; Diabetes; Obesity.

PO-161

1115765 COMPARATIVE OUTCOMES IN BARIATRIC SURGERY PATIENTS AGED ≥60 VERSUS <60 YEARS: A 1-YEAR PROSPECTIVE COHORT STUDY

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Introduction: The impact of bariatric surgery in older adults is still under evaluation, particularly regarding safety and effectiveness compared to younger populations. **Objective:** To evaluate the differences in preoperative clinical profile and weight loss outcomes at 1 year between patients aged ≥60 and <60 years undergoing bariatric surgery at a tertiary reference center. **Methods:** This prospective observational study included 205 patients, categorized into two groups based on age at surgery: ≥60 years (n=95) and <60 years (n=110). Demographic and clinical data were extracted from electronic medical records. Preoperative comorbidities (hypertension, diabetes and dyslipidemia) and anthropometric parameters were compared between groups. Total weight loss (TWL) and percentage of weight lost (PWL) at 1 year were calculated, and multiple linear regression model was used to evaluate the impact of age on PWL. **Results:** There was a predominance of females in both groups, but in the group >60 years the proportion of men was significantly higher (29.5 vs 11.9%, p=0.003). There was no difference in BMI between the age groups at baseline. Regarding comorbidities, patients >60 years had a significantly higher prevalence of hypertension, type 2 diabetes and dyslipidemia (p<0.001) and of two or more comorbidities (43.6 vs 24.5%, p=0.002) than younger patients. Bypass surgery was performed in 65.5% of those >60 years and in 39.1% of the younger ones (p<0.001). PWL was significantly lower in older people compared to younger ones (29.2 + 9.2% vs 34.9 + 6.75%, p<0.001) at 1 year. Using a multiple linear regression model adjusted for the presence of comorbidities and the type of surgery, age remained a significant factor associated with a lower PWL at 1 year (CI -7.4 - -0.5, p=0.026). Patients >60 years had an average PWL -3.9% lower than younger patients. **Conclusion:** Bariatric surgery in patients aged 60 and older is associated with meaningful weight loss, although to a lesser extent than in younger people. They also have a high prevalence of comorbidities, greater than that of <60 years patients. These factors should be considered in risk-benefit discussions. While age alone should not limit surgical eligibility, personalized care and careful perioperative assessment are essential.

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1116093 COMPARISON OF TIRZEPATIDE AND SEMAGLUTIDE FOR MANAGING OBESITY AND OVERWEIGHT: A SUBGROUP INDIRECT TREATMENT COMPARISON OF BODY COMPOSITION RESULTS FROM SURMOUNT-1 AND STEP-1

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Introduction: The body composition outcomes were compared for tirzepatide and semaglutide in an indirect treatment comparison (ITC). **Methods:** A Bucher ITC was conducted on SURMOUNT-1 (SMT-1) and STEP-1 trial subgroups that underwent dual-energy X-ray absorptiometry: adults without type 2 diabetes and with obesity, or overweight with ≥1 obesity-related complication, with BMI ≤40kg/m² for STEP-1 and no upper BMI limit for SMT-1. Each tirzepatide dose (SMT-1: 5mg [n=38], 10mg [n=39], 15mg [n=43], all once weekly [QW]) was compared with semaglutide 2.4mg QW (STEP-1: n=95) via placebo (SMT-1: n=36, STEP-1: n=45), all adjunct to reduced-calorie diet and increased physical activity. Efficacy estimand data (patients remaining on treatment with no rescue medication) were used at the primary timepoint (SMT-1: Week-72; STEP-1: Week-68) to investigate changes in absolute (kg) and relative (proportion of total BM, %) fat and lean mass. **Results:** Tirzepatide 15mg had a statistically significant greater reduction in absolute and relative fat mass (mean difference: -4.87kg, -3.50 %pt resp.) versus semaglutide 2.4mg, while tirzepatide 5 and 10mg had non-significant trends of greater or similar reductions in absolute (-0.57kg, -4.17kg resp.) and relative fat mass (-0.80 %pt, -2.40 %pt resp.). Versus semaglutide 2.4mg, tirzepatide 5, 10 and 15mg had comparable reductions in absolute regional visceral fat mass (0.05kg, -0.05kg, -0.12kg resp.) as well as non-significant trends of smaller or similar reductions in absolute lean mass (2.14kg, 0.04kg, 0.84kg resp.) and greater increases in relative lean mass (0.90 %pt, 2.30 %pt, 3.40 %pt, resp.) with tirzepatide 15mg reaching statistical significance for the latter. **Conclusion:** Tirzepatide 15mg, compared to semaglutide 2.4mg, was associated with statistically significant greater reductions in absolute and relative fat mass, indicating more favourable changes in body composition. However, the small subgroup sizes and supplementary nature of these outcomes in both trials limit the conclusions of this ITC. 1. Conflict of interest: AC: Honoraria from AstraZeneca, Boehringer Ingelheim, Lilly, NovoNordisk; Member of the DMC of Boehringer Ingelheim clinical trials-SYNCRONIZE program; HS, SZR, GKD, EJ: Employee and shareholder of Eli Lilly and Company; MH, LJC: Employees of Costello Medical, which received payment from Eli Lilly and Company for analytical services for this study. 2. Funding: This study was funded by Eli Lilly and Company. Previously submitted to European Association for the Study of Obesity - 32nd European Congress on Obesity (ECO 2025)

PO-163

1114537 CORRELATION BETWEEN WAIST CIRCUMFERENCE AND INSULIN RESISTANCE ASSESSED BY HOMA-IR: A SYSTEMATIC REVIEW OF HEALTH DATABASE STUDIES

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Introduction: Insulin resistance is a key factor in the development of metabolic syndrome and type 2 diabetes. Waist circumference (WC), as a marker of visceral adiposity, has been associated with increased cardiometabolic risk. The HOMA-IR (Homeostasis Model Assessment of Insulin Resistance) index is commonly used in epidemiological studies to estimate insulin resistance. Identifying a consistent correlation between WC and HOMA-IR may support the use of WC as a low-cost screening tool in clinical practice.

Objective: To evaluate the correlation between waist circumference and insulin resistance, measured by HOMA-IR, in adult Brazilian populations. **Methods:** A systematic review was conducted in PubMed, SciELO, and LILACS databases using the descriptors: “waist circumference” AND “insulin resistance” AND “HOMA-IR”. Inclusion criteria comprised observational studies conducted in Brazil, published in the last 15 years, involving adults aged 18 years or older, with explicit measurement of WC and HOMA-IR and analysis of their correlation. Following PRISMA guidelines, 26 articles were initially identified, with 2 excluded due to duplication. After title and abstract screening, 7 studies were selected for full-text review, of which 4 met the inclusion criteria. **Results:** All four included studies reported a positive correlation between WC and HOMA-IR values. The strength of the association varied depending on sex, presence of comorbidities, and WC cutoff points. One study found that hypertensive women with abdominal obesity had a stronger association between WC and insulin resistance than when BMI was used. Another highlighted that non-alcoholic fatty liver disease potentiated this relationship. WC measurement techniques followed standardized protocols, and HOMA-IR was calculated using fasting glucose and insulin levels. **Conclusion:** Waist circumference is a practical and accessible clinical marker associated with insulin resistance in adult Brazilian populations. These findings reinforce its potential use as a screening tool for early identification of metabolic risk. Further prospective studies are recommended to validate its predictive value in different clinical settings.

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1115179 DETERMINANTS OF DROPOUT RATES IN ADULTS WITH OVERWEIGHT OR OBESITY PARTICIPATING IN RESISTANCE-BASED EXERCISE PROGRAMS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF PREVALENCE

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Introduction: Although it is well-known that resistance-based exercise programs are effective in the management of obesity, adherence to this type of intervention remains challenging in clinical practice. **Objective** As a result, this systematic review aimed to analyse the determinants of dropout rates among adults with overweight/obesity undertaking resistance-based exercise programs. **Methods:** A systematic review and meta-analysis was undertaken on randomized controlled trials examining the effects of resistance-based exercise programs on body composition and reporting sufficient information on intervention dropout were included for the present analysis. **Results:** Forty-seven trials involving 3,041 participants were included. A total of 1,869 participants were assigned to resistance-based exercise programs, with 305 dropouts reported. The pooled dropout rate was 17.4% (95%CI: 14.2% to 21.2%; I²=63%), with the highest dropout rates observed among young adults (22.8%, 95%CI: 15.8% to 31.7%; I²=31%), compared to middle-aged (19.6%, 95%CI: 13.8% to 27.0%; I²=73%) and older adults (13.4%, 95%CI: 9.6% to 18.3%; I²=49%). Each one-year increase in age was significantly associated with a -1.7% (95%CI: -3.1% to -0.4%) reduction in dropout rates (p=0.011) in the meta-regression. Regarding program duration, while each one-week increase in duration was significantly associated with a -1.6% (95%CI: -2.9% to -0.2%) reduction in dropout rates (p=0.021), the association of intervention duration with dropouts was no longer statistically significant (-1%, 95%CI: -2% to 1%, p=0.226) when including sample size in the meta-regression model. Differences in dropout rates were not statistically significant based on sex (p=0.392-0.454), BMI groups (p=0.149-0.858), baseline fat mass levels (p=0.858), exercise modes (p=0.765), prescription of aerobic exercise (p=0.494) or caloric restriction (p=0.641), resistance exercise frequency (p=0.718), weekly volume (p=0.979) or peak intensity (p=0.621) and aerobic exercise weekly volume (p=0.104). **Conclusion:** While resistance-based exercise programs are relatively well accepted by adults with overweight/obesity, younger adults with overweight/obesity exhibited higher dropout rates compared to their older counterparts. These findings underscore the importance of prioritising strategies to enhance exercise engagement in those with higher dropouts and promote sustained participation in exercise programs to improve adherence and intervention effectiveness. **Keywords:** Dropout rates; Obesity; Resistance-based exercise.

PO-166

1116280 DISCORDANT MEASURES: TO WHAT EXTENT DO BMI, WAIST CIRCUMFERENCE AND BIOIMPEDANCE TELL THE SAME STORY?

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Introduction: Assess nutritional status and cardiometabolic risk goes beyond clinical routine: it is a fundamental strategy for preventing chronic diseases. Body Mass Index (BMI) and Waist Circumference (WC) are widely used due to their simplicity and low cost, but they present important limitations. BMI does not distinguish between lean and fat mass, underestimating significant risks such as elevated visceral fat. WC, although more associated with cardiovascular risk, may fail to detect risks in individuals with evenly distributed fat. In this context, Tetrapolar Bioelectrical Impedance Analysis (BIA) offers a more sensitive method, measuring Body Fat Percentage (BFP) and segmental composition. Combining these tools may enhance early detection of metabolic risk in young, apparently healthy populations, such as medical students, the focus of this scientific research. **Objective:** To analyze the correlation and agreement between BMI, WC and BFP, and to evaluate discrepancies in identifying excess adiposity and cardiometabolic risk. **Methods:** This cross-sectional study included medical students from a university in southern Brazil. BMI, WC, and BFP were categorized according to internationally accepted classifications and algorithms of the high-tech equipment used. Spearman's correlation and agreement analysis were used. **Results:** A total of 179 students were evaluated. Correlations between methods ranged from moderate to strong (BMI vs. BFP: $r = 0.70$ in women, 0.68 in men; BMI vs. WC: $r = 0.76$). But, 52.7% of women and 25% of men with elevated BFP had WC within normal limits. Among the 117 participants classified as having normal BMI, 33.3% exhibited excess body fat according to BIA, notably, 74% of these cases were women. WC failed to capture increased risk in individuals with evenly distributed fat, particularly women. Overall agreement between methods was low, underscoring BIA's superior sensitivity in identifying non-obvious adiposity by traditional measures. **Conclusion:** There is significant disagreement among anthropometric methods used to assess adiposity and metabolic risk. These findings align with current studies on "normal-weight obesity," where individuals with normal BMI have unfavorable body composition and increased risk. The underestimation of risk by BMI and WC reinforces the need to incorporate sensitive tools like BIA in clinical and preventive care, particularly for young adults where early detection can influence long-term outcomes.

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1116087 EARLY WEIGHT LOSS RESPONSE AS PREDICTOR OF LONG-TERM WEIGHT REDUCTION IN THE SURMOUNT-1 TRIAL

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Objective: The objective of this post-hoc analysis was to assess whether early weight loss was predictive of long-term body weight (BW) reduction in participants treated with tirzepatide in SURMOUNT-1. **Methods:** Post-hoc analyses included 1544 tirzepatide -treated participants with obesity, or overweight with at least one weight-related complication excluding type 2 diabetes, who had baseline and on-treatment Week-72 BW measurements. Participants were categorized as early or non-early responders ($\geq 5\%$ or $< 5\%$ weight reduction (WR) at Week-8). Baseline characteristics were compared using ANOVA and Chi-square test. Percent change in BW was estimated using mixed model for repeated measurements analysis. Measures (sensitivity, specificity, positive and negative predictive values) were calculated for predicting Week-72 status ($\geq 15\%$ WR or not) based on Week-8 response ($\geq 5\%$ WR or not). **Results:** Early (62.6%) vs non-early responders (37.4%) were more likely to be female and had lower mean BW, BMI and waist circumference at baseline. Early responders achieved a significantly greater percent BW reduction compared to non-early responders at Week-72. At Week-72, 80.7% of early responders and 48.4% of non-early responders achieved $\geq 15\%$ BW reduction. Being an early responder at Week-8 was highly predictive (positive predictive value: 80.7%) of achieving the WR target of $\geq 15\%$, whereas being a non-early responder at Week-8 had limited predictive value (negative predictive value: 51.7%). Early response to tirzepatide predicted the BW reduction at Week-72 with a sensitivity of 0.74 and a specificity of 0.61. **Conclusion:** In this post-hoc analysis, 68.6% of tirzepatide -treated participants had a $\geq 15\%$ WR at Week-72, regardless of early WR response category. The early responder group achieved greater reductions in BW and had higher proportions of participants achieving WR target of $\geq 15\%$ compared to non-early responders. Achieving $\geq 5\%$ BW reduction at Week-8 was associated with high likelihood of achieving $\geq 15\%$ BW reduction at Week-72. **Conflict of Interest:** Alexander Kokkinos reports having received research grants from Novo Nordisk, Pharmaserve Lilly, and ELPEN Pharma, serving on advisory boards for Novo Nordisk, Pharmaserve Lilly, Sanofi, and Boehringer-Ingelheim, as well as receiving honoraria for lectures from Novo Nordisk, Pharmaserve Lilly, Astra Zeneca, MSD, Sanofi, Bausch Health, Ethicon, Galenica Pharma, and Epsilon Health. Tina Thethi has worked with Novo Nordisk, Bayer and Eli Lilly. Dachuang Cao, Adam Stefanski, Angel Rodriguez, Amy Bartee, Casey Mast, Clare Lee, Lisa Neff are employees and shareholders of Eli Lilly and Company. Funding: Research relating to this abstract was funded by Eli Lilly and Company Previously submitted at European Association for the Study of Obesity - 32nd European Congress on Obesity (ECO 2025)

PO-168

1116156 EFFECT OF MELATONIN SUPPLEMENTATION ON BODY WEIGHT: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Obesity is a chronic disease and is recognized as one of the main public health emergencies today. Melatonin, in turn, is a hormone whose main function is to regulate the sleep-wake cycle. The use of melatonin as a supplement has been increasing exponentially, raising concerns about its long-term safety. **Objective:** This study is a systematic review with meta-analysis aimed at evaluating the influence of melatonin on body weight. **Methods:** A systematic review with meta-analysis was conducted to evaluate the effect of melatonin on body weight. Searches were performed in the PubMed database. After screening based on pre-established eligibility criteria, five studies were included, totaling 180 participants (90 in the melatonin group and 90 in the control group). Statistical analysis was performed using Review Manager software version 5.4.1, applying the inverse variance method under a fixed-effects model. For each study, means, standard deviations, and sample sizes of the melatonin and control groups were extracted. The mean difference (MD) and respective 95% confidence intervals (CI) were calculated. Heterogeneity was assessed using the Chi-square test and the I^2 index. **Results:** The pooled analysis showed a mean difference of -1.23 (95% CI: -3.54 to 1.08; $p = 0.30$) for melatonin compared to the control, indicating no statistically significant reduction in obesity-related parameters. Heterogeneity was low ($I^2 = 0\%$). Mean differences in individual studies ranged from -3.70 to 1.30. The overall effect test was not significant ($Z = 1.05$; $p = 0.30$). **Conclusion:** In this study, melatonin supplementation did not show a statistically significant effect on body weight. However, further research is needed to evaluate the influence of melatonin on weight and other defining parameters of obesity. **Keywords:** Melatonin; Obesity; Body weight; Meta-analysis; Systematic review.

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1115897 EFFECTS OF TIRZEPATIDE ON BLOOD PRESSURE IN PATIENTS WITH DIABETES OR OBESITY: A META-ANALYSIS

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Introduction: Type 2 diabetes mellitus (T2DM) and obesity are key drivers of cardiovascular morbidity, often accompanied by elevated systolic and diastolic blood pressure. Tirzepatide (TZP), a dual GIP/GLP-1 receptor agonist, has emerged as a promising therapy due to its metabolic and potential cardiovascular benefits. **Objective:** To evaluate the impact of TZP on systolic and diastolic blood pressure in individuals with T2DM or obesity at elevated cardiovascular risk. **Methods:** A systematic review and meta-analysis of four randomized controlled trials ($n = 5,143$) assessed the effects of various TZP doses (5 mg, 10 mg, 15 mg) compared to placebo or insulin on blood pressure over 26–104 weeks. **Results:** TZP treatment led to significant and dose-dependent reductions in systolic blood pressure. The pooled analysis showed a mean decrease of -5.52 mmHg (95% CI: -6.27 to -4.78; $p < 0.00001$). Diastolic blood pressure also declined modestly, with a pooled reduction of -1.77 mmHg (95% CI: -1.96 to -1.59; $p < 0.00001$). These effects were consistent across studies and appear partially mediated by weight loss and improved insulin sensitivity. **Conclusion:** TZP is associated with clinically meaningful reductions in both systolic and diastolic blood pressure, suggesting cardiovascular benefit beyond glycemic control. These findings support TZP as a viable therapeutic strategy for patients with T2DM or obesity, although long-term safety remains to be further investigated.

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1115918 EFFECTS OF TIRZEPATIDE ON BODY MASS INDEX AND FASTING SERUM GLUCOSE REDUCTION IN DIABETIC OR OBESE PATIENTS: A META-ANALYSIS

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Introduction: Tirzepatide (TZP), a dual GIP and GLP-1 receptor agonist, has shown promise in improving cardiometabolic risk factors in patients with type 2 diabetes mellitus (T2DM) and/or obesity. **Objective:** This systematic review and meta-analysis evaluated TZP's effects on obesity and diabetes markers, specifically body mass index (BMI) and fasting serum glucose (FSG). **Methods:** A systematic search of PubMed, Embase, and Cochrane Library (up to March 2025) identified randomized controlled trials (RCTs) assessing TZP in adults with T2DM or obesity. A random-effects meta-analysis was performed to pool mean differences (MD) in BMI and FSG between TZP and control groups. **Results:** Four RCTs including 5,143 patients were analyzed. Compared to placebo or insulin, TZP significantly reduced BMI across doses. Pooled BMI reduction with TZP was -5.27 kg/m^2 (95% CI: -5.89 to -4.66 ; $p < 0.00001$). Stratified effects were -4.09 kg/m^2 (5 mg), -6.8 kg/m^2 (10 mg), and -6.14 kg/m^2 (15 mg). For FSG, the pooled mean difference was -6.59 mg/dL (95% CI: -10.25 to -2.94 ; $p = 0.0004$), with the most pronounced effect at 15 mg (-9.31 mg/dL ; $p < 0.00001$). **Conclusion:** TZP demonstrated significant, dose-dependent reductions in BMI and modest improvements in fasting glucose in patients with T2DM or obesity. These findings support TZP's utility as a therapeutic option targeting key metabolic markers associated with increased cardiovascular risk. Further long-term studies are needed to confirm sustained efficacy and safety.

PO-172

1116401 EPIDEMIOLOGICAL ANALYSIS OF OBESITY IN YOUNG PATIENTS IN THE NORTH REGION: A 17-YEAR STUDY OF GOVERNMENT DATA

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Introduction: Obesity is currently a major global public health threat, not only as a pathology in itself but also as an aggravator and risk factor for leading causes of non-violent deaths in Brazil and worldwide, such as hypertension, diabetes, and malignant tumors. **Objective:** Given the pressing issue of obesity and its impact on patient health, this study aims to comprehensively describe the profile of patients over a 17-year period, from 2008 to 2025, to determine which life stages are most affected and if there is a higher prevalence in any specific population. **Materials and Methods:** The study analyzed retrospective data on hospital admissions sourced from the health data platform TabNet/DATASUS. Data collection utilized the R software with the "microdatasus" package, including variables such as gender, age, place of residence, and race or ethnicity. Following data collection, rigorous analyses were conducted using the package "ggplot2" for robust data visualization. **Results:** Out of a total of 2,843 patient admissions related to Obesity, 355 were attributed to young patients. This population exhibited a significantly higher prevalence in girls, at a ratio of 5 to 1. No significant statistical differences were observed regarding race/ethnicity and place of residence. Notably, the findings include a concerning 540% rise in annual obesity cases between 2008 and 2024, increasing from 14 to 76 cases, and totaling 355 cases over the study period. **Conclusion:** The research clearly indicates that young obese patients are predominantly women. The observed substantial increase in cases underscores an alarming lack of success in preventing this disease. Urgent, comprehensive measures are imperative, including enhanced awareness campaigns and the development of effective solutions to curb the growth of this condition, which serves as a risk factor for worse prognoses with cancer, diabetes, and hypertension.

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1115798 EPIDEMIOLOGICAL BEHAVIOR OF HOSPITAL ADMISSIONS IN THE BRAZILIAN UNIFIED HEALTH SYSTEM FOR LAPAROSCOPIC BARIATRIC SURGERY: A LONGITUDINAL STUDY FROM 2017 TO 2025

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Introduction: Obesity affects about 20% of the Brazilian population. While initial treatment is mostly clinical, some refractory cases qualify for surgical intervention. The introduction of laparoscopic bariatric surgery (LBS) into the Brazilian Unified Health System (SUS) in 2017 marked a major advancement, offering benefits such as shorter hospital stays, 30–40% lower costs compared to open surgery, fewer perioperative complications, and reduced mortality (0.06% vs. 0.3%). With rising obesity rates, it is crucial to assess therapeutic approaches to determine the most suitable within the SUS context. **Objective:** To analyze trends following LBS implementation in SUS, evaluate related costs, and identify regional disparities in care provision. **Methods:** Epidemiological, descriptive study using data from the Hospital Information System (SIH/SUS), based on consolidated hospital admission authorizations (AIH) from May 2017 to January 2025. **Results:** From 2017 through 2024, 14,240 LBS procedures were performed, totaling BRL 127,993,658.23—an average of BRL 8,988 per procedure. Costs surged 81% between 2023 (BRL 6,369) and 2024 (BRL 11,533). Average hospital stay decreased from 3.9 days in 2017 to 2.6 days in 2022. Mortality rate remained low at 0.06% (9 deaths). The Southeast led with 32.1% of procedures, followed by the Northeast (28%) and South (24.6%). The North (7.8%) and Center-West (7.4%) had the lowest volumes. The Southeast also had the highest average cost per procedure (BRL 11,352 — 26% above national average) and lowest mortality (0.04%). Surgical volume dropped sharply in 2020, reaching a low of five procedures in July, but began recovering in November and grew rapidly from 2023, peaking at 666 procedures in December 2024. **Conclusion:** Since its introduction, LBS in SUS has grown substantially, with shorter hospital stays and low mortality. However, costs increased markedly between 2023 and 2024, and significant regional disparities persist, with the Southeast concentrating most procedures and the North the fewest. These results highlight the need for policies promoting equitable access to bariatric surgery, cost control, and maintenance of safety standards.

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1115483 EPIDEMIOLOGY OF OBESITY AND PATIENT PROFILE IN SOUTHERN BRAZIL: A 10-YEAR ANALYSIS USING GOVERNMENT DATA

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Introduction: Obesity has established itself as one of the main public health concerns, both globally and nationally. It is estimated that in 2020, approximately 25% of Brazilian adults had this condition, which compromises quality of life, increases mortality, and causes significant social and economic burdens. In this context, understanding its regional epidemiology is essential for formulating effective local strategies to address it. **Objective:** To analyze the epidemiological profile of patients hospitalized for obesity between 2014 and 2024 in southern Brazil. **Methods:** This is an epidemiological, descriptive, cross-sectional study. Data were obtained through health information (TABNET) from the Informatics Department of the Unified Health System (DATASUS). The analyzed variables were sex, age group, race/ethnicity, federative unit, and year of hospitalization among patients in the southern region. **Results:** Out of a total of 412,157 hospitalizations related to nutritional, endocrine, and metabolic diseases in southern Brazil, 54,537 were attributed to obesity (13.2%). This population showed considerable prevalence among females, representing 86.5% of total hospitalizations. Regarding age groups, significant incidence was observed in adults between 30 and 39 years old, with a total of 18,211 cases (33.4%) over the ten years analyzed, followed by the 40–49 age group with 15,150 cases (27.7%), and 20–29 year-olds with 9,847 hospitalizations (18%). Concerning race/ethnicity, there was a predominance of white individuals, accounting for 79.5% of all hospitalized patients. No statistically significant differences were observed in deaths by year of processing, with no pattern of increase or decrease in percentages. Regarding the states in southern Brazil, an uneven distribution was observed, with predominance in Paraná (41,630 hospitalizations, representing 76.3% of the total), while Rio Grande do Sul had 6,709 cases (12.3%) and Santa Catarina had 6,198 (11.3%). **Conclusion:** The study highlights the higher prevalence of obesity among women and adults in the 30–39 age group. Furthermore, it can be inferred that the obesity situation, especially in southern Brazil, is significant and demands greater surveillance, as well as the implementation of effective measures, among which educational and preventive campaigns stand out, aimed at curbing the progression of this alarming scenario. **Keywords:** Obesity; epidemiological profile; southern Brazil.

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1115901 EXPLORING THE REASONS BEHIND SELF-MEDICATION WITH GLP-1 RECEPTOR AGONISTS: INSIGHTS FROM A SAMPLE OF UNPRESCRIBED USERS

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Introduction: Self-medication is a significant public health issue, with nine out of ten individuals reporting the use of medications without a medical prescription, often driven by the desire for quick and convenient solutions. This behavior is particularly concerning in the context of weight loss drugs such as GLP-1 receptor agonists, given the potential health risks associated with unsupervised use. Despite their increasing popularity, little is known about the reasons that lead individuals to use these medications without medical supervision. **Objective:** To investigate the reasons underlying self-medication with GLP-1 receptor agonists among individuals who used them without medical supervision. **Methods:** This was a cross-sectional study conducted in Brazil with individuals who reported having used GLP-1 receptor agonists without a medical prescription. Data were collected through an online survey using REDCap. Motivations for self-medication were assessed through a multiple-choice questionnaire, in which participants could select more than one option. Descriptive statistics were used to summarize population characteristics and the main reported motivations for self-medication. **Results:** A total of 197 participants (mean age of 38.56 ± 10.41 years; 36% with obesity; 78.2% female) with a history of self-medication with GLP-1 receptor agonists were included. The most frequently reported motivation was the desire for a rapid weight loss solution, cited by 49.7% of participants. Other common reasons included prior positive experiences with self-medication (18.8%), fear of being judged during a medical consultation (17.3%), and fear that a physician would deny the medication (15.7%). Additional motivations included difficulty accessing medical appointments (8.1%) and lack of trust in healthcare professionals (3.6%). Furthermore, most participants (66.5%) reported that social media influenced their decision to use GLP-1 receptor agonists without a medical prescription. **Conclusion:** Our findings reveal that self-medication with GLP-1 receptor agonists is largely driven by the pursuit of rapid weight loss and influenced by prior experiences, perceived stigma in clinical settings, and barriers to accessing healthcare, with social media emerging as a relevant contributing factor. Understanding these motivations is essential to inform educational strategies and clinical communication that promote safer and more informed health decisions.

PO-176

1116176 HIGH DIETARY FAT INTAKE AND REDUCED QUALITY OF LIFE WERE ASSOCIATED WITH INCREASED INTESTINAL PERMEABILITY AND SYSTEMIC INFLAMMATION IN PATIENTS WITH CLINICAL OBESITY

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Introduction: Obesity is a chronic, multifactorial inflammatory disease characterized by excessive adiposity and metabolic dysfunction. The accumulation of adipose tissue promotes low-grade systemic inflammation, associated with dysregulated adipokine secretion and impaired intestinal barrier function, leading to increased intestinal permeability. Genetic, environmental, and dietary factors influence the gut microbiota and the gut-immunity-metabolism axis, affecting intestinal integrity and contributing to chronic diseases. Additionally, obesity is linked to a decline in quality of life, with greater physical limitations, pain, and reduced functional capacity. **Objective:** To evaluate dietary intake and quality of life in patients with overweight and obesity, and to correlate these factors with inflammatory markers and intestinal permeability. **Methods:** This prospective observational study was approved by the Ethics Committee of UNESP, and all participants signed informed consent. Participants were initially classified according to WHO criteria and subsequently reclassified as having clinical obesity (CO) or preclinical obesity (PCO) based on BMI, adipose tissue distribution, and physical limitations. Quality of life was assessed using the SF-36 questionnaire. Dietary intake was estimated using three 24-hour dietary recalls and analyzed with NDSR software. Serum concentrations of inflammatory cytokines (IL-2, IL-4, IL-6, IL-10, IL-17A, IFN- γ , and TNF) were determined by flow cytometry, and zonulin was measured by ELISA. Statistical analysis was performed using ANOVA with the Holm-Sidak post hoc test and Spearman's correlation, with a significance level of 5%. **Results:** The study demonstrated that worsening nutritional status is associated with significant impairments in quality of life, dietary pattern alterations, increased systemic inflammation, and higher intestinal permeability. Individuals with clinical obesity showed the lowest scores in the SF-36 domains, particularly in physical functioning, vitality, and general health, with significant inverse correlations between BMI and these domains. Dietary intake revealed higher consumption of total lipids, cholesterol, and saturated fatty acids in the CO group, along with lower intake of fiber and polyunsaturated fatty acids. These dietary patterns were associated with poorer quality of life, especially in the domains of physical functioning, pain, and general health. The inflammatory profile was also exacerbated in the overweight and obese groups, with significant increases in inflammatory cytokines such as IL-6, IL-17A, TNF, and IL-2. Furthermore, intestinal permeability, assessed by serum zonulin, was elevated in the clinical obesity group and showed a negative correlation with fiber intake and a positive correlation with lipid consumption. **Conclusion:** These findings indicate that inadequate dietary intake may contribute to a pro-inflammatory environment and intestinal barrier dysfunction, negatively impacting quality of life in these individuals. The exclusion of the PCO group allowed for a more accurate analysis, reinforcing the importance of updated diagnostic criteria. These results contribute to a better understanding of the interplay between nutritional status, dietary intake, inflammation, and quality of life in adults with overweight and obesity.

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1116050 IMPACT OF LIRAGLUTIDE ON BINGE EATING, MOOD SYMPTOMS, AND EATING BEHAVIOR IN INDIVIDUALS WITH BMI ≥ 45 KG/M²: PRELIMINARY FINDINGS FROM A 12-MONTH PROSPECTIVE STUDY

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Introduction: Glucagon-like peptide-1 receptor agonists exert central effects that go beyond weight loss, influencing mood, reward pathways, and eating behavior through GLP-1 receptors in the brain. This neuropsychiatric interplay is particularly relevant given the high prevalence of mood disorders and maladaptive eating patterns among individuals with obesity, reinforcing the need for an integrated approach between endocrinology and psychiatry. **Objective:** To assess changes in binge eating, mood symptoms, eating behaviors, and diagnostic indicators of eating disorders during the first three months of liraglutide treatment in individuals with obesity and BMI ≥ 45 kg/m². **Methods:** This prospective observational study included 14 adults (BMI ≥ 45 kg/m²) treated with liraglutide, starting at 0.6 mg/day with weekly titration up to 3.0 mg/day or the maximum tolerated dose. Assessments were conducted at baseline, and at 1 and 3 months, using the Binge Eating Scale (BES), Hospital Anxiety and Depression Scale (HAD), Three-Factor Eating Questionnaire (TFEQ-21R), and Questionnaire on Eating and Weight Patterns (QEWP-5). The study has a total planned duration of 12 months. **Results:** Thirteen participants reached the full dose of 3.0 mg/day, while one stabilized at 2.4 mg/day. At baseline, BES scores indicated moderate binge eating (18–26) in 35.71% and severe binge eating (≥ 27) in 14.28% of participants. According to QEWP-5, 2 participants had results suggestive of possible binge eating disorder and 2 of bulimia nervosa. After three months, no participant met criteria suggestive of either diagnosis. BES scores showed a mean reduction of 55.04%; notably, 92.85% of participants scored ≤ 16 at three months. HAD scores declined by 31.38%. In the TFEQ-21R, emotional eating and disinhibition decreased by 14.11% and 12.23%, respectively, while cognitive restraint increased by 20.10%. **Conclusion:** After three months, liraglutide was associated with significant improvements in binge eating, emotional eating, disinhibition, cognitive restraint, mood symptoms, and diagnostic indicators of eating disorders in individuals with obesity and BMI ≥ 45 kg/m². These preliminary findings suggest that liraglutide may positively impact not only weight, but also psychological and behavioral factors critical for long-term obesity management.

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1116202 - IMPROVEMENT IN MICROALBUMINURIA AFTER THERAPY WITH A DUAL GIP AND GLP-1 RECEPTOR AGONIST FOR OBESITY IN A PATIENT WITH CHRONIC KIDNEY DISEASE: A CASE REPORT

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Case Presentation: Male, 49 years old, sought an endocrinologist on 29/04/24 to treat obesity, with comorbidities: systemic arterial hypertension, severe obstructive sleep apnea syndrome, grade I hepatic steatosis, and a history of chronic kidney disease that was widely investigated and confirmed as secondary to obesity. On physical examination: body weight (BW) 147.6 kg, body fat percentage (BFP) 46.9%, body mass index (BMI) 49.3 kg/m², WC 147 cm. Semaglutide was prescribed, with progression to 1 mg, combined with one tablet of bupropion 90 mg and naltrexone 8 mg, staggered weekly until reaching four tablets a day. The patient returned on 11/07/24 without adhering to the drug treatment, with maintenance of BW, BMI, and WC; and a BFP of 45.2%. Semaglutide was restarted, with progression to 1.7 mg, combined with a new weekly escalation of bupropion 90 mg and naltrexone 8 mg. On 23/01/25, the patient continued to take the medication irregularly, with a modest loss of 5 kg (142.6 kg). Laboratory tests showed microalbuminuria of 1,359 mcg/mg. In March 2025, the patient reported spontaneous adherence to the use of tirzepatide 10 mg, started two months prior, a significant reduction in hunger, and weight loss, with a BW of 137.7 kg, a BFP of 41.5%, a BMI of 46 kg/m², a WC of 142.5 cm, and a BP of 128/79 mmHg. The dose of tirzepatide was increased to 15 mg. In April 2025, the patient reported adherence to treatment, with a loss of 6.1 kg (131.6 kg), BFP 40.1%, WC 139.5 cm, BMI 44 kg/m², and a significant reduction in microalbuminuria to 845 mcg/mg. Throughout follow-up, eGFR remained within the normal range (>60 mL/min/1.73 m²). **Discussion:** The evolution of the case shows initial kidney damage directly associated with severe obesity. Significant microalbuminuria, in the absence of diabetes and with preserved renal function, confirms the potential of obesity to cause glomerular damage. Comorbidities may have contributed to the progression of the condition. With the introduction of pharmacological strategies, especially tirzepatide, there was a reduction in BMI, improvement in blood pressure, and a progressive drop in microalbuminuria, indicating a favorable clinical response, as described in the literature. **Final Comments:** The findings highlight the impact of obesity on kidney function, the importance of treatment, and the need for studies evaluating its long-term effects.

PO-350

1116044 IS BODY MASS INDEX ENOUGH TO IDENTIFY ADIPOSITY EXCESS IN SUBJECT WITH CHRONIC CONDITIONS?

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Introduction: Obesity is defined as excess adiposity and diagnosed by a body mass index (BMI) equal or higher than 30 kg/m². Recently, BMI alone has been questioned as the only obesity measure since it does not directly reflect body fat. On the other hand, other parameters, such as waist-to-height ratio and body fat percentage, may better represent body composition. **Objective:** To evaluate the accuracy of BMI to identify excess of adiposity compared to other measures of body composition in chronic patients. **Methods:** This is a secondary analysis of two prospective cohorts of chronic patients, one conducted with kidney transplant recipients and the other with chronic heart failure patients. Receiver operating characteristic (ROC) curve analysis was employed to assess the specificity and sensitivity of BMI to classify obesity. BMI was used as a continuous variable, and the diagnosis of excess body fat was based on cutoff points for increased waist circumference (>88 cm for women and >102 cm for men), waist-to-height ratio (>0.5), and waist-to-hip ratio (>0.90 for men and >0.85 for women), and body fat percentage measured by bioelectrical impedance analysis (>25% for men and >30% for women). The performance was expressed through the area under the ROC curve (AUC) along with 95% confidence intervals. **Results:** A total of 974 participants were included in the study, of whom 721 had chronic heart failure and 253 were kidney transplant recipients. Participants' mean age was 56.95 ± 0.44 years and 62.44% were men. The AUC of BMI for classifying obesity, using waist circumference as a reference, was 0.925 (0.894–0.956) in kidney transplant recipients and 0.918 (0.899–0.938) in patients with heart failure. The AUCs of BMI, using waist-to-height ratio as the gold standard, were 0.953 (0.928–0.979) and 0.947 (0.930–0.965) for kidney transplant recipients and heart failure patients, respectively. Body fat percentage and waist-to-hip ratio were only assessed in kidney transplant recipients. BMI had an AUC of 0.827 (0.755–0.899) for waist-to-hip ratio and 0.792 (0.734–0.850) for body fat percentage among these patients. **Conclusion:** BMI showed an AUC above 0.8 for most parameters, indicating good accuracy in classifying excess of adiposity in chronic patients and should continue to be used to diagnose obesity with the cutoff point of BMI of 30 kg/m². The performance of BMI in classifying eutrophy (BMI <25 kg/m²) should be investigated in further studies.

PO-351

1115562 LIMITED WEIGHT REGAIN FROM NADIR WEIGHT IN SURMOUNT-1 3-YEAR STUDY

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Introduction: Obesity management is a long-term journey during which fluctuations in body weight are expected. For some patients, a previous nadir weight can become a point of focus. However, there is not clear literature that nadir weight is clinically relevant. **Objective:** This post-hoc analysis of the SURMOUNT-1 3-year study aimed to assess the magnitude of weight regain from nadir weight over 176-weeks with tirzepatide treatment. **Methods:** This analysis included 690 tirzepatide-adherent participants with obesity or overweight, prediabetes and ≥5% weight reduction at time of nadir weight in the SURMOUNT-1 3-year study. Weight regain from nadir to Week-176 was defined as the difference between percent weight reduction from baseline to nadir and from baseline to Week-176. Weight regain analyses were categorized as <5%, 5%–<10%, and ≥10%. Analyses used efficacy analysis sets. **Results:** At baseline, tirzepatide-treated participants had a mean age=49-years, weight=107kg, and BMI=38.6 kg/m² with mean time to nadir weight=22-months. The mean percent weight reduction at nadir weight was 23.1% (SD=10.2%). The mean percent weight regain from nadir weight to Week-176 was 3.7% (SD=4.3%) leading to a mean percent weight reduction of 19.4% (SD=10.8%) at Week-176. At Week-176, 73%, 19%, and 8% of participants treated with tirzepatide 5 mg (N=227) regained <5%, 5%–<10%, and ≥10% weight from nadir weight, respectively. Similarly, 65%, 26%, and 9% of participants treated with tirzepatide 10mg (N=239) and 73%, 20%, and 7% participants treated with tirzepatide 15mg (N=224) experienced <5%, 5%–<10%, and ≥10% weight regain from nadir to Week-176, respectively. **Conclusion:** This post-hoc analysis found that 70% of participants treated with tirzepatide had limited (<5%) weight regain after nadir weight. Less than 10% of participants regained ≥10% from their nadir weight. Overall, these findings suggest that most participants receiving tirzepatide had a relatively stable weight journey over 3 years in the SURMOUNT-1 3-year study.

PO-353

1116133 NUTRITIONAL STATUS AND ASSOCIATED FACTORS OF FEMALE UNIVERSITY PROFESSORS IN SOUTHERN BRAZIL

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Introduction: Nutritional status is an indicator for assessing the quality of life and sociodemographic conditions of the population.

Objective: To evaluate nutritional status and its associated factors in female university professors in the southern region of Brazil.

Methods: This is a cross-sectional observational study, conducted out using an epidemiological questionnaire, via a Google forms, with female professors from a Community University in the interior of Rio Grande do Sul, in the second semester of 2020. The variables collected were: age, marital status, color and income; lifestyle habits: sleep, physical activity, smoking and alcohol consumption; reproductive habits: pregnancies, menarche, menopause and food consumption. Nutritional status was assessed using the body mass index (BMI), obtained by calculating weight divided by height squared. The participants in the sample were categorized as eutrophic (BMI ≥ 18.5 kg/m² and < 25 kg/m²), overweight (≥ 25 kg/m² and < 30 kg/m²) and obese (≥ 30 kg/m²). The data was analyzed using SPSS. The chi-square test was used and p-value ≤ 0.05 was considered significant. The study was approved by the Research Ethics Committee (Report No. 4.147.758). **Results:** The sample included 167 female university teachers, 34.9% of whom were between 38 and 47 years old, 71.9% were married, 57.4% slept around 7 to 8 hours a day, 61.7% practiced physical activity and 89.2% reported eating breakfast daily. With regard to reproductive variables: 58.6% reported having 1 or 2 children, 65.9% menstruated and 47.3% had menarche between the ages of 12 and 13. With regard to nutritional status, 54.5% of the teachers were eutrophic, 34.5% were overweight and 10.9% were obese. The older the age, the higher the prevalence of overweight and obesity ($p=0.025$). Having had their first menstrual period at the age of 11 or younger was associated with the development of obesity ($p=0.05$). Not practicing physical activity was associated with overweight and obesity ($p=0.01$). In relation to food consumption, it was observed that the majority of teachers consumed salads and fruit five or more times a week and fried foods, hamburgers, cookies and sodas between 1 and 4 times a week. Those who ate fried foods 5 or more times a week were overweight ($p=0.05$). **Conclusion:** The results showed an association between overweight and obesity with age, age at menarche, physical activity and consumption of fried foods.

PO-354

1115627 NUTRITIONAL STATUS OF WOMEN BENEFICIARIES OF THE BOLSA FAMÍLIA PROGRAM AT UBS CANELINHA – CANELA, RS

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Introduction: In recent years, the technological development of the food industry has led to a significant increase in diets rich in fats, refined and ultra-processed foods, and poor in fresh and minimally processed products. Although this dietary shift has occurred uniformly across the commercial sphere, there is greater adherence to these mass-produced foods among lower socioeconomic classes, largely due to the increased economic accessibility that they promote. This scenario contributes to the current high prevalence of chronic diseases notably marked by socioeconomic inequalities, such as Overweight and Obesity, frequent among women and individuals from lower-income backgrounds. **Objective:** This study aimed to assess the nutritional status of women beneficiaries of the Bolsa Família Program at UBS Canelinha, in Canela, Rio Grande do Sul, and its correlation with physical, mental, and socioeconomic health factors.

Methods: This cross-sectional observational study included women aged 18-59 years. Data were collected through an epidemiological questionnaire, anthropometric assessment and dietary intake analysis in a sample of 101 women. **Results:** Overweight and Obesity were observed in 35.6% and 45.5% of participants, respectively, while only 18.8% had eutrophic status. Abdominal obesity (waist circumference ≥ 88 cm) was present in 62.4%. Among obese women, 78.6% reported using medication for Diabetes Mellitus and 81.8% for Hypercholesterolaemia. Common mental disorders were identified in 61.5% of obese participants ($p \leq 0.001$). According to the Brazilian Food Insecurity Scale, food insecurity affected 47.4% (mild), 71.4% (moderate) and 52.6% (severe) of obese women, totalling 79.2% with some degree of food insecurity. **Conclusion:** Given this scenario, the study highlights the urgency of multidisciplinary approaches and integrated public policies to promote healthy eating habits, regular physical activity and comprehensive mental health care. Raising awareness about food choices, facilitating access to healthy foods, and reducing social inequalities are fundamental to reversing the situation and improving the quality of life not only of these women who benefit from Bolsa Família at UBS Canelinha, but also of the community as a whole.

PO-355

1114722 OBESITY AS A PUBLIC HEALTH CHALLENGE: ANALYSIS OF HOSPITALIZATIONS, MORTALITY, AND COSTS IN BRAZIL AND IN RIO GRANDE DO SUL (2021–2025)

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Introduction: Obesity is a multifactorial chronic condition with increasing prevalence in Brazil, contributing to higher rates of comorbidities, hospitalizations, mortality, and public healthcare costs. Despite its major clinical and socioeconomic impact, there is a lack of studies assessing its regional epidemiological burden using official databases. **Objective:** To analyze the epidemiology of obesity in Brazil and in the state of Rio Grande do Sul (RS) using retrospective hospitalization and mortality data from the SUS Hospital Information System (SIH/SUS) and Mortality Information System (SIM) of DATASUS, from April 2021 to April 2025. **Methods:** This observational, retrospective, quantitative study used secondary data from SIH/SUS and SIM/DATASUS. Hospitalizations, associated costs, and mortality in RS were analyzed. The study population included all hospitalized patients with a confirmed obesity diagnosis. Mortality data were collected using ICD-10 code E66 (obesity) in RS, with mortality rates and death counts analyzed by processing year. Data were stratified by gender, race, age, length of stay, and year. **Results:** A gradual rise in obesity-related hospitalizations was observed from 2021 to 2025. Brazil recorded 41,452 hospitalizations; the South region had 12,608 (Paraná 7,457; Santa Catarina 2,567; RS 2,584, totaling 6,456 hospital days). There were 70 deaths nationwide and 25 in the South. Mortality rates were 17% in Brazil and 20% in the South; RS and Paraná had the highest rates (8% and 30%), followed by Santa Catarina (4%). Most patients were aged 30–59 years, with 6.5 times higher prevalence in women. In RS, most hospitalizations involved white individuals (2,232), followed by mixed race (162), Black (144), Asian (39), and unknown (7). The average cost per hospitalization in Brazil was R\$5,764.60, totaling R\$254.3 million nationwide and R\$72.5 million in the South (RS R\$12 million). **Conclusion:** Obesity represents a significant and growing public health concern in Brazil, particularly in RS, with increasing impacts on morbidity, mortality, and healthcare expenditures. The findings emphasize the urgency of implementing effective prevention and treatment strategies. Epidemiological patterns are influenced by gender, age, and race. Public health policies aimed at prevention, early diagnosis, and proper management are crucial to mitigating the burden of obesity on the healthcare system. **Keywords:** Epidemiological Analysis; Obesity.

PO-356

1115769 OFF-LABEL USE OF SEMAGLUTIDE FOR WEIGHT LOSS: PREVALENCE AND ASSOCIATED CHARACTERISTICS

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Introduction: The use of semaglutide for weight loss has gained popularity, raising concerns about its use beyond approved clinical indications. **Objective:** To assess the prevalence and associated factors of semaglutide use for weight loss without formal clinical indication. **Methods:** This cross-sectional study included individuals with current or previous use of semaglutide for weight loss. Participants were classified as having a formal indication if they had a body mass index (BMI) ≥ 30 kg/m², or ≥ 27 kg/m² with obesity-related comorbidities. Those who did not meet those criteria were considered off-label users. To explore factors associated with off-label use, Poisson regression with robust variance was used to assess the association between off-label semaglutide use and variables such as sex, age, income and the type of semaglutide prescriber. **Results:** The study included a total of 725 participants, with a mean age of 38.25 ± 10.74 years and a mean BMI of 32.91 ± 5.91 kg/m². At the time of the survey, 47.3% were current semaglutide users, while 52.7% reported past use. Regarding the source of semaglutide prescription, 16.1% reported receiving it from an endocrinologist, 63.2% from a non-endocrinologist medical professional, and 20.7% reported using semaglutide without a medical prescription. The prevalence of off-label semaglutide use was 25.4% (95% CI: 22.2–28.6%). It was significantly higher among women (PR = 4.30 [95% CI: 2.66–6.95; $p < 0.001$], compared to men), individuals aged 30 to 40 years (PR = 1.55 [95% CI: 1.18–2.04; $p = 0.002$], compared to those older than 40 years), those younger than 30 years (PR = 1.49 [95% CI: 1.11–2.01; $p = 0.008$], compared to those older than 40 years), and among participants with higher income (PR = 2.68 [95% CI: 1.67–4.31; $p < 0.001$], compared to those with lower income). When compared to those who received a prescription from an endocrinologist, off-label use was more prevalent among participants who used semaglutide without a medical prescription (PR = 1.63 [95% CI: 1.17–2.67; $p = 0.004$]) and less prevalent among those who received a prescription from a non-endocrinologist medical professional (PR = 0.72 [95% CI: 0.52–0.99; $p = 0.045$]). **Conclusion:** Our findings highlight the high prevalence of off-label semaglutide use for weight loss, identified in one in four participants. These results reinforce the need for clearer clinical guidelines and regulatory measures to support safe and appropriate use.

PO-357

1116354 PARTIAL LIPODYSTROPHY AND SEVERE INSULIN RESISTANCE: A CASE REPORT

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Case Presentation: A 52-year-old woman was referred to Endocrinology for poorly controlled type 2 diabetes mellitus (T2DM), obesity, systemic arterial hypertension, and dyslipidemia, diagnosed seven years earlier. On insulin therapy for one year, she denied epigastric pain or history of pancreatitis. Family history revealed no consanguinity. BMI was 48 kg/m², waist circumference 133 cm, and blood pressure 132 mmHg. Physical exam showed centripetal adiposity with truncal fat accumulation, mild dorsocervical fat pad, supraclavicular fullness, cervical and axillary acanthosis nigricans, lower-limb lipoatrophy, double chin, and acromegaloïd appearance of upper limbs. Laboratory findings: Fasting glucose: 262 mg/dL; HbA1c: 10.5%; total cholesterol: 198 mg/dL; HDL-c: 59 mg/dL; LDL-c: 115 mg/dL; triglycerides: 147 mg/dL; eGFR: 67 mL/min/1.73 m². Dexamethasone suppression test: cortisol <1.8 µg/dL. ECG and echocardiogram: unremarkable. Chest X-ray: cardiomegaly. Abdominal ultrasound: marked hepatic steatosis. She was on basal-bolus insulin (0.8 U/kg), metformin 1700 mg, simvastatin 40 mg, and losartan 100 mg/day. Body composition (DEXA): Total fat mass: 48.32 kg (48.7% body weight), fat mass ratio: 1.24, fat mass index: 21.76 kg/m², appendicular lean mass index: 9.6 kg/m². Genetics: A heterozygous variant in the AKT2 gene (chr19:40,235,885, C>T; c.1175+5G>A) was identified. This rare autosomal dominant mutation is associated with familial partial lipodystrophy (FPL) and severe insulin resistance. **Discussion:** FDL is characterized by selective loss of subcutaneous adipose tissue in specific regions, typically with concomitant excess fat accumulation in others. This abnormal adipose distribution results in profound metabolic derangements, including severe insulin resistance, type 2 diabetes mellitus, dyslipidemia, and nonalcoholic fatty liver disease. Mutations in AKT2 — a critical kinase in the insulin signaling pathway — have been implicated in the pathogenesis of FPL due to their impact on glucose uptake and lipid metabolism. **Final Considerations:** FPL should be suspected in patients presenting with marked insulin resistance, atypical fat distribution, and early-onset metabolic syndrome features. Early recognition and tailored management of metabolic complications are essential to mitigate cardiovascular, renal, and hepatic risks and to improve long-term outcomes and quality of life. **Keywords:** Familial Partial Lipodystrophy; Type 2 Diabetes Mellitus; Obesity.

PO-358

1116285 PRACTICAL USE OF THE EATING BEHAVIOUR PHENOTYPES SCALE (EFCA) FOR OBESITY MANAGEMENT – COMPULSIVE PROFILE, A CASE REPORT

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Case Presentation: A 48-year-old woman sought endocrinology care for obesity. She reported progressive weight gain after starting work as a shift nurse, mainly due to frequent small snacks. At presentation, she weighed 98.8 kg, was 1.63 m tall, and had a waist circumference of 120 cm. Her BMI was 37.18 kg/m² and waist-to-height ratio 0.73. She had hypertension, using Losartan 100 mg/day. Labs showed: FPG 84 mg/dL, HbA1c 5.12%, LDL 94 mg/dL, HDL 55 mg/dL, triglycerides 63 mg/dL. The combination of BMI, abdominal fat, comorbidity, and lab findings confirmed clinical obesity. Following the Brazilian Guideline for Obesity Management, the EFCA scale was applied to guide treatment. Her total score was 61, with high compulsive (8), emotional (18), hedonic (17), and hyperphagic (12) domains; disorganized was low (6). Topiramate was selected, titrated to 100 mg/day, based on this phenotype and shared decision-making, as the patient identified snacking as the main issue. After six months, she weighed 89.5 kg (BMI 33.68 kg/m²), with a 9.41% weight loss — surpassing the drug's average of 6.3% in six months at higher doses (192 mg/day). EFCA score dropped to 36: compulsive 4 (low), emotional 10 (medium), hedonic 10 (low), hyperphagic 7 (medium), and disorganized 5 (medium). **Discussion:** The EFCA scale, a tool suggested in the Brazilian Guideline, offers a novel way to personalize treatment. Although still under validation, it helps match medications to dominant behavioural profiles. The scientific base for the choice of Topiramate was based on the knowledge that the medication is known for impulse control via GABA modulation (as per CAN-MAT), and reduced craving for hyperpalatable foods through carbonic anhydrase inhibition, suits compulsive eaters. Despite high scores in multiple domains, average item scores — 2 items for compulsive, 3 for hyperphagic, and 4 each for emotional and hedonic — led to averages of 4, 4, 4.5, and 4.25, respectively. These, along with patient insight, guided therapy selection. **Final Comments:** EFCA is a practical, patient-centred tool to guide medication choice and monitor progress in obesity care. It supports personalized treatment and may enhance outcomes. Further studies are warranted to validate its broader application.

PO-360

1116230 PREVALENCE OF HOSPITALIZATIONS DUE TO ENDOCRINE DISEASES THAT HAD OBESITY AS A MORBIDITY IN THE STATE OF RIO GRANDE DO SUL BETWEEN 2020-2024

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Introduction: Obesity is a complex, multifactorial chronic disease that significantly contributes to the development and worsening of various endocrine disorders, including type 2 diabetes mellitus, hypothyroidism, and metabolic syndrome. The increasing prevalence of obesity has placed a substantial burden on healthcare systems worldwide, not only due to its direct health impacts but also because of its role as a comorbidity that exacerbates other clinical conditions. In Brazil, particularly in the state of Rio Grande do Sul, monitoring obesity-related hospitalizations is essential to inform public health strategies and allocate resources effectively. **Objective:** This study aims to analyze the prevalence of hospitalizations due to endocrine diseases that had obesity registered as a comorbidity between 2020 and 2024. **Materials and Methods:** This epidemiological study adopts a quantitative approach, utilizing data sourced from Tabnet (Datasus). Data were accessed under the categories “Epidemiology and Morbidity” and “Hospital Morbidity of SUS (SIH/SUS)”, selecting “General, by place of residence from 2008”. The geographic scope was limited to “Rio Grande do Sul”. Filters applied included: “ICD-10: IV, Nutritional and Metabolic Endocrine Diseases”; “ICD-10 morbidity list: Obesity”; and the period “year” from 2020 to 2024. **Result:** From 2020 to 2024, a total of 2,737 hospital admissions were recorded for complications in endocrine diseases with obesity as a comorbidity in Rio Grande do Sul. Females accounted for 2,373 admissions, significantly outnumbering males with 364 admissions. The number of admissions increased steadily over the period, with 2024 recording the highest number of cases at 967 admissions. **Conclusion:** The data indicate a higher prevalence of hospital admissions among females compared to males, with a notable upward trend in admissions over the five-year period. However, the COVID-19 pandemic and differences in healthcare-seeking behavior between genders may influence these findings.

PO-361

1115599 PREVALENCE OF OBESITY AND ITS ASSOCIATION WITH PATERNAL OBESITY IN 2-TO-14 YEARS-OLD OFFSPRING EXPOSED TO GESTATIONAL DIABETES IN UTERO: A RETROSPECTIVE COHORT

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Introduction: Gestational Diabetes Mellitus (GDM) and maternal obesity are associated with obesity in offspring, but the impact of father’s obesity on the metabolic health of offspring needs more studies. **Objective:** To evaluate the association of obesity in offspring exposed to GDM in utero with pre-gestational maternal and paternal obesity (BMI ≥ 30 kg/m²). **Methods:** This retrospective cohort study involved 148 children aged 2-14 years, born to mothers with GDM. Data was collected during routine antenatal care and an evaluation of the children were performed 2 to 14 years later. Excessive weight was defined according to WHO criteria. For children ≥ 5 years (n=88): BMI-Z score $\geq +2$ =obesity; $\geq +1$ and $< +2$ =overweight, and for children < 5 years (n=60): BMI-Z score $> +3$ =obesity; $\geq +1$ and $< +3$ =overweight. Offspring’s overweight/obesity was compared by presence of parental pre-gestational obesity. **Results:** Prevalence of pre-gestational obesity was 49.3% among mothers and 25.7% among fathers. In children aged 2- to 4-yr, overall prevalence of overweight/obesity was 20.0%; being 7.7% when neither parent had obesity, 17.4% when just one parent had the condition and 54.5% when both parents were affected (p=0.005). Among children aged 5-to-14 yrs, overall prevalence of obesity was 57.0%; 21.2% when neither parent had obesity; 34.1% when one parent was affected; and 63.6% when both parents were affected (p=0.034). In regression analysis father’s obesity was associated with offspring obesity (OR 8.2 95%CI 2.6 to 25.6, p<0.001) after adjustments for mother’s age and obesity and gestational weight gain. **Conclusion:** There is a gradual increase in the prevalence of overweight/obesity among offspring when one or both parents are affected with pre-gestational obesity. Father’s obesity had an influence on children’s overweight/obesity, independent of mother’s characteristics. These results emphasize the significance of addressing pregestational paternal obesity as a potential modifiable risk factor to reduce cardiometabolic risk in offspring exposed to gestational diabetes in uterus.

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1115814 PREVALENCE OF SEXUAL DYSFUNCTION IN PATIENTS WITH OBESITY: A CROSS-SECTIONAL ANALYSIS

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Introduction: Obesity is a multifactorial condition marked by excess adipose tissue, chronic complications, and reduced life expectancy. Among these complications is sexual dysfunction, defined as absence, excess, discomfort, or pain during desire, arousal, orgasm, or resolution. Although reviews suggest a link between obesity and sexual dysfunction, few studies have explored this relationship.

Objective: To evaluate the prevalence of sexual dysfunction in individuals with obesity. **Methods:** This cross-sectional study included patients from an outreach healthcare project, selected through non-probabilistic sampling. Of the 38 participants in the project, 27 consented (21 women and 6 men) and were enrolled in the study. Inclusion criteria were adults diagnosed with obesity (BMI ≥ 30 kg/m²). Exclusion criteria included a history of severe neurological or psychiatric disorders, use of medications known to affect sexual function, or refusal to participate. The study was approved by the Research Ethics Committee, protocol number 38331720.0.0000.5348. Sexual dysfunction was assessed using validated instruments: the Female Sexual Function Index (FSFI) for women and the International Index of Erectile Function (IIEF) for men, focusing on the erectile function domain. A cut-off score of <26 was used for both instruments. Statistical analyses were performed using SPSS v.22, with a significance level of $p < 0.05$. **Results:** The average age was 48,9 (9,9) years for women and was 43,8 (7,5) years for men. The average BMI for women was 37,6 (6,1) kg/m² and for men was 36,2 (6,8) kg/m². The average total FSFI score was 17,3 (9,8), with most women presenting sexual dysfunction (85,7%; 18). The average total IIEF score was 25,5 (5,5), with 50% (3) of men showing erectile dysfunction; among them, 33,3% (2) had mild dysfunction and 16,7% (1) had moderate dysfunction. No significant correlations were found between the total scores of sexual dysfunction domains (in women) and erectile function (in men) with age ($p=0,421$) or BMI ($p=0,417$). **Conclusion:** Patients with obesity show a high prevalence of sexual dysfunction. No correlation was found with the proposed variables, which may indicate the need for a more comprehensive approach in the care of patients with obesity. It is necessary to evaluate the relationship with other factors such as hormonal levels and the impact of chronic comorbidities.

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1115773 RACIAL DIFFERENCES IN THE CLINICAL PROFILE OF PATIENTS UNDERGOING BARIATRIC SURGERY: EXPERIENCE FROM A TERTIARY CARE CENTRE

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Introduction: Obesity is a chronic, multifactorial disease whose prevalence and severity are influenced by social determinants, including race. In Brazil, data on the role of race in access to and outcomes of bariatric surgery is lacking. Understanding racial disparities is essential to promote equitable healthcare. **Objective:** To evaluate the representation of different racial groups and compare the baseline clinical characteristics and evolution of white and non-white patients undergoing bariatric surgery. **Methods:** This retrospective cohort study included 587 patients who underwent bariatric surgery between 2015 and 2022. Patients were classified as either white ($n = 553$) or non-white ($n = 34$). Demographic and clinical variables were extracted from electronic medical records and compared between the two groups. The racial distribution was also compared with population data from Brazilian census of 2022 for the state of Rio Grande do Sul. **Results:** Only 5.8% of patients in the cohort were non-white, which is lower than the proportion observed in the general populations of Rio Grande do Sul (21.2%) and Porto Alegre (26%), suggesting possible inequalities in access to specialized care. The mean age was similar between the two groups (40.9 ± 10.8 vs. 39.6 ± 10.2 years), as was the mean preoperative BMI (41.9 ± 7.0 vs. 42.5 ± 6.2 kg/m²). During the preoperative period, whites had significantly higher rates of dyslipidemia and fatty liver disease than non-whites. There were no statistically significant differences in postoperative complication rates, length of stay, or remission of comorbidities. According to weight evolution, both surgical techniques Bypass and Sleeve were effective in weight loss over 2 years, but Bypass showed a significantly greater weight loss than Sleeve (-41.2 vs $-34,9$ kg, $p < 0,001$), regardless of race. There was no statistically significant correlation between gender, race, type of surgery weight achieved in the postoperative period at 1 and 2 years. **Conclusion:** Weight loss after bariatric surgery did not differ between races and was greater with Bypass. Non-white patients were underrepresented in this bariatric surgery cohort despite having similar clinical profiles to white patients. These findings suggest potential barriers to accessing specialized obesity care and emphasize the need for public policies that promote racial equity in obesity treatment in Brazil at this current time.

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1115247 REASON FOR WAIST/HEIGHT CIRCUMFERENCE AND BODY MASS INDEX IN PEDIATRIC AGE GROUP

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Introduction: Different anthropometric measures are proposed to identify cardiometabolic risk in pediatrics. The body mass index (BMI), although it does not discriminate the distribution of body fat, is the most used parameter. In adults, it is known that increased abdominal fat is associated with higher cardiometabolic risk compared to BMI. However, in children and adolescents this association is not fully established. **Objective:** To assess whether there is an association between BMI and waist-to-height ratio (WHtR) in children and adolescents. **Methods:** Cross-sectional study, approved by the Research Ethics Committee - 3,058,583, carried out in 473 participants from a school in Santo André-SP, between June and August 2019. BMI was evaluated, with the cutoff for obesity being z-score+2. Waist-to-height ratio was performed, being changed when ≥ 0.5 . To compare the qualitative variables, the χ^2 or Fisher's exact test was used. The significance level adopted was 5%. For the correlation between BMI and waist-to-height ratio, the Pearson test was Applied. **Results:** In relation to BMI, 60.6% were eutrophic; 3.1% low weight; 36.3% overweight. Adolescents had a higher prevalence of overweight (24.7%) and obesity (22.7%). The waist-to-height ratio was altered by 50.5%. There was an increasing association between BMI and waist-to-height ratio according to age with Pearson's correlation at < 5 years ($r = 0.459$; $p < 0.001$), 5 to 10 years ($r = 0.687$; $p < 0.001$) and >10 years ($r = 0.805$; $p < 0.001$). **Conclusion:** There was a significant correlation between BMI and waist-to-height ratio, being stronger in adolescents. Routine performance of waist-to-height ratio is feasible and useful as a possible predictor of cardiometabolic risk.

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1116214 RELIABILITY ASSESSMENT OF BMI COMPARED TO DXA FOR OBESITY DIAGNOSIS ACROSS DIFFERENT AGE GROUPS

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Introduction: Body mass index (BMI) is widely used to estimate obesity due to its simplicity and low cost; however, it does not differentiate fat mass from lean mass, potentially reducing diagnostic accuracy, especially in older adults. Dual-energy X-ray absorptiometry (DXA) is a more precise method for body composition assessment and is considered a reference standard for obesity diagnosis. **Objective:** This study aimed to evaluate the reliability of BMI cut-offs (≥ 25 , ≥ 27 , and ≥ 30 kg/m²) compared to DXA in individuals younger and older than 60 years. **Methods:** A cross-sectional study was conducted using secondary data from 1.369 patients who underwent DXA scans after an 8-hour fast in the morning, using the Lunar Prodigy Advanced densitometer. Only the first exam of each patient was included. Obesity was defined by DXA using two criteria: body fat percentage ($\geq 25\%$ in men, $\geq 35\%$ in women) and fat mass index (FMI) (>13 kg/m² in men, >9 kg/m² in women). Diagnostic agreement between criteria was observed in 1.204 individuals (88%). Mean age was 56.65 ± 14.03 years, with 74% classified as obese by both DXA parameters. **Results:** In patients younger than 60 years, BMI ≥ 25 showed sensitivity of 90.5%, specificity of 85.4%, and strong association with DXA-defined obesity (Cramer's V = 0.719). BMI ≥ 27 had sensitivity of 70.0%, specificity of 94.2%, and moderate association (V = 0.596). BMI ≥ 30 showed sensitivity of 45.4%, specificity of 99.1%, and moderate association (V = 0.406). For patients aged 60 or older, BMI ≥ 25 had sensitivity of 87.1%, specificity of 91.3%, and strong association (V = 0.740). BMI ≥ 27 showed sensitivity of 98.7%, specificity of 53.0%, and moderate association (V = 0.599). BMI ≥ 30 showed sensitivity of 32.6%, specificity of 99.0%, and weak association (V = 0.335). **Conclusion:** BMI ≥ 25 kg/m² demonstrated the best balance of sensitivity and specificity for obesity diagnosis across age groups. BMI ≥ 27 offered intermediate performance with high sensitivity but variable specificity. BMI ≥ 30 had low sensitivity, especially in older adults, despite high specificity. These results indicate that BMI alone is insufficient for accurate obesity diagnosis, particularly in the elderly. Incorporation of additional anthropometric measures and body composition methods is necessary for improved clinical assessment.

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1115969 SARCOPENIC OBESITY AND SEVERE INSULIN RESISTANCE IN A YOUNG WOMAN: WHEN THE CULPRIT IS CORTISOL – A CASE REPORT

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Case Presentation: A 32-year-old previously healthy woman was referred for persistent hyperglycemia and poorly controlled hypertension despite optimized therapy. She had a BMI of 33.4 kg/m² and a waist circumference of 104 cm. Over the last two years, she reported progressive weight gain, mood instability, fatigue, and proximal muscle weakness. On physical exam, she displayed centripetal fat distribution, a rounded face, a discrete dorsocervical fat pad, and reduced lower limb strength. Bioimpedance confirmed sarcopenic obesity. Laboratory tests revealed severe insulin resistance (HOMA-IR = 9.8) disproportionate to her clinical picture. Given the constellation of signs, subclinical hypercortisolism was suspected. Two urinary free cortisol samples were elevated, and the 1 mg dexamethasone suppression test showed only partial suppression. MRI revealed a 4 mm pituitary microadenoma. She underwent transsphenoidal resection with a favorable postoperative course. **Discussion:** Metabolic syndrome in young patients is frequently linked to lifestyle, yet not all cases are created equal. When insulin resistance is unusually severe or associated with muscle loss and neuropsychiatric symptoms, clinicians must consider secondary endocrine etiologies. Subclinical Cushing's syndrome is a diagnostic challenge — often silent but metabolically destructive. This case exemplifies how subtle yet relevant signs can help distinguish a common metabolic condition from an underlying hormonal disorder. Accurate diagnosis allowed targeted treatment, resulting in significant improvement in metabolic profile, weight loss, blood pressure control, and muscle recovery. **Final Comments:** This case illustrates the transformative impact of clinical suspicion in endocrinology. Behind a routine diagnosis of metabolic syndrome, a hidden and treatable endocrine disorder was discovered. Subclinical Cushing's syndrome remains underdiagnosed but should always be part of the differential when metabolic features are excessive, atypical, or resistant. Early identification can change the patient's long-term prognosis and quality of life.

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1115966 SCREENING FOR OBSTRUCTIVE SLEEP APNEA IN INDIVIDUALS WITH OBESITY: A CLINICAL ASSESSMENT

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Introduction: Obstructive sleep apnea (OSA) is the most prevalent sleep-related breathing disorder, characterized by recurrent upper airway collapse, leading to intermittent hypoxia and sleep fragmentation. OSA is strongly associated with cardiovascular, metabolic, and neurocognitive complications, significantly affecting quality of life and mortality. Obesity is the primary risk factor for OSA due to upper airway narrowing, and the global rise in obesity has contributed to the increasing prevalence of OSA. Despite this, OSA remains underdiagnosed. Early detection through accessible screening tools, such as the STOP-BANG questionnaire and the Epworth Sleepiness Scale (ESS), is critical for timely diagnosis and management. **Objective:** To assess the prevalence of OSA risk among individuals with obesity using clinical screening tools. **Methods:** A cross-sectional study was conducted among adults diagnosed with obesity (BMI ≥ 30 kg/m²) participating in an outreach project. A non-probabilistic sample of 31 patients (80.6% female; mean age 46.9 ± 10.4 years; BMI 40.54 ± 8.12 kg/m²; neck circumference 40.08 ± 4.92 cm) was assessed using anthropometric measurements and the STOP-BANG and ESS questionnaires. The project was approved by the Research Ethics Committee, protocol number 38331720.0.0000.5348. Data analysis was performed using SPSS v.22 (p<0.05), employing Spearman's correlation. **Results:** According to the ESS, 51.6% of patients exhibited abnormal or excessive daytime sleepiness. STOP-BANG results indicated that 35.5% were at high risk for OSA, 38.7% at intermediate risk, and 25.8% at low risk. No significant correlation was found between STOP-BANG and ESS scores (p=0.876). STOP-BANG scores were positively correlated with BMI (r=0.632; p=0.000) and neck circumference (r=0.728; p=0.000), but not with age. ESS scores did not correlate with BMI, neck circumference or age. **Conclusion:** The high prevalence of individuals at risk for OSA and excessive daytime sleepiness among patients with obesity highlights the importance of systematic screening. Early identification and confirmatory testing via polysomnography are essential to improve patient outcomes and reduce cardiovascular risk in this population.

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1115882 SEVERE DRUG ERUPTION ASSOCIATED WITH SUBCUTANEOUS SEMAGLUTIDE: A CASE REPORT

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Case Presentation: Y.M.M., a 27-year-old female, BMI of 28, with a personal history of autoimmune hemolytic anemia during adolescenc. She denied smoking, alcohol consumption, or illicit drug use, and was on regular use of spironolactone 25 mg/day. She began treatment for overweight with subcutaneous semaglutide, starting at a dose of 0.25 mg weekly. A few days later, she developed erythematous, pruritic maculopapular and nodular lesions on the palms, which progressively spread to the soles, limbs, trunk, face, and lips. These were associated with arthralgias in the wrists, knees, and ankles, as well as bilateral plantar paresthesia. The patient remained afebrile and denied morning stiffness. Infectious causes such as syphilis, HIV, hepatitis, and arboviruses were ruled out. Autoimmune causes were considered unlikely due to mildly elevated inflammatory markers and absence of fever. Partial improvement of the lesions was noted on the fifth day following semaglutide administration, with subsequent worsening after a new weekly dose, supporting the diagnosis of an adverse drug reaction to semaglutide. The medication was discontinued, and prednisone 20 mg/day was initiated for five days, leading to complete remission in the following days. **Discussion:** Drug eruptions may occur with any class of medications, but their association with newer agents for obesity treatment remains poorly understood, despite the well-established effects of these drugs on the central nervous and digestive systems. Regarding subcutaneous semaglutide, reports of cutaneous adverse reactions are increasing, particularly due to its indiscriminate use, often without medical supervision. Documented manifestations include maculopapular exanthema, urticarial lesions, angioedema, and in rare cases, even systemic immune-mediated responses, typically reversible upon discontinuation. The pathophysiology is not fully understood but may involve a type IV hypersensitivity reaction. Early diagnosis is essential, and the most effective treatment has been anti-inflammatory doses of corticosteroids. **Final Considerations:** Medical monitoring is critical during the use of subcutaneous semaglutide, especially in light of its rising popularity. Although rare, dermatological manifestations can be severe and lead to significant morbidity. Prompt recognition of a drug eruption after thorough differential diagnosis enables appropriate treatment and helps prevent complications from this potentially serious reaction.

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1115579 SEVERE HYPOGLYCEMIA FOLLOWING BARIATRIC SURGERY: A CASE REPORT

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Case Presentation: Male, 43 years old, underwent Roux-en-Y Gastric Bypass (RYGB) surgery in 2014, weighing 121 kg and with a BMI of 40.7 kg/m². Diagnosed in 2021 with severe postprandial hypoglycemia, based on frequent seizure episodes (using oxcarbazepine and fluvoxamine). Lowest recorded weight was 74 kg. Treatment with acarbose 50 mg before meals was prescribed, along with a sugar-free diet under the guidance of a nutritionist and the use of a continuous glucose monitor, which recorded drops to as low as 20 mg/dL. Acarbose dose was increased to 100 mg three times daily. After adjustments, the patient no longer experienced seizures, although hypoglycemia persisted, especially after the intake of simple carbohydrates or alcoholic beverages. Given a lifestyle that was considered incompatible with the required diet, a decision was made to reverse the bariatric surgery. After the reversal procedure, the patient has been free from glycemic fluctuations and anticonvulsant use for a year. However, weight regain occurred, reaching 91.8 kg, which led to treatment with semaglutide. Weight loss was achieved, reaching 85 kg. Currently, the patient maintains a demanding work routine, with no episodes of hypoglycemia or seizures and stable weight within a healthy range. **Discussion:** Post-Bariatric Hypoglycemia (PBH) is a highly complex condition, especially following RYGB, with a clear impact on patients' quality of life. Literature reports that its incidence can reach up to 78.6%. The pathophysiology is believed to involve an inappropriate response to a rapid postprandial hyperglycemic peak, followed by hyperinsulinemia and an abrupt drop in blood glucose levels. Treatment involves dietary and pharmacological interventions. Acarbose delays carbohydrate absorption and helps regulate glycemic fluctuations, reducing adverse effects such as seizures. When hypoglycemic episodes persist, the reversal of the RYGB may be indicated to achieve complete remission of symptoms. Following the reversal, weight regain occurred — an expected outcome in patients undergoing this procedure. In this context, semaglutide, a GLP-1 receptor agonist, was used due to its favorable efficacy and safety profile. Studies have shown it to be effective and well-tolerated in post-bariatric surgery patients, offering excellent glycemic control. **Final Comments:** The preference for surgical reversal and the use of semaglutide as a weight control strategy highlight the need for individualized approaches, aiming for therapeutic efficacy while prioritizing the patient's quality of life.

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111603 SEVERE OBESITY IN A PATIENT DIAGNOSED WITH PFEIFFER SYNDROME. THE CHALLENGE OF MANAGING THE CASE AND THE IMPORTANCE OF A MULTIDISCIPLINARY APPROACH

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Case Presentation: A 33-year-old female diagnosed with Pfeiffer Syndrome (PS) in childhood was referred to the obesity clinic at age 26 due to progressive weight gain and dyspnea on exertion. She reported nocturnal snoring, leg pain upon waking, daytime sleepiness, and functional limitation. Her history included systemic hypertension, type 2 diabetes, depressive disorder with suicide attempts, and suspected obstructive sleep apnea (OSA). She was on irregular use of fluoxetine and metformin. On examination, she showed typical PS features: brachycephaly, midface hypoplasia, hypertelorism, ocular proptosis, broad thumbs, and partial syndactyly of the feet. She weighed 142.5 kg, height 1.61 m, BMI 55 kg/m², and blood pressure (BP) 160/80 mmHg. STOP-Bang score was 6/8. Polysomnography revealed severe OSA (AHI 42/h), desaturations to 53%, and severe periodic limb movement disorder. She started follow-up with a multidisciplinary team but lost contact during the COVID-19 pandemic. Two years later, she returned with a 45 kg weight gain (BMI 72 kg/m²), now immobile and dependent for basic activities, with worsened dyspnea and compulsive eating. Care was resumed with psychiatry, psychology, nutrition, and respiratory physiotherapy; CPAP therapy was initiated. After two years of treatment and lifestyle changes, she lost 22 kg and was cleared for bariatric surgery, weighing 167 kg. Despite high surgical risk, she underwent vertical sleeve gastrectomy in July 2024 without complications. After 10 months, she lost 44 kg (BMI 47.5 kg/m²) with remission of diabetes (HbA1c 5.5% off meds), controlled BP (120/60 mmHg), improved dyspnea, and enhanced autonomy.

Discussion: No direct causal link between PS and obesity is established, but indirect associations are likely. Midface hypoplasia in PS may worsen OSA, a condition also linked to obesity. Additionally, PS-related physical limitations may reduce mobility and promote weight gain. These overlapping factors highlight the need for integrated, multidisciplinary management. **Final Comments:** This rare case illustrates the complexity of managing PS with morbid obesity and severe comorbidities. Individualized, multidisciplinary care is essential to address comorbidities, improve quality of life, and ensure long-term follow-up. Further research is needed to explore possible genetic or metabolic connections between these conditions.

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1115750 SHIFT WORK, SLEEP QUALITY AND NUTRITIONAL STATUS OF FEMALE WORKERS IN SOUTHERN BRAZIL

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Introduction: Shift work, particularly night shifts, has increased in response to societal demands for continuous services, adversely affecting workers' health by disrupting circadian rhythms, hormonal regulation, and physiological functions. Hormonal alterations, including changes in leptin and ghrelin levels, may exacerbate hunger, induce insulin resistance, and contribute to weight gain and abdominal obesity, especially among women, who frequently manage multiple roles. **Objective:** To evaluate the association between shift work, sleep quality, and nutritional and sociodemographic variables among female workers in a plastics industry in southern Brazil.

Methods: This cross-sectional study was conducted in 2017 at a plastics industry in southern Brazil, involving female shift workers aged over 18 years with a minimum of three months of employment. Pregnant women and those with disabilities were excluded. Data collection comprised socioeconomic, lifestyle, nutritional status, and sleep quality questionnaires, with sleep objectively assessed via actigraphy over 48 hours. The study was approved by the UCS Research Ethics Committee. **Results:** The sample predominantly consisted of women aged 41 to 61 years (37.8%), of white ethnicity (68.6%), and cohabiting with a partner (55.8%). Most participants had 9 to 11 years of education (75.4%) and worked the afternoon shift (39.6%). A majority reported no engagement in physical activity (79.1%), consumed more than three meals per day (65.8%), and perceived their health as good (47.1%). Sleep quality was rated as poor by 61.5% of participants. Women cohabiting with a partner demonstrated superior sleep outcomes, characterized by longer duration and greater efficiency. Participants with 9 to 11 years of education exhibited higher sleep efficiency (70%) compared to those with higher education levels (12%). The afternoon shift was associated with better sleep indicators, including extended rest duration and enhanced efficiency. Self-perception of good health correlated with improved sleep quality. Consuming more than three meals daily was associated with greater sleep efficiency, whereas nutritional status and physical activity showed no significant associations. Participants without abdominal obesity presented better sleep outcomes compared to those with abdominal obesity. **Conclusion:** The findings suggest that sleep quality among female shift workers is influenced by factors such as cohabitation with a partner, education level, shift schedule, number of meals, and abdominal obesity. Interventions targeting these factors may help mitigate the adverse effects of shift work on sleep and metabolic health.

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1115759 TEMPORAL TRENDS IN BODY IMAGE SATISFACTION AFTER BARIATRIC SURGERY: A PROSPECTIVE STUDY USING THE BODY-Q

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Introduction: Understanding patients' body image satisfaction and expectations beyond clinical outcomes is essential for long-term psychosocial success in bariatric surgery. It is important to analyze preoperative expectations and the longitudinal trajectory of body image satisfaction in patients undergoing bariatric surgery. **Objective:** To evaluate the association between baseline expectations and clinical-demographic variables, and describe the evolution of body image satisfaction using the Portuguese version of the BODY-Q questionnaire over 12-month post-surgery. **Methods:** This prospective observational study evaluated 1,819 patients. Preoperative expectations regarding surgery were assessed at baseline. The cohort was predominantly female (79.8%) with a mean age of 38.9 years. Roux-en-Y gastric bypass and sleeve gastrectomy were performed in 62% and 38% of cases, respectively. Postoperative body image satisfaction was measured at 30 and 90 days, six and 12 months using the validated BODY-Q tool. As baseline scores were non-normally distributed, they were analyzed using medians and interquartile ranges. Non-parametric tests were used for comparisons, and generalized estimating equation (GEE) models to assess changes over time. **Results:** There were no significant differences in expectation scores by sex ($p=0.41$), age ($p=0.68$), BMI ($p=0.90$), or type of surgery ($p=0.59$). However, patients without comorbidities presented significantly higher scores than those with one or more comorbidities ($p < 0.001$). Satisfaction scores were lowest at 30 days postoperatively and increased progressively until six months ($p < 0.001$), remaining stable until 12 months in all domains. Satisfaction was not significantly associated with the amount of weight lost ($p=0.14$). Female patients had significantly lower satisfaction scores than male at all assessed times ($p = 0.003$), and younger patients (under 40 years) were less satisfied than older patients (40 years and older) at all time points ($p < 0.001$). **Conclusion:** Body image satisfaction improved significantly within the first six months after bariatric surgery and then stabilized. The psychosocial perception of the outcomes was more influenced by demographic characteristics, such as sex and age, than by weight loss itself. These findings underscore the importance of personalized preoperative counseling and ongoing psychosocial support.

PO-374

1115916 THE IMPACT OF SEMAGLUTIDE USE ON ALCOHOL CONSUMPTION: A CROSS-SECTIONAL STUDY IN BRAZIL

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Introduction: Glucagon-like peptide-1 (GLP-1) is an incretin that stimulates insulin secretion, reduces appetite, and promotes weight loss. Semaglutide, a GLP-1 receptor agonist, is widely used to treat type 2 diabetes and, off-label, for obesity management. Recent studies suggest that this medication may influence alcohol consumption behavior, with user reports indicating a reduction in intake. However, data on this effect in Brazil remain scarce. **Objective:** To investigate the impact of the medication use on alcohol consumption patterns, as well as to profile the profile of users of the medication in Brazil and identify the reasons for use and the difficulties during treatment. **Methods:** This descriptive cross-sectional study was conducted based on the analysis of data collected through an online form created by the researchers via the Google Forms platform. The questionnaire, with sections addressing sociodemographic profile, semaglutide use and scores for quantifying physical activity and alcohol consumption pattern, was released to the users on different social media networks between April and October 2024. **Results:** A total of 256 valid responses were obtained, with the majority being female (69.5%), white (77.3%), with a family income between 5 to 15 minimum wages (33.6%), and a median age of 36 years. The physical activity profile of the majority (69.8%) was classified as active and 45.3% of the sample was classified as overweight. The main motivations for using semaglutide were weight loss (64.4%), followed by obesity treatment (31.2%) and diabetes management (3.2%). The initiation of treatment was mostly medically supervised, although 25% of participants reported starting the medication on their own. The most reported difficulties during use were high cost (64.1%) and occurrence of side effects (45.7%). The pattern of alcohol consumption decreased in the pre- and post-medication comparison, with the proportion of patients classified as low-risk drinkers increasing from 20.3% to 67.6% and with the median obtained in the AUDIT-C changing from 5 to 3 points after starting the medication. The p -value < 0.0001 suggests that with the use of the drug there was a significant reduction in alcohol consumption risk. **Conclusion:** Therefore, the study concluded that there was a reduction in the risk classification associated with alcohol consumption among the participants who used semaglutide.

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1115557 THE THERAPEUTIC USE OF METFORMIN IN METABOLIC STEATOTIC LIVER DISEASE: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction: Metabolic dysfunction-associated steatotic liver disease (MASLD) is a leading cause of chronic liver disease, closely linked to obesity, insulin resistance, and metabolic syndrome. It is characterized by hepatic steatosis accompanied by inflammation and hepatocellular injury. **Objective:** To evaluate the effect of metformin in the treatment of MASLD through a meta-analysis of randomized controlled trials (RCTs). **Methods:** Only prospective, placebo-controlled RCTs were included. A systematic search was conducted in the PubMed and SciELO databases. Six eligible studies were analyzed using Review Manager 5.3 software with a fixed-effects model. The primary outcome was improvement in liver transaminases or hepatic inflammation as assessed by liver biopsy. **Results:** The meta-analysis included 101 patients treated with metformin and 105 with placebo and/or physical activity. No significant differences were observed between groups regarding liver enzyme levels or hepatic inflammation. Alanine aminotransferase (ALT) showed an OR of 0.90 (95% CI: -4.45 to 6.24; $I^2=0\%$; $p=0.74$); aspartate aminotransferase (AST), OR of -1.29 (95% CI: -4.83 to 2.25; $I^2=0\%$; $p=0.48$); and hepatic inflammation/fibrosis, OR of -0.15 (95% CI: -0.54 to 0.24; $I^2=0\%$; $p=0.45$). **Discussion:** Metformin did not show superiority over placebo in improving MASLD, in agreement with Brazilian guidelines, which do not recommend its use for this purpose. Nevertheless, its essential role in the treatment of type 2 diabetes and insulin resistance remains unchanged. **Conclusion:** Metabolic dysfunction-associated steatotic liver disease poses a growing public health challenge. This study highlights the need for more effective therapeutic strategies and the continuous generation of evidence to guide its management. **Keywords:** Metformin; Fatty Liver; Nonalcoholic Fatty Liver Disease; Metabolic Syndrome; Randomized Controlled Trial; MASLD.

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1116155 WAITING TIME FOR BARIATRIC SURGERY IN A PUBLIC HOSPITAL OF THE BRAZILIAN UNIFIED HEALTH SYSTEM (SUS): A CROSS-SECTIONAL STUDY

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Introduction: Obesity is a chronic disease with increasing prevalence in Brazil, for which the only treatment available through the Brazilian Unified Health System (SUS) is bariatric surgery — one of the most effective interventions for weight loss and mortality reduction in cases of severe obesity. In the SUS, the procedure is funded by the Ministry of Health in accredited hospitals, which has led to a growing waiting list. The Brazilian Society of Bariatric and Metabolic Surgery reported that only 10% of bariatric surgeries performed in 2022 were carried out through the SUS, highlighting the imbalance between demand and supply in the Brazilian public healthcare system. The collection and transparency of systematized data on waiting lists at Primary Health Care Units (UBS) and within accredited hospitals could contribute to the development of more equitable and efficient prioritization strategies, considering that delayed access to surgical treatment tends to result in increased body mass index (BMI), worsening of associated comorbidities, and consequently higher mortality. **Objective:** To identify the waiting time for bariatric surgery in a public hospital of SUS. **Methods:** Retrospective descriptive observational study. Through the analysis of medical records, data were collected from patients who were placed on the waiting list for bariatric surgery over the past 10 years (2015–2025) at the Class III Obesity Care Center (CAO III) of a hospital located in Porto Alegre, RS, Brazil. Data analysis was conducted using the Google Sheets platform. **Results:** A descriptive statistical analysis was conducted with 593 patients eligible for bariatric surgery who were referred by Primary Health Care Units (UBS). Among those who underwent surgery, the average waiting time was 569.3 days (approximately 1 year and 7 months), with a standard deviation of 394.95 days. The shortest observed waiting time was 62 days, while the longest reached 2,705 days (about 7 years and 6 months). Additionally, 30.41% of the patients chose to abandon the waiting list. Currently, 72 patients (12.16% of the sample) are in the active preoperative phase, awaiting surgery. **Conclusion:** Waiting time for bariatric surgery within the SUS is long, with most cases taking over two years to be completed. As a result, patients' prognoses may worsen, reducing quality of life and increasing mortality. Therefore, it is essential to implement strategies to expand the number of surgeries and reduce waiting times.

PO-377

1115563 WEIGHT LOSS TRAJECTORIES ON TIRZEPATIDE TREATMENT IN PEOPLE WITH PREDIABETES AND OVERWEIGHT OR OBESITY IN SURMOUNT-1 3-YEAR STUDY

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Introduction: In SURMOUNT-1 (SM-1) phase 3 trial of tirzepatide (TZP), participants (pts) with overweight or obesity and prediabetes at baseline were included in a pre-specified 3-year blinded treatment period. **Objective:** This post-hoc analysis assessed bodyweight (BW)-loss trajectory patterns. **Methods:** Growth-mixture models jointly modeling percent BW-change trajectory and time to reach 20% BW reduction were used to classify TZP-treated pts from SURMOUNT-1 into three groups. BW plateau was defined as <5% BW change over 3 months after initial BW reduction and overall subsequent 3-month intervals. **Results:** 700 pts were included. Baseline characteristics (mean age, duration of obesity, BMI) were similar across groups. Three patterns of BW loss trajectories were identified: Group 1 (n=248, 35.4%)—relatively steady early BW reduction and early BW plateau; Group 2 (n=226, 32.3%) — faster early BW reduction and later plateau; Group 3 (n=226, 32.3%) — fastest BW reduction and latest plateau. Final mean BW reductions for these groups were 9.2%, 20.2% and 30.8%, respectively. By the end of treatment period, the percent reaching BW plateau was significantly different (p<0.05) across the groups (Group 1: 87.1% (n=216), Group 2: 87.6% (n=198), Group 3: 81.4% (n=184). **Conclusion:** Three different patterns of BW-loss trajectories were observed in TZP-treated pts with prediabetes and obesity or overweight. Most pts maintained clinically meaningful BW reduction over time. Further research on this topic may ultimately assist with shared decision-making when setting individual treatment goals. Previously submitted to European Association for the Study of Obesity - 32nd European Congress on Obesity (ECO 2025).

PO-079

1116308 A QUALITY OF LIFE EVALUATION USING WHOQOL TOOL IN PATIENTS WITH TURNER'S SYNDROME AT HOSPITAL DE CLÍNICAS DE PORTO ALEGRE, A PARTIAL ANALYSIS

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Introduction: Turner's Syndrome (TS) is the most common sex chromosome abnormality in women, caused by total or partial loss of one X chromosome. Its main clinical features are short stature and gonadal dysgenesis, often affecting multiple body systems. Given the increased morbidity and mortality associated with TS, it is essential to evaluate the quality of life (QoL) in this population. **Objective:** This study aims to assess the impact of TS on QoL in affected individuals. **Methods:** The study included outpatients with TS followed at the Endocrinology Division of a tertiary hospital in Rio Grande do Sul, Brazil. The World Health Organization Quality of Life abbreviated questionnaire (WHOQOL-BREF) was used to assess self-perceived QoL across four domains: physical, psychological, social relationships, and environment. **Results:** were compared to a control group of 463 women from a Brazilian population-based study. Statistical analysis was performed using Welch's t-test for independent samples with unequal variances in Microsoft Excel. A p-value < 0.05 was considered statistically significant. Results: The TS group included 24 patients. Significant differences were observed in the physical domain (TS: 67.70% vs. controls: 57.80%, p = 0.0087) and the psychological domain (TS: 69.44% vs. controls: 62.20%, p = 0.046), indicating better self-reported QoL in these areas for the TS group. No significant differences were found in the social domain (TS: 65.28% vs. controls: 71.90%, p = 0.205) or environmental domain (TS: 66.07% vs. controls: 59.70%, p = 0.087). The global QoL score showed no significant difference between groups (p = 0.233). **Conclusion:** Despite the clinical challenges typically associated with TS, the results demonstrated that patients with TS reported significantly higher scores in the physical and psychological domains when compared to the control group. These findings suggest that women with TS, particularly those under regular medical care and follow-up, may develop strong coping strategies, resilience, and an adaptive perception of their own health and well-being. However, it is important to interpret these results with caution due to the small sample size of the TS group and potential differences in the characteristics of the control group. Further studies with larger samples are necessary to confirm these findings and better understand the factors that influence the QoL in this population. **Keywords:** Turner Syndrome; Gonadal Dysgenesis; Quality of life.

PO-187

1115987 ATYPICAL MANIFESTATIONS IN A PATIENT WITH MULTIPLE ENDOCRINE NEOPLASIA TYPE 2 (MEN2)

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Case Presentation: A 43-year-old female presented with cervical masses for approximately 5 years, with significant growth over the past 3 years. Two years ago, she sought medical evaluation, and an investigation for goiter was initiated. Ultrasound revealed two large nodules, one in each thyroid lobe, with suspicious features (markedly hypoechoic, irregular margins, intranodal flow), measuring 4 and 5 cm in diameter. Despite these findings, the cytology by fine-needle aspiration (FNA) of both nodules was classified as Bethesda II. The patient had no compressive symptoms and thyroid function tests were normal. Additionally, she reported chronic diarrhea — 8 to 10 episodes per day — present for a long time and associated with unintended weight loss. Total thyroidectomy was performed, and histopathological examination confirmed invasive medullary thyroid carcinoma (MTC). Abdominal imaging (ultrasound and CT scan) revealed a large right adrenal mass measuring 9 cm in diameter. Plasma metanephrine was 5910 pmol/L (normal < 510), calcitonin 2000 pg/mL (normal < 50), and CEA 1000 ng/mL (normal < 3). The patient underwent right adrenalectomy after hemodynamic preparation with doxazosin. We are currently awaiting the histopathological and immunohistochemical results of the adrenal tumor. **Discussion:** Medullary thyroid carcinoma accounts for about 3–5% of thyroid cancers and may occur sporadically or as part of a familial syndrome, the latter frequently associated with Multiple Endocrine Neoplasia type 2 (MEN2). MEN2 has an autosomal dominant inheritance and is characterized by the presence of MTC, pheochromocytoma, and, in some cases, primary hyperparathyroidism. In the present case, cytology was diagnostic of benign disease, which can occur in MTC because the available follicular cells may present as normal characteristics. Chronic diarrhea is a classic paraneoplastic manifestation of advanced MTC, caused by the secretion of calcitonin and prostaglandins. The absence of hypertensive crises is an atypical manifestation of pheochromocytoma, which may be seen in large tumors, as part of the intratumor metabolism of the excessive hormone production. **Final Comments:** This case illustrates an uncommon presentation of MEN2.

PO-206

1115592 AUTOIMMUNE POLYGLANDULAR SYNDROME TYPE II DIAGNOSED AFTER AN ADDISONIAN CRISIS IN A 47-YEAR-OLD WOMAN

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Case Presentation: A 47-year-old woman with a previous diagnosis of hypothyroidism, under irregular use of levothyroxine, presented to the emergency department with progressive fatigue, generalized weakness, dizziness, nausea, and marked mucocutaneous hyperpigmentation. She reported significant unintentional weight loss over the past months. On examination, she was hypotensive and dehydrated. Laboratory evaluation revealed hyponatremia (sodium 120 mEq/L), potassium at the upper limit of normal (5.3 mEq/L), low morning cortisol (4.4 mcg/dL), slightly elevated ACTH (24.5 pg/mL), elevated TSH (11.045 μ IU/mL), low free T4 (0.70 ng/dL), and positive antithyroglobulin antibodies. Direct renin level was markedly elevated (1.376,0 microUI/mL). These findings were consistent with autoimmune adrenal insufficiency in the context of chronic autoimmune thyroiditis. The patient was stabilized with intravenous hydration and hormone replacement therapy. After discharge, she was referred to outpatient endocrinology and subsequently diagnosed with type 1 diabetes mellitus. The coexistence of autoimmune adrenal insufficiency with autoimmune thyroiditis was sufficient to establish the diagnosis of autoimmune polyglandular syndrome type II, later reinforced by the development of type 1 diabetes mellitus. **Discussion:** Autoimmune polyglandular syndrome type II is a rare condition characterized by the coexistence of adrenal insufficiency with autoimmune thyroid disease and/or type 1 diabetes mellitus. Its clinical presentation can be insidious or acute, as seen in this patient who presented with features of an Addisonian crisis. Early recognition is crucial, especially when more than one autoimmune endocrine condition is suspected. This case highlights the importance of considering polyglandular syndromes when multiple endocrine dysfunctions coexist, allowing for timely diagnosis and appropriate management. **Final Comments:** This case underscores the need for high clinical suspicion of autoimmune polyglandular syndrome type II in patients with signs of adrenal insufficiency and other endocrine disorders. Prompt diagnosis is essential to avoid life-threatening complications and improve patient outcomes.

PO-105

1115979 BEYOND HYPERCALCEMIA: ATYPICAL PRESENTATION OF PRIMARY HYPERPARATHYROIDISM WITH WEIGHT LOSS AND NEGATIVE SCINTIGRAPHY

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Case Presentation: A 50-year-old male patient presented to the emergency department reporting a 12 kg weight loss over 45 days, associated with constipation, vomiting, polyuria, and abdominal discomfort. On physical examination, he appeared in fair general condition, with dry mucous membranes, lethargy, and stable vital signs. On thyroid palpation, a slight bulge was noted in the right lobe. Laboratory tests revealed a corrected total calcium of 15.2 mg/dL (8.5–10.5), PTH of 395 pg/mL (12–88), and 24-hour urinary calcium of 800 mg/24h (100–300), confirming the diagnosis of primary hyperparathyroidism. A parathyroid scintigraphy with 99mTc-sestamibi showed radiotracer uptake at the inferior poles of the thyroid bilaterally. Initial management included hydration and zoledronic acid, followed by parathyroidectomy. Histopathology confirmed a parathyroid adenoma. The patient evolved with normalization of calcium and PTH levels. **Discussion:** Although the most common clinical manifestation of primary hyperparathyroidism (PHPT) is asymptomatic hypercalcemia, it may present atypically, including significant weight loss. Literature suggests that this could be related to mechanisms such as increased energy expenditure and reduced body fat content, mediated by enhanced brown adipose tissue activity through a process known as “browning” of white adipose tissue — a phenomenon observed in both animal models and patients with PHPT. Additionally, anorexia and dehydration associated with the disease contribute to weight loss. While this may be a manifestation of PHPT, the relationship between PTH and body weight is complex and non-linear, with studies suggesting an inverted U-shaped relationship between PTH levels and body weight. Sestamibi scintigraphy is commonly used for adenoma localization; however, its sensitivity may vary, and up to 20% of patients with a single adenoma may have negative scan results. **Final Comments:** This case illustrates an uncommon manifestation of PHPT and highlights the clinical variability of this condition. It reinforces the importance of considering calcium level assessment in patients with unexplained weight loss. Furthermore, negative scintigraphy does not necessarily correlate with lower surgical cure rates, and treatment decisions should incorporate a comprehensive clinical and diagnostic evaluation.

PO-291

1116222 CANTU SYNDROME WITH PANHYPOPITUITARISM: A CASE REPORT

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Case Presentation: Cantu syndrome is a rare genetic condition characterized by congenital hypertrichosis, cardiomegaly, and various skeletal abnormalities. We present the case of a 21-year-old female patient referred to the Hospital due to suspected Cantu syndrome. A presumptive diagnosis was suggested during childhood after mucopolysaccharidosis was excluded. The patient presented with primary amenorrhea and a previously corrected patent ductus arteriosus. At her first consultation, panhypopituitarism was diagnosed, involving impairment of the corticotropic, gonadotropic, somatotrophic, and thyrotrophic axes, despite the absence of structural abnormalities on pituitary and hypothalamic MRI. With has been described in the literature as possibly associated with Cantu syndrome. Additionally, the patient exhibited mild cognitive impairment. Physical examination revealed generalized hypertrichosis and coarse facial features (broad eyebrows, thick eyelids, widened nasal bridge and tip, and thick lips), a height Z-score of -2.1, and joint hypermobility. She also experienced recurrent episodes of lower limb edema and ascites since childhood, for which treatment with furosemide was initiated. Transthoracic echocardiography revealed eccentric left ventricular hypertrophy with preserved ejection fraction, a finding compatible with the syndrome. Bone age assessment at 18 years and 11 months revealed a bone age of 16 years. Thoracolumbar spine radiographs showed scoliosis and additional abnormalities potentially related to the syndrome. To date, confirmatory genetic testing has not been performed; however, after discussion with a clinical geneticist, the presumptive diagnosis of Cantu syndrome was maintained. This syndrome is known to involve mutations in the ABCC9 and/or KCNJ8 genes. **Discussion:** Cantu syndrome is a rare disease. The presence of hypertrichosis, skeletal anomalies, and cardiomegaly should raise clinical suspicion. Panhypopituitarism has been reported in a few cases. Clinical management includes genetic counseling and close monitoring of cardiac, skeletal, and neurological manifestations. **Final Comments:** Early recognition of Cantu syndrome is essential for the appropriate management of its systemic manifestations. Clinical diagnosis, supported by genetic testing when available, guides multidisciplinary follow-up, which is critical to optimizing treatment and improving patients' quality of life. **Keywords:** Cantu syndrome; panhypopituitarism; hypertrichosis.

PO-020

1115745 CORRELATION OF THE INSULIN RESISTANCE INDEX (HOMA IR) WITH TRIGLYCERIDE-GLUCOSE INDEX (TYG) IN APPARENTLY HEALTHY SUBJECTS

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Introduction: Insulin regulates the homeostasis of glucose, lipids, and protein. Insulin resistance (IR) is due to an impairment in insulin action in peripheral tissues. IR results in reduced glucose uptake, affecting many organs, mainly the liver and adipose tissue, and it can progress to hyperglycemia. The gold standard for evaluate insulin resistance is the euglycemic hyperinsulinemic clamp. However, due its complexity, this method is not viable for clinical use. In clinical practice, the homeostasis model assessment of insulin resistance index (HOMA-IR) is the most used method, as it has a good correlation with the euglycemic clamp. **Objective:** The glycemic triglyceride index (TyG index) has been studied as a possible biomarker for identifying insulin resistance (IR) and is being extensively studied in several groups. The TyG index may be a beneficial tool for identifying IR and populations at high risk for developing diabetes in the future. However, more studies are needed in different ethnicities and populations. **Methods:** The authors studied the correlation of HOMA-IR with TyG index, using the database of a clinical laboratory. We included patients aged 20-65 years, both gender, who measured fasting glucose, insulin and triglycerides in the same visit. Were excluded hospitalized patients, those using medications to treat diabetes mellitus, dyslipidemia, or other medications that could alter glucose, insulin or lipids, and AST, ALT, or creatinine above the reference range for gender and age. The calculated mathematical equations were: HOMA-IR index: $[\text{glucose (in mg/dL)} \times \text{insulin (in mIU/mL)}] / 405$, and Triglyceride-Glucose index (TyG): $\text{Ln} [\text{triglycerides (mg/dL)} \times \text{glucose (mg/dL)} / 2]$. For the statistical study, the Shapiro Wilk test was performed to assess whether the analytes had a normal distribution. To evaluate the correlation with HOMA-IR, Spearman's non-parametric correlation test was used. Confidence intervals (CI) for Spearman's correlation index (r value) were calculated for a better analysis of the correlation significance. The statistical significance level was $p < 0.05$. **Results:** After applying the exclusion criteria and subtracting outliers, the bank with all the data of interest resulted in 328,345 records, with $38,20 \pm 8,96$ years, 65,94% female, with IMC $27,14 \pm 6,78$ kg/m². As the analytes did not present a Gaussian distribution, they were log-transformed. Results are shown in mean and standard deviations: glucose = $88,32 \pm 8,2$ mg/dL; insulin = $8,78 \pm 5,01$ mIU/mL; triglycerides = $89,65 \pm 40,65$, and TyG = 4.53 ± 0.27 . The r value between HOMA-IR and TyG was 0.5 (CI = 0.46-0.5), $p < 0.001$. **Conclusion:** TyG index showed a significant positive correlation with HOMA-IR. Therefore, this equation, in addition to the HOMA-IR index, can be used in the laboratory assessment of IR, when insulin is not determined. A possible bias in this study was that patient selection was based on the diagnosis of diabetes through high blood glucose levels and/or the use of antidiabetic medications. Thus, individuals with mild diabetes controlled with diet and without medication may not have been excluded.

PO-165

1115813 DIAGNOSIS OF METABOLIC SYNDROME IN NURSING PROFESSIONALS: AN ACCURACY STUDY

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Introduction: Metabolic Syndrome (MetS) is a cluster of metabolic, hemodynamic, and inflammatory disorders that include increased blood pressure, visceral obesity, insulin resistance, increased triglyceride levels, decreased HDL cholesterol levels, and dysglycemia. It represents a worldwide epidemic and is associated with elevated morbidity and mortality rates. **Objective:** This article aims to evaluate the accuracy of the tools for MetS diagnosis in nursing professionals from Primary Health Care in Bahia, Brazil. **Methods:** This was an analytical and validation cross-sectional study with a random sample selected according to essential health information for the diagnosis of MetS. For MetS diagnosis, we used EGIR, NCEP-ATP III, AACE, IDF, Barbosa et al., and IDF/AHA/NHLBI (defined as the gold standard) diagnostic criteria. Sensitivity, specificity, predictive values, and likelihood ratios were estimated for each diagnostic tool and compared with the gold standard. Kappa statistic was used to determine the agreement between the diagnostic methods. **Results:** One thousand one hundred and eleven nursing professionals were included in this study. The overall prevalence of MetS varied between 4.68% and 31.23% according to the different criteria used. Sensitivity varied from 15% to 95.1%, and specificity varied between 99.5% and 100%. IDF and Barbosa et al. criteria were more sensitive (95.1% and 92.8%, respectively), and EGIR, NCEP-ATP III, and IDF showed 100% specificity. IDF and Barbosa et al. were suitable MetS identification and confirmation criteria. The highest agreement was found among the definitions of IDF, Barbosa et al. (2006), and NCEP-ATP III. **Conclusion:** The prevalence of MetS in nursing professionals from Primary Health Care in Bahia, Brazil, can be considered of high magnitude, considering the various consequences inherent to this condition. Regarding diagnostic accuracy, with IDF/AHA/NHLBI criteria as the gold standard, relevant variations were observed, highlighting the need for efforts to harmonize the currently adopted criteria. Defining MetS with higher diagnostic accuracy could contribute to the screening and early identification of nursing professionals with cardiovascular disease risk factors, providing opportunities for appropriate prevention and treatment.

PO-171

1115836 ENDOCRINE COMORBIDITIES ASSOCIATED WITH ISCHEMIC STROKE

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Introduction: Endocrine dysfunctions play a relevant role in the pathophysiology and outcomes of ischemic stroke. Conditions such as diabetes mellitus, dyslipidemia, thyroid disorders, and gonadal axis dysfunctions represent modifiable risk factors that influence stroke incidence, severity, and prognosis. Diabetes mellitus increases stroke risk by accelerating atherosclerosis through chronic hyperglycemia and enhanced inflammatory and thrombotic responses. Dyslipidemia promotes atheromatous plaque formation in intra- and extracranial vessels, predisposing to arterial occlusion and embolic events. Thyroid dysfunctions, including subclinical hypothyroidism and hyperthyroidism, are associated with coagulopathy, arrhythmias, and cerebral hemodynamic dysfunctions, thereby increasing ischemic risk. Similarly, hormonal changes in women, such as menopause and polycystic ovary syndrome, may impair vascular integrity and heighten vulnerability to ischemic stroke. **Objective:** To investigate the association between endocrine and metabolic disorders and ischemic stroke occurrence, characterizing the clinical profile of affected patients. **Method:** A retrospective analysis was conducted on 78 ischemic stroke cases treated between February 2010 and December 2024 at a neurosurgical referral center. Variables included age, sex, systemic arterial hypertension, diabetes mellitus, and dyslipidemia. **Results:** Among the 78 patients, 41 (52.6%) had hypertension, dyslipidemia, or diabetes mellitus. The majority were female (56.4%), with a mean age of 60.8 years. The most prevalent comorbidities were hypertension (50%), dyslipidemia (23.1%), and diabetes mellitus (17.9%). Neurological symptoms included motor deficits (69.2%), aphasia (42.3%), altered consciousness (29.5%), headache (14.1%), dizziness (7.7%), vomiting (6.4%), and other less frequent manifestations. The most commonly affected vascular territory was the left middle cerebral artery. **Conclusion:** A high prevalence of endocrine comorbidities was identified among ischemic stroke patients, with a predominance of hypertension and female sex. Motor deficits, aphasia, and impaired consciousness were most common neurological findings. These results highlight the need for rigorous screening and management of metabolic and cardiovascular dysfunctions, especially in women within this age group, aiming to prevent ischemic stroke. **Keywords:** Ischemic stroke; Endocrine disorders; metabolic comorbidities.

PO-119

1116194 EPIDEMIOLOGICAL PROFILE AND CLINICAL ASPECTS OF ADULT PATIENTS WITH OSTEOGENESIS IMPERFECTA IN A REFERENCE HOSPITAL IN RECIFE

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Introduction: Osteogenesis Imperfecta (OI) is a rare genetic connective tissue disorder characterized by bone fragility, with an estimated incidence of 1:10,000 to 1:20,000 births. The Sillence classification categorizes OI into subtypes: type I (mild), type II (lethal), type III (severe, with deformities), type IV (variable), and type V (interosseous calcifications). Although typically diagnosed in childhood, it requires lifelong monitoring due to its chronic nature. **Materials and Methods:** A cross-sectional study was conducted with adult OI patients followed at the Endocrinology Outpatient Clinic of a reference hospital in Recife between September 2024 and May 2025. Data were collected through structured questionnaires and medical record analysis, including demographic variables (age, sex, race/color, origin, income, and education) and clinical variables (OI type, fractures, deformities, comorbidities, treatment). Data collection and analysis were performed using the RedCap system. The study was approved by the CEP-IMIP (CAAE no. 82921524.0.0000.5201). **Results:** 26 patients were evaluated, with a mean age of 30.61 years (18–71); 53.8% were female. 53.85% identified as mixed-race. Most had an income of 1–3 minimum wages and complete high school education. 23 patients were from Pernambuco, 2 from Paraíba, and 1 from Alagoas state. According to the Sillence classification, 65.4% were type I, 19.2% type IV, 11.5% type III, and 3.85% unclassified. Dentinogenesis imperfecta was observed in 46.1%, blue sclera in 61.5%, hearing loss in 19.2%, and scoliosis in 42.3%. Bone deformities were present in 57.7%, with the femur being the most affected site; 4 patients used wheelchairs. The mean number of fractures per patient was 17.36. Regarding treatment, 10 patients used pamidronate, 4 alendronate, 1 risedronate, and 1 teriparatide; only 2 were currently using bisphosphonates. Calcium and vitamin D supplementation was reported by 76.9%. The most frequent comorbidities were obesity 15.4%, type 2 diabetes 11.5%, and hypertension 7.7%. Two patients were smokers, and 6 consumed alcohol. The age of symptom onset ranged from birth to 6 years; the age at diagnosis varied widely, occurring between 20 days and 55 years, with most cases diagnosed in childhood. **Conclusion:** The clinical and epidemiological characterization of adults with OI is essential for improving disease management and public policies for rare diseases, aiming to enhance patients' quality of life.

PO-121

1115662 FAHR'S SYNDROME SECONDARY TO HYPOPARATHYROIDISM AFTER THYROIDECTOMY

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Case Presentation: A.F.M., male, 69 years old, hypertensive, type II diabetic, with a history of non-Hodgkin's lymphoma of the thyroid, underwent total thyroidectomy 24 years ago. He was hospitalized due to mild traumatic brain injury from a fall from standing height, following an episode of dizziness and syncope, associated with "abnormal movements," possibly seizures. The family reported that over the past year, the patient had complained of paresthesia, weakness, muscle stiffness, spasticity, and depressed mood. Cranial CT revealed a laminar subdural hematoma with no indication for neurosurgery, along with bilateral and symmetrical calcifications in the parieto-occipital gyrus, cerebellum, and basal ganglia. Physical examination and vital signs were normal. ECG showed a prolonged QT interval. Chvostek and Trousseau signs were negative. PTH, ionized calcium, total calcium corrected for albumin, free T4, and vitamin D levels were low, while phosphorus was elevated. Clinical treatment was started with calcium carbonate and calcitriol, and thyroid hormone adjustment. The patient progressed well, was discharged, and reported no complaints in subsequent follow-up visits. **Discussion:** Fahr's syndrome is a rare neurological disorder, either hereditary or sporadic, with a prevalence of less than 1 in 1,000,000. It usually affects patients in their third or fourth decades of life, with no sex predilection. It is diagnosed via cranial CT scan, characterized by symmetrical and bilateral intracranial calcifications, mainly in the basal ganglia. It presents with movement disorders, cognitive and psychiatric changes, and visual acuity loss due to optic atrophy. Treatment focuses on symptom relief and correction of hypoparathyroidism (target calcium level between 8–8.5 mg/dL), which has many causes, with anterior cervical surgery being the most common (75% of cases). **Final Comments:** This case highlights the importance of a multidisciplinary approach and clinical suspicion in patients with neurological and nonspecific symptoms with a history of cervical surgery, which in this context revealed an underlying endocrine disorder (Fahr's syndrome secondary to hypoparathyroidism). We conclude that, although rare, Fahr's syndrome should be considered in the differential diagnosis of patients with unexplained neurological manifestations. This case reinforces the importance of monitoring calcium-phosphorus metabolism parameters in patients who have undergone total thyroidectomy, even decades after the procedure.

PO-040

1116216 FROM NEUROLOGICAL MISDIAGNOSIS TO ENDOCRINOLOGICAL DIAGNOSIS: A JOURNEY TO INSULINOMA

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Case Presentation: A 33-year-old male patient, overweight and previously healthy, sought medical attention due to generalized tonic-clonic seizures with a prolonged postictal period. He had a recent history of loss of consciousness, retrograde amnesia, and behavioral changes. Organic causes of neurological dysfunction were ruled out, and there was no improvement with psychotropic medications. One year later, a capillary blood glucose of 38 mg/dL was recorded, prompting an investigation for hypoglycemia. Laboratory tests revealed hyperinsulinemia (fasting insulin: 37.3 μ IU/mL), elevated C-peptide (9.01 ng/mL) during hypoglycemia (glucose: 41 mg/dL), and negative anti-insulin antibodies. Abdominal computed tomography (CT) showed a 13 $\times$ 14 mm hypodense lesion in the pancreatic head, consistent with insulinoma. Treatment with acarbose, a high-calorie diet, and continuous glucose monitoring was initiated. The patient subsequently underwent a gastroduodenopancreatectomy (Whipple procedure), and histopathological analysis confirmed a benign insulinoma. He experienced complete remission of symptoms and resumed normal activities, including high-performance sports. **Discussion:** Insulinoma is a functional pancreatic neuroendocrine tumor arising from the β -cells of the islets of Langerhans, characterized by inappropriate insulin secretion. Its incidence is 1–4 cases per million per year and accounts for 1–2% of pancreatic tumors. Approximately 90–95% are benign. Diagnosis is based on Whipple's triad (hypoglycemia, neuroglycopenic symptoms, and symptom resolution with glucose), biochemically confirmed via a supervised 72-hour fasting test: glucose $\leq$ 40 mg/dL, insulin $\geq$ 3 μ IU/mL, C-peptide $\geq$ 0.2 nmol/L, and proinsulin $\geq$ 5 pmol/L, in the absence of hypoglycemic agents. The preferred treatment is surgical resection. Inoperable or metastatic cases may be managed with diazoxide, somatostatin analogs, everolimus, sunitinib, radiofrequency ablation, ethanol injection, or radiosurgery. **Final Comments:** This case highlights how insulinomas can mimic neuropsychiatric conditions, often leading to misdiagnosis due to predominant neuroglycopenic symptoms. This underscores the importance of considering metabolic and endocrine disorders in the differential diagnosis of acute neurological presentations, particularly in young adults, as prolonged hypoglycemia, if not promptly managed, can result in potentially irreversible hypoglycemic encephalopathy.

PO-127

1115784 HYPOPARATHYROIDISM, DEAFNESS, AND RENAL CYSTS IN A YOUNG ADULT: CASE REPORT OF BARAKAT SYNDROME (HDR)

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Case Presentation: A 36-year-old male, five months post-bariatric surgery (gastric bypass), was referred to the emergency department of a tertiary hospital due to hypocalcemia identified on routine laboratory tests. He was asymptomatic, on oral calcium citrate (1.5 g/day) and vitamin D (2,000 IU/day). On admission, total calcium was 6.1 mg/dL (reference: 8.3–10.6), phosphorus 4.4 mg/dL (2.5–5.0), albumin 4.3 g/dL (3.5–5.0), and parathyroid hormone (PTH) 24.4 pg/mL (18.5–88), inappropriately low relative to hypocalcemia, consistent with primary hypoparathyroidism. Management involved correction with continuous intravenous calcium and initiation of oral calcium citrate and calcitriol, with progressively increasing doses. Calcium stabilized near the lower limit of normal with maintenance therapy of 8 g/day of citrate and 1.5 mcg/day of calcitriol. Further evaluation revealed a personal history of renal cysts since childhood and sensorineural hearing loss confirmed by audiometry, along with a family history of renal and/or auditory abnormalities. Given the association of hypoparathyroidism, nephropathy, and deafness, the hypothesis of Barakat syndrome was considered. After stabilization, genetic testing was requested for GATA3 gene analysis. **Discussion:** Barakat syndrome, or HDR syndrome, is a rare genetic disorder of autosomal dominant inheritance, classically characterized by hypoparathyroidism, sensorineural deafness, and nephropathy, present in approximately 93%, 96%, and 72% of cases, respectively. Identification of a pathogenic GATA3 mutation confirms the diagnosis, as this gene is critical for the development and differentiation of multiple tissues, including the parathyroid glands, auditory structures, and renal and urinary tract morphogenesis. The variable clinical presentation complicates diagnosis, making clinical suspicion essential for broader recognition and more accurate epidemiological data. Early diagnosis enables appropriate therapeutic interventions, complication prevention, and genetic counseling for affected families. **Final Comments:** This case highlights the need for clinical vigilance in apparently isolated hypoparathyroidism, which may represent early manifestations of complex genetic syndromes.

PO-178

1115681 IMPLICATIONS OF GENETIC VARIANTS IN THE RENIN-ANGIOTENSIN SYSTEM AND CYTOKINES IN THE PATHOPHYSIOLOGY OF COVID-19

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Introduction: COVID-19, caused by SARS-CoV-2, has prompted studies on genetic factors that modulate its clinical course. Variants in the ACE2, ACE, IL6R, AGT, and TNF- α genes, which are associated with the renin-angiotensin system and inflammation, may influence disease outcomes. However, genetic markers with prognostic applicability remain scarce. **Objective:** To analyze the occurrence of genetic variants in genes involved in the pathophysiology of COVID-19. **Methods:** An observational study was conducted to identify single nucleotide polymorphisms (SNPs) and copy number variations (CNVs) with pathogenic potential in the ACE2, ACE, IL6R, AGT, and TNF- α genes implicated in COVID-19 pathophysiology. The identification of SNPs and CNVs was performed using the NCBI (National Center for Biotechnology Information) databases dbSNP and dbVAR. **Results:** Numerous variants were identified across the five evaluated genes. In the ACE2 gene, 25,588 SNPs were found, with no pathogenic or likely pathogenic variants recorded. Among the 229 CNVs, 4 were classified as pathogenic and 1 as likely pathogenic. The ACE gene presented 13,962 SNPs, including 33 pathogenic and 25 likely pathogenic variants. Additionally, 796 CNVs were identified, with 38 classified as pathogenic and 38 as likely pathogenic. For IL6R, 27,559 SNPs were identified, with 2 classified as pathogenic, although no assessments were made for possible pathogenicity. Of the 307 CNVs, 13 were deemed pathogenic. The AGT gene showed 19,129 SNPs, with 12 pathogenic and 7 potentially pathogenic variants, as well as 310 CNVs, of which 10 were classified as pathogenic and 5 as likely pathogenic. Finally, in the TNF- α gene, 2,482 SNPs were identified, with 1 classified as pathogenic; among the 29 CNVs, 3 were deemed pathogenic. The structural variations observed in CNVs included gains, deletions, microsatellites, and insertions/deletions (indels). **Conclusion:** Polymorphisms and genetic variants may influence outcomes in the pathophysiology and treatment of COVID-19. Pathogenic variants, such as those in ACE2, highlight the need for monitoring, particularly due to alterations in angiotensin II concentrations. Studies on these variants, which remain underexplored, may enhance prognostic assessments and guide therapeutic strategies against COVID-19. **Keywords:** COVID-19; ACE2; Genetic Variants.

PO-047

1116384 LIPOATROFIC DIABETES OR TYPE 1 DIABETES? A CHALLENGING CASE OF FAMILIAL PARTIAL LIPODYSTROPHY IN A PATIENT WITH LONG-TERM MISDIAGNOSIS

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Case Presentation: A 29-year-old woman, with diagnosis of type 1 Diabetes Mellitus (DM1) since she was 20yo was referred to a lipid clinic due to difficult to manage mixed dyslipidemia (triglycerides always higher than 250 mg/dL and LDL-c over 190 mg/dL despite the use of high potent statins), and persistent glycemic decompensation (HbA1c over 11% in the past 2 years, despite very high insulin doses of 4.17 IU/kg/day). She didn't have any episodes of diabetic ketoacidosis and has negative family history for diabetes. During a specialist consultation, the mother's clinical phenotype (unknown morbidities) suggested possible familial partial lipodystrophy (FPLD), raising this possibility in the patient. In the physical examination, no classical signs of insulin resistance was observed, but she presented suprapubic fat accumulation. Her BMI was 17.3 kg/m². Dual XRay absorciometry (DXA), C-peptide, Anti-GAD65 Ab, and genetic testing (NGS) for lipodystrophies were performed. C-peptide levels were 1.1 ng/mL (Ref: 0.5-1.2 ng/mL), Anti-GAD Ab and genetic tests were negative. Treatment with metformin, pioglitazone, iSGLT2, and gliclazide were prescribed, allowing full insulin withdrawal with significant glycemic improvement (no readings above 180 mg/dL). HbA1c decreased from 11.3% to 9.8% within 40 days. Thigh skinfold was 17mm and the Kob index 1.86. DXA scan revealed a Fat Mass Ratio (FMR) of 1.2, and a leg fat/total fat ratio of 27%. **Discussion:** We describe a challenging case of diabetes associated with mixed dyslipidemia, conducted as DM1, unresponsive to high insulin doses, achieving significant glycemic control with oral antidiabetics, despite removing insulin therapy. The FPL suspicion was based on her mothers appearance. Negative genetic testing and Kobb index <3.47, but a thigh skinfold of 17mm and a FMR of 1.2 led to the diagnosis of an atypical form of FPLD, now classified as FPLDx. **Final Comments:** This report highlights the importance of suspecting lipoatrophic diabetes as differential diagnosis of Type 1 diabetes, specially in cases where high doses of insulin were not effective, and mixed dyslipidemia is associated.

PO-352

1115811 LONG-TERM PIOGLITAZONE USE IN MASLD PATIENTS: INSIGHTS FROM A MULTICENTRIC PRELIMINARY STUDY

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Introduction: This multi-center retrospective study evaluated the long-term effects of pioglitazone therapy on liver stiffness, hepatic steatosis, and other non-invasive biomarkers in patients with metabolic dysfunction-associated steatotic liver disease (MASLD).

Methods: A total of 65 patients from three Brazilian public hospitals treated with pioglitazone at doses of 30-45 mg/day up to 10 years were retrospectively analyzed. Hepatic parameters, including vibration-controlled transient elastography (VCTE), controlled attenuation parameter (CAP), and FibroScan-AST score, were evaluated before and after treatment. Patients were stratified into two groups based on treatment duration: 1-3 years and 4-10 years. **Results:** Significant reductions in alanine aminotransferase (ALT) and gamma-glutamyl transferase (GGT) levels were observed in both treatment groups, indicating improvement in liver enzyme profiles. A significant decrease in CAP levels was observed only in the 4-10-year group ($p = 0.002$), suggesting a reduction in liver steatosis. Improvement in FASTTM scores was observed in both groups (1-3 years, $p = 0.042$; 4-10 years, $p = 0.012$). In logistic regression analysis, dyslipidemia was associated with a non-significant trend toward higher odds of liver stiffness reduction (adjusted OR = 1.92, 95% CI = 0.58-6.45, $p = 0.284$). **Conclusion:** These findings highlight both the metabolic and hepatic benefits of long-term pioglitazone therapy. They reinforce its potential as a cost-effective and accessible treatment option for MASLD, particularly in resource-limited settings where newer therapeutic alternatives are unavailable.

PO-074

1115986 MALE EQUIVALENT POLYCYSTIC OVARY SYNDROME

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Introduction: Polycystic ovary syndrome (PCOS) affects approximately 15% of women worldwide (Risal, Sanjiv et al.) and it's a metabolic dysfunction that mainly involves insulin resistance and hyperandrogenism, considering the presence of polycystic ovaries just one of the many manifestations of PCOS we can think of the existence of endocrine alterations in men that can characterize PCOS. **Objective:** This integrative review aims to demonstrate whether male equivalent PCOS are indeed a valid diagnosis and the hormonal alterations of this syndrome as well as its possible long-term complications. **Methods:** A review by searching for articles from the last 5 years in the Scielo and PubMed databases with the Mesh terms "Male Equivalent Polycystic Ovarian Syndrome", selecting articles relevant to the subject from a total of 14 results. **Results:** During the study by Cannarella et al, related the prevalence of male-equivalent PCOS in men who have women with PCOS among their first-degree relatives, they reported a higher incidence of early-onset androgenetic alopecia (AGA) (under 35 years of age), considered a phenotypic sign of male-equivalent PCOS that carries with it various hormonal changes, such as an increase in luteinizing hormone (LH), insulin, total cholesterol, LDL, triglycerides, anti-mullerian hormone and dehydroepiandrosterone (DHEAS), a decrease in sex hormone binding globulin (SHBG), a downward trend in FSH and an upward trend in the LH/FSH ratio compared to the control group. These metabolic changes over time often lead to diabetes mellitus II, cardiovascular disease and even prostate disease (Cannarella et al., 2020). This persistent increase in anti mullerian hormone can affect a man's fertility and both 17 α -hydroxyprogesterone and DHEAS can mean an increase in adrenal gland activity leading to hyperandrogenism. Despite these factors, diagnostic criteria for PCOS in men have not yet been established. **Conclusion:** Based on this study, we can infer a strong relationship between early-onset AGA and the possible diagnosis of male-equivalent PCOS, although there is not 100% agreement in the diagnosis of PCOS in men, and it is important to look more deeply into the definition of this syndrome, since the Rotterdam criteria for PCOS in women are inappropriate when it comes to the equivalent of PCOS in men.

Keywords: Male; Polycystic ovary syndrome; Alopecia.

PO-075

1115554 MALE HYPOGONADISM IN PATIENTS ON MAINTENANCE HEMODIALYSIS: THE DIAGNOSIS WITH NO CLEAR CLUE

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Introduction: Our Male hypogonadism is highly prevalent among patients undergoing dialysis and carries significant clinical implications. Testosterone deficiency in this population is associated with increased frailty, muscle wasting, sarcopenia, and physical dysfunction — all of which are critical concerns. Despite its frequency, the diagnosis of hypogonadism is often overlooked. **Objective:** Our objective was to assess the presence of male hypogonadism in patients receiving hemodiafiltration and to investigate its relationship with clinical and demographic characteristics. **Methods:** This cross-sectional observational study examines male hypogonadism in patients undergoing maintenance dialysis. Adult men from three dialysis centers in Brazil were included. The primary outcome was the presence of hypogonadism, determined by two consecutive measurements of serum total testosterone levels. Free testosterone was calculated based on serum albumin and sex hormone-binding globulin (SHBG). Symptoms of androgen deficiency were tested using questionnaire for androgen deficiency in aging males (ADAM). The presence of comorbidities and relevant laboratory markers was also evaluated. **Results:** Hypogonadism was identified in 61 out of 175 patients (34.8%). Patients with hypogonadism were older (61.5 ± 15.5 vs. 56.8 ± 15.0 years, $p = 0.002$) and had higher prolactin levels ($21 [14-35]$ vs. $15 [10-26]$ ng/mL, $p = 0.023$). No other significant differences were observed in demographic, clinical, or laboratory characteristics between patients with and without hypogonadism. Among the 16 patients who received testosterone supplementation, 66.7% showed improvement in ADAM scores, with the median score decreasing from 3 (2–4) to 1 (0–2) ($p = 0.003$). **Conclusion:** More than one-third of patients on dialysis were diagnosed with hypogonadism. Apart from being older, no other distinguishing features were identified in this population. Therefore, routine testosterone assessment should be considered for all patients undergoing dialysis. Whether hormone supplementation will improve clinical outcomes needs further evaluation.

PO-251

1115701 METABOLIC OUTCOMES OF GIP(3-30)NH₂ RECEPTOR ANTAGONISM IN IMPAIRED GLUCOSE METABOLISM: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction: Glucose-dependent insulinotropic polypeptide (GIP), one of the key incretins, plays a fundamental role in postprandial insulin secretion. This function gains particular relevance in the context of the global epidemic of glucose metabolism disorders, which urgently demands new therapeutic strategies. GIP receptor antagonism (GIPra) — particularly through the GIP(3-30)NH₂ molecule — emerges as a promising approach, although its metabolic mechanisms remain only partially understood. While GIPra represents a potential therapeutic tool, their physiological impacts across different metabolic phenotypes require more thorough investigation to clarify these relationships. **Objective:** In this sense, the aim of this study was to conduct a meta-analysis of placebo-controlled randomized clinical trials evaluating outcomes in patients with glucose metabolism disorders treated with the GIPra GIP(3-30)NH₂. **Methods:** We performed a systematic review with meta-analysis, searching in PubMed, Cochrane, and Embase databases. Two independent authors conducted study screening, selecting studies for full-text evaluation, and any disagreement was resolved by a third author. We collected for each study group the outcome of their glucose, GLP-1, and GIP Area Under Curve (AUC). To compare each study adequately, we developed a factor consisting of % of AUC variation from GIP(3-30)NH₂ administration through a 95% CI. Cochran's Q test and I² statistics were used to assess heterogeneity. **Results:** In obese patients undergoing sleeve gastrectomy, we observed a 38% reduction in glucose AUC with GIP(3-30)NH₂ monotherapy, and a 47% reduction when combined with exendin-(9-39)NH₂ (a potent GLP-1 agonist). No significant changes occurred in plasma GIP or GLP-1 AUC in these individuals. In type 2 diabetes patients — both with and without gastric bypass — no significant differences were observed in glucose, GIP, or GLP-1 AUC following GIP(3-30)NH₂ administration. **Conclusion:** The GIP(3-30)NH₂ demonstrated glycemic control effects through reduced postprandial glucose in obese sleeve gastrectomy patients, without significant impact in type 2 diabetes or gastric bypass cohorts. The unchanged serum glucose levels in diabetic patients, as well as no differences in GIP and GLP-1 AUC, suggest distinct regulatory pathways in glycemic control. These findings underscore the need for further studies to elucidate the role of GIPra in populations with glucose metabolism disorders.

PO-292

1115960 MISDIAGNOSIS OF CUSHING SYNDROME IN A PATIENT WITH FAMILIAL PARTIAL LIPODYSTROPHY TYPE 2: CASE REPORT

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Case Presentation: A 20-year-old patient was been followed by an endocrinologist with a presumptive diagnosis of Cushing disease since 2019. At age 10, she started to present centripetal obesity, round face, dorsocervical fat pad (hump) and abdominal striae. She denied the use of exogenous corticosteroids. In 2019, urinary free cortisol (UFC) was 440.6 µg/24h (normal range: 58–403 µg/24h), ACTH 4.7 pg/mL (7–63 pg/mL), low dose dexamethasone suppression test (LDDST) 0.5 µg/dL and bedtime salivary cortisol <0.054 µg/dL (< 0.78 µg/dL). In the same year, MRI revealed a 0.4 x 0.3 cm pituitary microadenoma. She was referred in 2024 to a tertiary hospital for neurosurgical management of the pituitary adenoma due to the diagnostic hypothesis of Cushing disease. At admission, she reported worsening visual acuity, headache, nonspecific pain in the lower limbs and lumbar spine. She had high blood pressure and was taking losartan and oral contraceptives. Menarche occurred at age 12. Her mother exhibited a similar phenotype. On physical examination, BMI was 33.7 kg/m²; abdominal circumference measured 105 cm, neck circumference 48 cm; she had dorsocervical fat pad and a double chin. Abdomen was globular due to adiposity, with white thin striae. The lower limbs showed decreased subcutaneous fat without proximal weakness. The suprapatellar skin fold was 15 mm. Laboratory tests during this admission did not show evidence of hypercortisolism in repeated tests: UFC, LDDST and bedtime salivary cortisol. Metabolic profile assessment revealed fasting triglyceride at 635 mg/dL. Ophthalmoscopy indicated lipemic retinalis. Genetic testing (whole exome sequencing) identified a heterozygous missense variant in the LMNA gene (chr 1:156,138,533 p.Arg582Cys) associated with familial partial lipodystrophy type 2 (FPLD2). **Discussion:** Lipodystrophies are a group of rare disorders characterized by partial or complete loss of adipose tissue, which can be congenital or acquired. They are marked by abnormal fat distribution that may involve different body regions. Dunnigan syndrome is the most common form of FPLD2. These conditions often present with metabolic disturbances such as hypertriglyceridemia, insulin resistance and polycystic ovary syndrome. **Final Comments:** Our case highlights the challenges in diagnosing rare conditions like lipodystrophies, demonstrating how the clinical presentation of FPLD2 can often mimic or lead to a misdiagnosis of metabolic syndrome or Cushing disease.

PO-136

1116357 MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 WITH ATYPICAL CLINICAL MANIFESTATIONS AND EARLY-ONSET PARKINSONISM: A CASE REPORT

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Case Presentation: A 52-year-old man with primary hyperparathyroidism (serum calcium 12 mg/dL, PTH 95 pg/mL, 24-hour urinary calcium 690 mg) underwent right inferior parathyroidectomy, followed by total parathyroidectomy due to disease recurrence. He reported a family history of hyperparathyroidism, recurrent lipomatosis, erectile dysfunction and decreased libido. Laboratory evaluation revealed hypogonadotropic hypogonadism and hyperprolactinemia (prolactin 109 ng/mL; negative for macroprolactin). However, sellar MRI showed only a Rathke's cleft cyst with no visible pituitary adenoma. A right adrenal nodule (3.4 × 2.7 cm, -7 HU, relative and absolute washouts of 86% and 75%, respectively) was consistent with a functioning adenoma exhibiting autonomous cortisol secretion and primary aldosteronism. Due to a thyroid nodule classified as Bethesda IV on cytology, total thyroidectomy was performed, which confirmed a well-differentiated papillary microcarcinoma. The patient also complained of resting tremor, muscular rigidity and bradykinesia, suggesting a parkinsonian syndrome. Genetic testing was performed and revealed a heterozygous pathogenic mutation in the MEN1 gene (NM_001370259.2), confirming the diagnosis of Multiple Endocrine Neoplasia type 1 (MEN1). In addition, a heterozygous likely pathogenic variant was identified in the VPS13C gene (NM_020821.3), associated with early-onset Parkinson's disease. **Discussion:** MEN1 is a hereditary tumor predisposition syndrome caused by germline mutations in the MEN1 gene, inherited in an autosomal dominant pattern and characterized by age-related increasing penetrance. The classical clinical diagnosis requires at least two of the three hallmark manifestations: parathyroid, pituitary, and pancreatic neuroendocrine tumors. However, the phenotypic expression is highly variable and may include atypical findings such as papillary thyroid microcarcinoma and adrenal incidentalomas. The presence of a functioning adrenal adenoma, particularly with dual hormonal secretion (hyperaldosteronism and hypercortisolism), is uncommon and warrants close clinical and radiological monitoring. A literature review revealed no previously reported cases of coexisting pathogenic variants in the MEN1 and VPS13C. **Final Comments:** MEN1 is a rare inherited syndrome that predisposes to multiple endocrine tumors. This case, presenting with unusual features, highlights the importance of broad and continuous screening in affected individuals.

PO-256

1115624 PANCREATOGENIC DIABETES: DIAGNOSTIC AND MANAGEMENT CHALLENGES – A CASE REPORT

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Case Presentation: Z.A.G., male, 62 years old, with clinical history of type 2 diabetes mellitus diagnosed 15 years ago, treated with Metformin 850 mg TID, NPH insulin, and regular insulin as per correction protocol. Smoker and chronic alcohol user. In December 2023, he reported his first episode of symptomatic hypoglycemia, despite a glycated hemoglobin of 11.1%, suggesting significant glycemic variability. A computed tomography (CT) scan revealed an atrophic pancreas with scattered calcifications and ductal ectasia, findings consistent with advanced chronic pancreatitis. In February 2024, the patient presented with an acute episode of glycemic decompensation, characterized by hyperglycemia followed by severe hypoglycemia, requiring temporary discontinuation of insulin and oral antidiabetic agents. Upon reevaluation in March 2024, he complained of asthenia, hyporexia, and intense glycemic fluctuations. Treatment was adjusted to NPH insulin 10 IU in the morning and 10 IU in the afternoon. One year later, he returned with persistently elevated HbA1c, and the regimen was modified to NPH insulin 10 IU before meals associated with regular insulin 2 IU after meals. A new CT scan in 2025 showed progression of pancreatic disease, with multiple intraparenchymal calcifications, dilation of the Wirsung duct, and intraductal calcifications, confirming ongoing structural destruction of the pancreas. **Discussion:** This case is representative of pancreatogenic diabetes. The marked glycemic variability, combined with paradoxical episodes of hypoglycemia even in the presence of chronic hyperglycemia, results from the combined dysfunction of pancreatic islet alpha and beta cells, as well as malabsorption associated with exocrine pancreatic insufficiency. Management of type 3c diabetes mellitus includes pancreatic enzyme replacement, intensive glycemic monitoring, individualized insulin therapy adjustments, and evaluation and treatment of associated comorbidities. **Final Comments:** The case of Z.A.G. illustrates a typical progressive course of chronic pancreatitis with subsequent development of pancreatogenic diabetes. Early identification of this etiology is crucial for personalized treatment, prevention of adverse events, and improvement of the patient's quality of life. The use of appropriate diagnostic criteria, combined with multidisciplinary longitudinal follow-up, is essential for the effective management of DM3c. **Keywords:** Pancreatogenic diabetes; Multidisciplinary approach; Glycemic variability.

PO-257

1115696 PERCEPTIONS ON INPATIENT GLYCEMIC MANAGEMENT AND THE USE OF TECHNOLOGICAL TOOLS BY ENDOCRINOLOGISTS IN BRAZIL: A CROSS-SECTIONAL STUDY

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Introduction: Inpatient glycemic management (IGM) is complex and critical. Artificial intelligence (AI) and other technological tools are emerging as potential optimizers; however, their acceptance among Brazilian endocrinologists remains underexplored. **Objective:** To assess the perceptions of Brazilian endocrinologists working in inpatient care regarding the challenges of IGM and the acceptance/use of technologies, including AI, for glycemic control in the hospital setting. **Methods:** We conducted a cross-sectional observational study (STROBE-compliant) using an online semi-structured questionnaire distributed to Brazilian endocrinologists focused on inpatient endocrinology. Data were collected on IGM practices, challenges, evaluation time, current use of technologies, and perceptions of AI. Descriptive and inferential analyses were performed using Jamovi software (v2.6). **Results:** A total of 52 responses were obtained. Endocrinologists reported an average of 12.2 years of hospital-based experience. Nephropathic patients and those on corticosteroids were considered the most challenging; difficulties accessing glycemic data and documenting insulin administration in medical records were the most frequently reported obstacles. Most endocrinologists (74.5%) spend 20 minutes or more per evaluation. Current use of technological tools is limited: 46.0% do not use any tools, and calculators (28.0%) were the most commonly employed. Nevertheless, 88.2% believe technological tools could optimize their work, particularly through time savings (84.3%), automatic calculation assistance (54.9%), and reduced typing (51.0%). Although 60.8% do not foresee complete replacement of physicians by AI, 98% would consider using a validated AI tool. **Conclusion:** Brazilian endocrinologists face significant challenges in IGM, especially related to data organization and time demands. There is strong receptivity to adopting validated technologies and AI tools to optimize workflow — particularly to save time and enhance precision — while viewing AI as a complement to clinical judgment rather than a replacement.

PO-359

1116072 PRADER WILLI SYNDROME AND PUBERTY, A CLINICAL CASE REPORT OF A ATYPICAL EVOLUTION

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Case Presentation: This report describes a case in which the first warning sign was weight gain, at 18 months of age, and difficulties in socialization. At age 6, the school reported learning difficulties, around the same time the patient began taking food from classmates. At age 9, she began reading with difficulty. She presented with down-slanting palpebral fissures, small mouth, prominent cheeks, large hands and feet with thin third phalanges, and a short neck. Various tests were performed, including MLPA (negative), karyotype 46,XX, and FISH for Prader-Willi and Angelman syndromes, which did not detect the 15q11-q13 deletion. She developed pubarche at age 9 and menarche at 10, with no records of thelarche. At 10 years and 11 months, her Tanner stage was M4P3, progressing to M5P5 at 11 years and 11 months. Initially irregular, menstruation became monthly, accompanied by significant emotional lability. She presents with nocturnal enuresis, obstructive sleep apnea, hypothyroidism (anti-TPO negative), asthma, obesity with insulin resistance, acanthosis nigricans, and lipomastia. She was prescribed metformin at the age of 9. Sleep patterns are inadequate, with approximately 2 to 4 hours of sleep per night, frequent naps, and excessive daytime sleepiness. **Discussion:** Prader-Willi syndrome is a multisystem disorder characterized by prenatal-onset hypotonia, abnormal neurological function, early-onset obesity, hypogonadism, hyperphagia, and obesity typically beginning between the first and fourth years of life. The present case progressed with precocious puberty and rapid development of secondary sexual characteristics. Contrary to the expected (incomplete pubertal development with amenorrhea or oligomenorrhea), the patient experienced menarche at age 10, reached Tanner stage M4P3 at 10 years and 11 months, and M5P5 at 11 years and 11 months, with pubarche occurring at age 9. Other features commonly associated with the syndrome were also observed, including short stature, psychiatric and behavioral disorders, and sleep disturbances. **Final Comments:** This case illustrates how well-described genetic syndromes can present with atypical clinical features. Although there are signs consistent with Prader-Willi syndrome, the patient exhibited complete and early pubertal development, which contrasts with the expected pattern. The absence of the classical deletion on genetic testing highlights the importance of detailed clinical assessment and the use of complementary investigations.

PO-048

1116130 PREGNANCY IN A PATIENT WITH BERARDINELLI-SEIP SYNDROME

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Case Presentation: A 33-year-old woman with a genetic diagnosis of Congenital Generalized Lipodystrophy type 1 (Berardinelli-Seip Syndrome), associated with a mutation in AGPAT2, under endocrinology follow-up and currently at 32 weeks of gestation. Comorbidities include secondary diabetes mellitus (on NPH and regular insulin), severe dyslipidemia, moderate hepatic steatosis, chronic pancreatitis, nephrolithiasis, and hepatic hemangioma. During pregnancy, metformin and simvastatin were discontinued; due to gestational hypertension, aspirin, methyldopa, and calcium were initiated to prevent preeclampsia. The patient reports no episodes of hypoglycemia or insulin omission. Recent lab tests showed HbA1c of 5.1%, mild anemia (Hb 10.1 g/dL), total cholesterol 168 mg/dL, LDL 76 mg/dL, triglycerides 210 mg/dL, and albumin-to-creatinine ratio of 447 mg/g. Glycemic control has been satisfactory with frequent insulin dose adjustments. Fetal morphology assessment revealed appropriate growth with no malformations. **Discussion:** Congenital Generalized Lipodystrophy type 1 is a rare autosomal recessive disorder characterized by near-total absence of adipose tissue, early-onset hyperglycemia, severe dyslipidemia, and ectopic fat deposition, particularly in the liver. Pregnancy in these patients is high risk due to increased physiological insulin resistance and therapeutic limitations imposed by contraindicated medications such as statins. These factors increase the risk of ketoacidosis, hepatic and renal function deterioration, and fetal complications. Management requires a multidisciplinary approach, individualized dietary planning, intensive insulin therapy, and close obstetric monitoring. In this case, the absence of fetal malformations and metabolic stability suggests a favorable gestational course. **Final Comments:** This case highlights the clinical challenges of managing pregnancy in patients with congenital lipodystrophy, demonstrating that with specialized care and a multidisciplinary approach, good metabolic control and positive obstetric outcomes are achievable. It underscores the importance of referral centers in the care of rare metabolic diseases during pregnancy.

PO-229

1115162 PRIMARY ADRENAL INSUFFICIENCY AS A RARE ADVERSE EVENT OF RIFAMPICIN: A CASE REPORT AND LITERATURE REVIEW

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Case Presentation: A 54-year-old male with a history of hypothyroidism, chronic alcohol use, and recent initiation of RIPE therapy (rifampicin, isoniazid, pyrazinamide, ethambutol) for presumed tuberculosis (TB) was admitted with vomiting, weakness, hyporexia, hypoglycemia, disorientation, and altered mental status. He had progressive weight loss, prior syncopal episodes, and hyperpigmented skin lesions. On examination, he was pale, dehydrated, hypotensive (BP 90/60 mmHg), and hypoglycemic. Laboratory workup revealed severe hyponatremia (112 mEq/L), hypoglycemia, and hyperkalemia. Primary adrenal insufficiency (PAI) was suspected and confirmed by a serum cortisol level <1 µg/dL, markedly elevated ACTH (208 pg/mL), and preserved adrenal morphology on imaging. Supportive care with fluid resuscitation and correction of electrolyte imbalances was initiated. RIPE therapy was suspended due to the absence of microbiological confirmation of TB, despite a radiographic complex suggestive of prior infection. Intravenous hydrocortisone led to rapid clinical and biochemical improvement. The patient was transitioned to oral prednisone with progressive weight gain and clinical stabilization. **Discussion:** The nonspecific presentation of PAI—including nausea, fatigue, and abdominal discomfort — often delays diagnosis. However, the presence of concurrent hyponatremia and hyperkalemia strongly supports mineralocorticoid deficiency, a hallmark of PAI (Bornstein et al., 2016; Hahner et al., 2021; Husebye et al., 2021). Given the suspected TB, infection-related adrenal destruction was initially considered, as up to 33% of patients with TB may develop adrenal insufficiency (Kibirige et al., 2024). TB can impair adrenal function via direct glandular invasion or indirectly by increased cortisol demand during stress. Nonetheless, TB was excluded as an active etiology, reinforcing a diagnosis of drug-induced PAI. Rifampicin emerged as the most probable trigger, given its potent induction of cytochrome P450 enzymes (notably CYP3A4), which accelerates cortisol metabolism and may unmask or precipitate adrenal insufficiency (Denny et al., 2016; Thijs et al., 2019). The patient's improvement after cessation of rifampicin and corticosteroid replacement supports this mechanism. **Final Comments:** The case highlights the importance of considering IAP in patients with nonspecific symptoms using rifampicin, in addition to highlighting the need for caution in empirically prescribing TB treatment.

PO-142

1115136 PRIMARY HYPERPARATHYROIDISM: AN ATYPICAL PRESENTATION. CASE REPORT.

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Case Presentation: Patient E.M.F.R., a 70-year-old female, was referred to the endocrinology department following persistent abnormalities in parathyroid hormone (PTH) and serum calcium levels identified through laboratory testing. Initially asymptomatic, she was referred for further investigation of hyperparathyroidism. A parathyroid scintigraphy confirmed a right inferior parathyroid adenoma, supporting the initial diagnostic suspicion. Additional examinations revealed nephrolithiasis and bone lesions, confirmed by renal and urinary tract ultrasound and bone densitometry, respectively. Two years after the initial diagnosis, the patient began experiencing anterior cervical pain upon palpation and presented with palpable nodules and lymph nodes in level III. Furthermore, she exhibited normalization of serum calcium levels, characterizing an atypical presentation of normocalcemic primary hyperparathyroidism. Currently, she is undergoing preoperative evaluation for definitive surgical treatment involving partial or total parathyroidectomy. **Discussion:** Hyperparathyroidism is an endocrine disorder defined by elevated serum concentrations of parathyroid hormone, a hormone that primarily regulates serum calcium and phosphate levels. The most common etiologies include parathyroid adenomas and glandular hyperplasias. This case describes an uncommon clinical course in which the patient was initially diagnosed with the more typical hypercalcemic primary hyperparathyroidism, evidenced by persistently elevated calcium levels, bone lesions, nephrolithiasis, and high PTH levels. However, her clinical progression evolved into a normocalcemic form of primary hyperparathyroidism, a rarer condition characterized by sustained elevations in PTH levels while maintaining normal serum calcium concentrations for a minimum period of three months. **Final Comments:** This observational report highlights the importance of early identification of parathyroid neoplasms, as they often present asymptotically, in order to prevent secondary complications related to their etiology.

PO-363

1111063 PROFILE OF LAPAROSCOPIC BARIATRIC SURGERIES IN BRAZIL BETWEEN 2019 AND 2023: AN OBSERVATIONAL STUDY

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Introduction: Morbid obesity is a growing public health issue in Brazil, associated with several comorbidities such as type 2 diabetes and hypertension. Laparoscopic bariatric surgery stands out as an effective approach, offering benefits such as shorter recovery time and fewer complications. Despite the increasing number of procedures performed, gaps remain in understanding the patient profile, highlighting the need for further study on this topic. **Objective:** To analyze the profile of bariatric surgeries performed through the Unified Health System (SUS) in Brazil. **Methods:** This is a cross-sectional ecological study analyzing the number of laparoscopic bariatric surgeries performed in Brazil between 2019 and 2023. Data was collected from the Ambulatory Information System (SIA), made available by the Department of Information and Informatics of the Unified Health System (DATASUS). The entire national population was included, with selected variables including hospital admissions, year of processing, average length of stay, total costs, and mortality. The results were organized into tables and interpreted using descriptive statistics. **Results:** During the analyzed period, 6,804 laparoscopic bariatric surgeries were performed. The highest number of surgeries occurred in 2023, with 2,730 (40.1%), followed by 2022, with 1,879 (27.6%). The lowest number was recorded in 2020, with 555 (8.1%) procedures. Regarding the average length of stay, the longest was recorded in 2019, at 3.8 days, while the shortest was in 2023, at 2.5 days. Between 2019 and 2023, the duration gradually decreased each year, with an average hospital stay of 2.8 days. The total expenditure was 47,803,660 Brazilian reais, with the highest investments made in 2022 and 2023, totaling 11,968,262 and 22,096,330 reais, respectively. Regarding mortality, deaths were recorded only in 2019, 2022, and 2023, with 1 death in 2019 and 3 deaths each in 2022 and 2023, totaling 7 deaths over the period. **Conclusion:** A high number of laparoscopic bariatric surgeries were performed in Brazil, with the highest number in 2023 and the lowest in 2020. The length of hospital stay has decreased over the past five years, with an average of 2.8 days, and the total cost of these surgeries reached 47,803,660 reais. Mortality was recorded only in 2019, 2022, and 2023, with a total of 7 deaths. This study highlights the increasing trend of bariatric surgeries and the low morbidity and mortality associated with the procedure.

PO-395

1116237 ROUNDUP HERBICIDE INDUCES DIFFERENTIAL MIGRATORY RESPONSES IN HUMAN THYROID CANCER CELLS AT ENVIRONMENTALLY RELEVANT EXPOSURE LEVELS

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Introduction: Glyphosate, the primary component of the widely used herbicide Roundup®, is classified as a probable human carcinogen by the International Agency for Research on Cancer (IARC). Previous studies from our group have demonstrated that Roundup® Original DI exhibits a non-monotonic dose-response effect, combining toxicity and proliferation at low concentrations, including those deemed safe by regulatory agencies. Notably, these concentrations not only induce cell death, but also promote proliferation, particularly in tumor cells. **Objective:** To investigate the effects of Roundup® on the migration of thyroid cell lines at different concentrations, including those within regulatory safety thresholds, and assess its potential influence on cellular aggressiveness in a context-dependent manner. **Methods:** We tested five concentrations of Roundup® (ranging from 6.5 to 6500 µg/L), including the occupational exposure limit (160 µg/L) and the acceptable daily intake (830 µg/L). The tested cell lines included a control human thyroid line (Nthy-ori 3-1), two papillary thyroid cancer-derived lines (TPC-1 and BCPAP), and an anaplastic thyroid cancer line (8505C). Migration was assessed using wound healing assays at 0, 16, 24, and 48 hours post-exposure. **Results:** Roundup® did not alter the migration rates of Nthy-ori 3-1 or TPC-1 cells. However, it significantly reduced the migration of BCPAP cells (by 16%) after 48 hours of exposure to 6500 µg/L ($p = 0.0030$). Conversely, in the anaplastic 8505C line, Roundup® increased migration by 14% at 6.5 µg/L and 17% at 830 µg/L after 48 hours. **Conclusion:** These findings demonstrate that Roundup® modulates cell migration in a context-dependent manner, exerting opposing effects on papillary thyroid cancer cells harboring the BRAF V600E mutation and on anaplastic cells with p53 mutations. As these effects occur across a range of concentrations, including low doses, and vary by genetic background, the current safety thresholds for Roundup® exposure may warrant reevaluation.

PO-049

1115906 SILENT AND MULTISYSTEM CLINICAL PROGRESSION: CASE REPORT OF DUNNIGAN DISEASE

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Case Presentation: A 20-year-old female patient presented with the onset of clinical symptoms at age 15, including progressive malnutrition, bilateral exophthalmos, and triglyceride levels of 194 mg/dL during a routine evaluation. She was advised to implement lifestyle changes, focusing on a healthy diet and regular physical activity. At age 17, she developed painful skin lesions on the eyelids, auricles, heels, and soles of the feet, described as yellowish, firm nodules consistent with xanthomas and xanthelasmas. The pain impaired her ability to walk and wear shoes. Laboratory tests revealed triglyceride levels >1000 mg/dL, prompting initiation of therapy with fenofibrate and atorvastatin, with partial response. At age 18, following significant weight loss, she was diagnosed with type 1 diabetes mellitus, with positive autoantibodies and the need for insulin therapy. At age 20, protein-calorie malnutrition, recurrent abdominal pain, and widespread skin lesions persisted. Abdominal CT showed hepatomegaly with grade 2 hepatic steatosis. Physical examination revealed a marked redistribution of body fat, with severe loss in the limbs, trunk, and face, along with extensive and painful xanthelasmas on the eyelids, elbows, knees, and feet. Complementary tests showed persistently elevated triglycerides >8000 mg/dL, total cholesterol >1000 mg/dL, and elevated blood glucose and HbA1c levels. **Discussion:** Familial partial lipodystrophy type 2 (FPLD2), also known as Dunnigan-type lipodystrophy, is a rare autosomal dominant genetic disorder caused by mutations in the LMNA gene. It typically begins at puberty and is characterized by loss of subcutaneous adipose tissue in the limbs and trunk, with fat accumulation in the face, neck, and abdominal viscera, resulting in a Cushingoid appearance. FPLD2 is often associated with insulin resistance and metabolic dysfunctions, which may lead to cardioendocrine complications. The severity of the disease can vary by sex, with women being more severely affected. Currently, there is no cure, and treatment is focused on managing the associated comorbidities. **Final Comments:** Genetic testing identified a mutation in the LMNA gene, confirming a diagnosis of familial partial lipodystrophy type 2 (Dunnigan disease). However, the patient's phenotype is more consistent with generalized lipodystrophy, highlighting a discrepancy between the clinical presentation and the genotype. This case underscores the diagnostic complexity of lipodystrophic syndromes and reinforces the importance of metabolic control and multidisciplinary follow-up.

PO-059

1115984 STROKE FOLLOWING INDISCRIMINATE USE OF ANABOLIC STEROIDS: A CASE REPORT

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Case Presentation: Patient I.S.O., male, 37 years old, previously healthy and without comorbidities, with a history of recurrent anabolic steroid use without medical prescription. He presented an acute condition on 10/22/2024 at 7:00 AM, when family members found him with global aphasia, right-sided lip deviation, right-sided hemiplegia predominantly in the arm, slight anisocoria (greater on the right), and hypoesthetic response to painful stimuli. The last asymptomatic moment was reported at 2:00 AM. He was taken to the emergency department, where he received emergency care. The non-contrast cranial CT scan on admission (Figure 1) showed an extensive hypodense cortico-subcortical area in the left parieto-temporo-insular region, compatible with recent ischemia. After 24 hours, the control exam showed worsening of the midline shift, and neurosurgery indicated a decompressive fronto-temporo-parietal craniotomy on the left side. The patient was extubated on the third postoperative day. A follow-up CT scan showed improvement of the midline shift (reduction from 1.3 cm to 0.6 cm). During hospitalization, complementary exams included carotid and vertebral Doppler ultrasound (no abnormalities), transthoracic echocardiogram (ejection fraction 62%, minimal mitral and tricuspid valve regurgitations), and lipid profile: LDL 78 mg/dL, total cholesterol 139 mg/dL, HDL 35 mg/dL, triglycerides 154 mg/dL. With negative serologies, normal cardiologic and vascular exams, and absence of other known risk factors, anabolic steroid use was considered the main etiological hypothesis for the ischemic event. During clinical evolution until hospital discharge, the patient maintained nutrition via nasogastric tube and neurologically presented with right hemiplegia and motor aphasia. **Discussion:** The indiscriminate use of anabolic steroids presents significant health risks, impacting systems such as the cardiovascular, hepatic, endocrine, and neurological systems. Studies indicate that prolonged consumption of these substances can lead to severe complications, such as cardiac hypertrophy, liver failure, and psychiatric disorders, including aggression and depression (Silva & Santos, 2020). Moreover, self-medication and lack of medical supervision increase the risks of dependency and irreversible side effects, making awareness about their safe and regulated use essential (Ferreira et al., 2021). The adverse effects associated with the consumption of these substances are extensive and affect various body systems, including cardiovascular complications, ventricular hypertrophy, and increased risk of cardiac events, as well as liver damage and endocrine disorders such as suppression of natural testosterone production (Mendes & Rocha, 2021), lipid profile alterations, and increased risk of thromboembolic events. These factors significantly contribute to the occurrence of severe cardiovascular diseases, including stroke. The use of anabolic steroids can lead to harmful changes in cholesterol levels, blood pressure, and blood coagulation, thereby increasing the likelihood of stroke. Furthermore, prolonged use of anabolic steroids is associated with a higher incidence of cerebral aneurysms, due to weakening of blood vessel walls and elevated blood pressure, factors that predispose to vascular rupture and consequent hemorrhagic stroke. Given this evidence, it is imperative to implement effective public policies aimed at raising awareness about the risks of anabolic steroid use, as well as at preventing and treating associated complications. Educating the population about the dangers of indiscriminate anabolic steroid use is essential to mitigate the negative health impacts and reduce the prevalence of this harmful practice. The reported case highlights the potential severity of neurological effects, reinforcing the importance of preventive and educational approaches for the population regarding the dangers of indiscriminate anabolic steroid use. **Final considerations:** The indiscriminate use of anabolic steroids poses serious health risks, affecting systems such as the cardiovascular, hepatic, endocrine, and neurological systems. Complications include cardiac hypertrophy, liver failure, psychiatric disorders, hormonal imbalances, and an increased risk of stroke. Self-medication and lack of medical guidance increase these dangers, including dependency and irreversible effects. Given these risks, there is a clear need for public policies and educational actions to raise awareness about the harms associated with anabolic steroid use and to promote its prevention.

PO-180

1115616 A DECADE OF SEVERE THYROTOXICOSIS IN BRAZIL: HOSPITALIZATIONS AND DEATHS BY SEX AND REGION IN THE PUBLIC HEALTH SYSTEM

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Introduction: Thyrotoxicosis is characterized by excessive circulating thyroid hormones and can lead to severe complications such as arrhythmias, heart failure, and thyrotoxic crises. These outcomes may result in prolonged hospitalizations and increased mortality risk, particularly among vulnerable populations. Assessing patterns of hospitalization and in-hospital mortality can help identify high-risk groups and guide public health policies. **Objective:** To describe the profile of hospitalizations due to thyrotoxicosis in Brazil from 2013 to 2023, focusing on deaths and differences by sex and geographic region. **Methods:** Ecological study using data from the Brazilian Unified Health System's Hospital Information System (SIH/SUS), obtained through the DATASUS platform. All hospital admissions with a diagnosis of thyrotoxicosis (ICD-10 E05) between December 2013 and December 2023 were included. Variables analyzed were sex, geographic region, and hospital outcome (death). **Results:** A total of 14,521 hospitalizations for thyrotoxicosis were recorded during the study period, with a predominance of female patients (74%). The highest concentration of hospitalizations occurred in the Southeast region (39%), followed by the Northeast (25%). There were 120 in-hospital deaths, resulting in a case fatality rate of 0.83%. Males had a higher fatality rate (1.37%) compared to females (0.38%). Although the Southeast had the highest absolute number of deaths, all regions reported fatalities, indicating that disease severity is not confined to a specific location. Although the database does not allow for direct analysis of associated clinical factors such as cardiovascular comorbidities, the higher male mortality may reflect greater cardiovascular vulnerability or delayed healthcare seeking. **Conclusion:** Thyrotoxicosis remains a significant condition in terms of morbidity and mortality in Brazil, with more hospitalizations among women but higher fatality among men. Regional analysis revealed a broad distribution of deaths, underscoring the need for strategies that promote early recognition and appropriate treatment nationwide. Future studies should explore clinical factors associated with in-hospital mortality, particularly those related to cardiovascular risk.

PO-181

1116388 A KINDRED WITH THE RET P.VAL871ILE VARIANT: MOLECULAR FINDINGS AND THE CHALLENGE OF INTERPRETING A VARIANT OF UNKNOWN SIGNIFICANCE

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Case Presentation: A 62-year-old woman was diagnosed with primary hyperparathyroidism (PHPT) and a thyroid nodule, with cytology analysis suggesting medullary thyroid carcinoma (MTC). She had elevated serum calcitonin and carcinoembryonic antigen (CEA) levels with normal metanephrines. Her personal history involved nephrolithiasis and large granular lymphocyte leukemia. The family history was negative for neoplasia. The patient underwent total thyroidectomy with central neck dissection and parathyroidectomy of the right inferior gland. Histopathological analysis confirmed a 1.6-cm MTC in the right lobe (pT1N0), a parathyroid with chief cell hyperplasia, and a 1.5-cm non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) in the left lobe. The patient underwent RET screening, which revealed the variant of uncertain significance (VUS) p.Val871Ile, c.2611G>A. To assess the pathogenicity of the variant, we employed multiple in-silico prediction tools, which yielded conflicting results, with some suggesting a probably damage/disease-causing effect (PolyPhen-2, Mutation Taster, FATHMM, and PANTHER) and others indicating a neutral/tolerated effect (SNP&GO, SIFT, CADD, and GVGd). In Varsome and ClinVar, this RET variant's pathogenicity classification is conflicting. Further, we performed an oncogene panel through next-generation sequencing, which revealed a VUS in PMS2 (p.Pro376Ala), which is involved in the control of DNA repair. The patient's 58-year-old sister underwent evaluation, revealing the same RET variant but with no clinical evidence of MTC, pheochromocytoma, or PHPT. **Discussion:** Medullary thyroid carcinoma (MTC) may occur sporadically or in familial forms, the latter associated with germline pathogenic variants in the RET gene. We report the RET p.Val871Ile variant in both affected and unaffected family members. There is only one other report of this variant, with 3 of 4 individuals positive for p.Val871Ile, with only one member affected by MTC. The inconclusive results of the in-silico predictions further emphasize the limitations of current methods in assessing VUS. **Final Comments:** This case highlights the importance of integrating clinical, molecular, and predictive data and underscores the need for further studies to clarify the clinical significance of such variants. Until more data emerge, genetic counseling, regular follow-up, and tailored surveillance remain essential in such cases.

PO-182

1115778 ANAPLASTIC THYROID CARCINOMA WITH ATYPICAL SURVIVAL: A CASE REPORT

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Case Presentation: A 50-year-old male patient presented to the head and neck surgery clinic with a rapidly growing cervical mass. Neck ultrasound revealed a 3.3×3.1×2.9 cm nodule classified as TIRADS 5, along with suspicious cervical lymph nodes. Fine-needle aspiration biopsy indicated Bethesda VI, with suspicion of anaplastic carcinoma, later confirmed after total thyroidectomy and subsequent histopathological and immunohistochemical studies in April 2024. Pathology revealed vascular invasion, extrathyroidal extension, and lymph node involvement. Immunohistochemistry was positive for vimentin, p53, and focal cytokeratin expression. In June 2024, imaging showed suspicious lymph nodes and a lesion in the right thyroid bed, with carotid space obliteration, contact with the internal jugular vein and anterior esophageal wall, as well as tracheal involvement with no clear dissection plane. FDG-PET demonstrated increased uptake in cervical, paratracheal, and mediastinal lymph nodes, without evidence of distant metastases. Fine-needle aspiration biopsy of one lymph node confirmed metastatic poorly differentiated carcinoma. A second surgical procedure was attempted in June 2024; however, the tumor was deemed unresectable due to carotid artery invasion. Partial tumor resection and tracheostomy were performed. The patient was staged as IVb, with no BRAF V600E mutation or other actionable mutations identified. He underwent seven cycles of chemotherapy with cisplatin (July to August 2024) and 34 sessions of radiotherapy (July to September 2024). Currently, the patient is disease-free, in good general condition, with weight gain, decannulated since January 2025, asymptomatic, and on calcium carbonate 3 g/day and levothyroxine 125 mcg/day. Follow-up imaging shows no evidence of locoregional or distant metastases. **Discussion:** This case highlights the favorable course of an anaplastic thyroid carcinoma, an extremely aggressive malignancy with an average survival of 3 to 7 months. Despite the negative prognostic factor of male sex, the tumor size under 6 cm and an aggressive, multimodal approach may have contributed to the favorable outcome. **Final Comments:** The case underscores the importance of rapid, aggressive, and multimodal management of this rare and lethal neoplasm, which played a crucial role in achieving clinical stability and atypical survival - 1 year and 5 months - after diagnosis.

PO-183

1115991 ARTIFICIAL INTELLIGENCE MODEL FOR PREDICTING THE RESPONSE TO METHYLPREDNISOLONE PULSE THERAPY IN GRAVES' ORBITOPATHY

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Introduction: Graves' orbitopathy (GO) is an autoimmune inflammatory disorder that affects orbital tissues, leading to proptosis, diplopia, and potential vision loss. Intravenous methylprednisolone pulse therapy is the first-line treatment for moderate to severe GO; however, about 20-50% of patients do not respond adequately, requiring costly second-line interventions. Early identification of non-responders is essential to optimize therapeutic strategies. GO significantly impairs patients' quality of life, causing functional and aesthetic limitations. Early therapeutic decisions are time-sensitive, as delayed interventions may result in irreversible tissue damage and vision loss. **Objective:** To develop and evaluate a machine learning-based artificial intelligence (AI) model to predict patient response to intravenous methylprednisolone in GO, using clinical, demographic, and laboratory data. **Methods:** A retrospective observational study analyzed clinical and laboratory data from patients diagnosed with GO and treated with intravenous methylprednisolone. Data preprocessing involved K-Nearest Neighbors (KNN) imputation for missing values, outlier detection, normalization, and categorical encoding. The primary outcome was defined as response, based on a reduction in Clinical Activity Score (CAS) to <3 after therapy. Machine learning algorithms tested included AdaBoost, XGBoost, TabPFN, CatBoost, Random Forest, and LightGBM. Model performance was evaluated using accuracy, precision, recall, F1-score, and area under the receiver operating characteristic curve (AUC-ROC). **Results:** AdaBoost demonstrated the best predictive performance with an AUC-ROC of 0.950, accuracy of 85.2%, precision of 100%, recall of 84.0%, and F1-score of 91.3%. XGBoost showed similar accuracy (85.2%) but a lower AUC-ROC of 0.900. TabPFN and Random Forest achieved the highest accuracy (88.9%) and F1-score (94.1%), but with AUC-ROC values of 0.860 and 0.790, respectively, lower than AdaBoost. Key predictive features included sex, TRAb titers, LDL cholesterol, and prior radioiodine therapy. **Conclusion:** The machine learning-based AI model effectively predicted response to intravenous methylprednisolone in GO patients, showing high accuracy and discriminative ability. This tool can assist clinicians in early identification of likely non-responders, enabling timely initiation of second-line therapies, optimizing resource allocation, and improving patient outcomes.

PO-184

1115729 ASSOCIATION BETWEEN AUTOIMMUNE THYROID DISEASES AND OTHER IMMUNE-MEDIATED DISORDERS: A RETROSPECTIVE STUDY IN A TERTIARY HOSPITAL IN RIO DE JANEIRO

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Introduction: Autoimmune thyroid diseases (AITDs), such as Hashimoto's Thyroiditis (HT) and Graves' disease (GD), often coexist with other autoimmune disorders, suggesting a shared immunological predisposition. **Objective:** This retrospective, observational, and analytical study evaluated 66 patients with AITDs associated with other autoimmune conditions through medical chart review, aiming to describe the prevalence and patterns of these associations. **Methods:** Data on sex, age, serological markers, and the temporal sequence of diagnoses were collected. Descriptive statistics and chi-square tests were applied (significance set at $p < 0.05$). **Results:** The sample included 66 patients, 86% women and 14% men, with a mean age of 51 years. HT was the most prevalent diagnosis ($n=51$), identified in 78% of females and 66% of males. Anti-TPO was the most frequent antibody, isolated in 32 HT cases and associated with anti-TG in 13; TRAb was identified in only 2 cases. Among GD patients ($n=15$), TRAb was present alone in 10 individuals, with no cases of isolated anti-TPO. Type 1 diabetes mellitus (T1DM) was the most common comorbidity, observed in 39.2% of HT and 26.7% of GD patients, possibly influenced by selection bias due to data originating from thyroid and T1DM outpatient clinics. Rheumatologic diseases associated with HT included systemic lupus erythematosus (SLE, 21.6%), rheumatoid arthritis (17.6%), and Sjögren's syndrome (5.9%), with only SLE showing statistical significance ($p = 0.049$). Vitiligo was observed in 4 HT and 2 GD cases; psoriatic arthritis occurred exclusively in GD (20%). Other associated conditions were Multiple Sclerosis, Crohn's Disease, Celiac Disease, Dermatomyositis, and Myasthenia Gravis (MG), the latter was found in three patients, but only one with GD—diverging from reports indicating a stronger GD-MG correlation, possibly due to sample size limitations. In 84.5% of cases with available records ($n=58$), the first clinical manifestation was a non-thyroid autoimmune disease. **Conclusion:** These findings reinforce the predominance of AITDs in women and their frequent overlap with other autoimmune disorders, particularly endocrinological and rheumatological ones. The high rate of prior non-thyroid autoimmune diagnoses highlights the importance of thyroid screening in patients with pre-existing autoimmune diseases.

PO-185

1115766 ASSOCIATION BETWEEN STATIN USE AND THE SEVERITY OF GRAVES ORBITOPATHY: A RETROSPECTIVE OBSERVATIONAL STUDY IN A BRAZILIAN TERTIARY HOSPITAL

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Introduction: Statins have been studied for their potential effects on thyroid-related ocular diseases, particularly Graves' orbitopathy (GO), the most common extrathyroidal manifestation of Graves' disease (GD). Some studies suggest a protective role of statins in the development or progression of GO. In Brazil, only one study has explored the association between LDL cholesterol and GO. **Objective:** To evaluate the association between statin use and GO severity in a tertiary public hospital. **Methods:** This retrospective observational study analyzed records of 93 patients with GD and GO from a tertiary hospital in Rio de Janeiro. Data included demographics, thyroid function, lipid profile, TRAb, and statin use. Continuous variables were compared using ANOVA/Kruskal-Wallis or t-test/Mann-Whitney; categorical variables using chi-square or Fisher's exact test. A 0,05 level significance was adopted. **Results:** Lipid data were available for 73 patients (mean LDL: 106 mg/dL; mean total cholesterol: 184 mg/dL). No significant differences in LDL or total cholesterol were found across Clinical Activity Score (CAS) categories, either individually (0–5) or grouped as low (0–2) vs. high (3–5) activity. Among 79 patients with data on statin use, 19% were on statins. In Group A (CAS 0–2), 20.3% used statins ($n=64$), versus 13.3% in Group B (CAS 3–5; $n=15$). Statin use did not differ significantly between groups. No association was found between TRAb positivity and LDL, total cholesterol, or statin use. **Discussion:** A 2023 review indicated that statins may prevent or delay GO, especially with use >1 year. In addition, a trial (Lanzolla 2021) showed that atorvastatin improved corticosteroid response in moderate-to-severe GO with hypercholesterolemia. Other studies (Asia, Sweden, TriNetX) also linked statins to reduced GO incidence and complications. In its mechanism of action, simvastatin may suppress proinflammatory pathways and induce fibroblast ferroptosis. However, the link between lipid levels and GO remains controversial. Our results did not confirm significant associations, possibly due to confounding, retrospective design, small sample, and lab variability. **Conclusion:** No significant association was found between statin use or cholesterol levels and OG severity. Further prospective, larger-scale studies are needed to clarify statins' role in disease progression.

PO-186

1116138 ASSOCIATION OF HYPOTHYROIDISM WITH IDIOPATHIC INTRACRANIAL HYPERTENSION AND COMPRESSIVE OPTIC NEUROPATHY

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Case Presentation: Male patient, 43 years old, smoker, diagnosed with Graves' disease since 2023. Lost follow-up and had been taking methimazole 30 milligrams (mg) at day since diagnosis. In August 2024, he developed bilateral exophthalmos. The condition progressed with dyspnea on minimal exertion, lower limb edema, reduced visual acuity, and daily moderate headache. In February 2025, ophthalmology evaluation revealed active thyroid eye disease (TED) with CAS 8 and bilateral papilledema. He was then referred to a tertiary hospital emergency department with the hypothesis of intracranial hypertension. Brain magnetic resonance showed signs of rectus muscle compression over the optic nerve, without other abnormalities. After that, a lumbar puncture revealed an opening pressure of 41 mmHg, with no other abnormalities in the cerebrospinal fluid, supporting the hypothesis. Laboratory tests were consistent with hypothyroidism (TSH 26.1 μ IU/mL and free T4 0.41 ng/dL), of iatrogenic origin due to prolonged high-dose methimazole use. TSH receptor antibody testing showed a result of 7.85 IU/mL (reference value <0.1 IU/L). Thyroid function was managed with levothyroxine 50 micrograms (mcg) per day in combination with methimazole 5 mg/day (block and replacement), followed by total thyroidectomy. Acetazolamide 1 gram/day was also started. Due to TED and compressive neuropathy, the patient underwent pulse therapy with 1 gram of methylprednisolone, followed by weekly protocol adjustment. The patient showed improvement in thyroid function and in visual and intracranial hypertension symptoms after the instituted treatment. **Discussion:** Idiopathic intracranial hypertension (IIH) is the abnormal increase of pressure within the skull, without evidence of lesions. Its annual incidence is 1 to 2 per 100,000 people. It primarily affects women between the ages of 15 and 44 and is less common in men (less than 10% of cases). Although rare, the association between hypothyroidism and IIH has been described in the literature. **Final Comments:** Recognizing such cases is important due to their rarity, especially in men. Given the risk of IIH in patients with decompensated hypothyroidism, attention should be paid to the signs and symptoms of this condition to allow early diagnosis and prevent sequelae. case reports like this underscore the need for further studies to better understand the association between increased intracranial pressure and thyroid dysfunction.

PO-188

1115540 CASE REPORT: CENTRAL HYPOTHYROIDISM AND HYPOGONADOTROPIC HYPOGONADISM IN A PATIENT WITH GENETIC HEMOCHROMATOSIS AND METABOLIC SYNDROME

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Case Presentation: Male, 49 years old, presenting with fatigue, afternoon sleepiness, reduced libido, and erectile dysfunction for the past 8 months, unresponsive to lifestyle changes. He has a previous diagnosis of hereditary hemochromatosis, undergoing therapeutic phlebotomies every six months. On physical examination: body mass index of 28.9, blood pressure 140/106 mmHg, thinning of body hair on the limbs, with no signs of liver disease or thyroid abnormalities. Laboratory tests revealed elevated ferritin (703.9 ng/mL), hypogonadotropic hypogonadism (total testosterone 257.5 ng/dL, free testosterone 6.13 ng/dL, sex hormone-binding globulin [SHBG] 20 nmol/L), dyslipidemia, and prediabetes. Free and total thyroxine levels remained persistently low (free T4: 0.44 ng/dL; total T4: 3.3 μ g/dL) with a normal thyroid-stimulating hormone (TSH) level (1.84 μ IU/mL), consistent with central hypothyroidism, present for at least one year. Pituitary evaluation, including other hormonal axes, Pituitary Magnetic Resonance Imaging, and thyroid Doppler ultrasound, were all normal. Diagnosis of central hypothyroidism and hypogonadotropic hypogonadism secondary to pituitary iron overload. Three months after initiating levothyroxine replacement and increasing the frequency of phlebotomies to every three months, the patient showed normalization of thyroid function, resolution of hypogonadism, and improvement in metabolic parameters. **Discussion:** This case links hereditary hemochromatosis, pituitary dysfunctions, and metabolic syndrome. Hemochromatosis is characterized by increased iron absorption and accumulation, affecting some organs. Iron deposition in the pituitary impairs the secretion of trophic hormones, leading to endocrine dysfunctions like central hypothyroidism and secondary hypogonadism. Furthermore, iron accumulation in hepatocytes and pancreatic cells exacerbates insulin resistance and alters lipid metabolism, favoring the development of diabetes, dyslipidemia, and hypertension—core components of metabolic syndrome. Iron-induced oxidative stress also accelerates the oxidation of low-density lipoprotein, promoting atherosclerosis. Erectile dysfunction, fatigue, low libido, and thyroid and metabolic alterations may be early clinical manifestations. **Final Comments:** The association between hemochromatosis and endocrine dysfunctions highlights the importance of a comprehensive and multidisciplinary clinical approach, to ensure early diagnosis, effective treatment, and prevention of cardiometabolic complications.

PO-189

1115553 CASE REPORT: MYXEDEMA IN A PATIENT WITH PRIOR THYROIDECTOMY ASSOCIATED WITH NEPHROTIC SYNDROME

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Case Presentation: A 22-year-old female presented to the emergency department with generalized edema that had begun 20 days prior, accompanied by vomiting, watery diarrhea, dyspnea, and asthenia. Her medical history included total thyroidectomy due to a substernal multinodular goiter, with a recent increase in levothyroxine dosage from 75 mcg to 125 mcg. Physical examination revealed anasarca, absent breath sounds at lung bases, and a positive fluid wave on abdominal examination, with a weight gain of 12 kg above baseline. Laboratory tests showed normal electrolyte levels, serum albumin of 0.3 g/dL, TSH >100 mIU/L, and free T4 of 0.96 ng/dL. A 24-hour urine protein test revealed 6.6 grams of protein in 810 mL of urine output. Imaging confirmed pleural effusion and free intraperitoneal fluid. The working diagnosis was myxedema secondary to decompensated hypothyroidism associated with nephrotic syndrome. The patient was treated with intravenous albumin replacement, resulting in significant clinical improvement.

Discussion: Hypothyroidism is a common endocrine disorder. In cases of severe thyroid hormone deficiency, patients may develop a life-threatening condition known as myxedema coma. It should be suspected in symptomatic patients with a history of hypothyroidism, radioiodine treatment, or thyroidectomy. In this case, the patient showed a markedly elevated TSH, severe hypoalbuminemia, and nephrotic-range proteinuria, which supported the diagnosis of myxedema triggered by nephrotic syndrome. Nephrotic syndrome is characterized by massive proteinuria, hypoalbuminemia, edema, and dyslipidemia. In this scenario, nephrotic syndrome likely contributed to the decompensation of hypothyroidism. Urinary loss of free thyroid hormones and their binding proteins can reduce serum T4 and T3 levels; additionally, bowel wall edema may impair levothyroxine absorption. **Final Comments:** Urinary loss of thyroid hormone-binding proteins, combined with impaired intestinal absorption, can compromise the efficacy of levothyroxine and precipitate severe complications such as myxedema. Early recognition of decompensation signs, accurate diagnosis of underlying conditions, and appropriate therapeutic intervention are essential to reduce the morbidity and mortality associated with this condition.

PO-190

1115569 CHALLENGES IN THE MANAGEMENT OF LOW CALCITONIN-SECRETING MEDULLARY THYROID CARCINOMA

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Case Presentation: A previously healthy 45-year-old woman was referred to endocrinology after a diagnosis of medullary thyroid carcinoma (MTC). She had no other components of multiple endocrine neoplasia type 2 (MEN2) or family history. In 2019, thyroid ultrasound (US) revealed two coalescent TIRADS 5 nodules in right lobe (3.5x3.6x4.6cm and 1,3x 1,6x 2,4cm) and atypical lymph nodes on the right. FNA revealed Bethesda V in both nodules. Preoperative serum calcitonin (Cts) was normal (2.0 pg/mL; RV <5.0 pg/mL) and preserved thyroid function. In the same year, she underwent total thyroidectomy with bilateral recurrent dissection and right cervical dissection. Histopathology showed unifocal MTC of 5.6 cm with angiolymphatic invasion, free margins and lymph node metastases: 8/15 recurrent on the right (largest focus 3.2 cm), 2/2 on the left (largest focus 0.6 cm, without capsular transposition), 6/25 right cervical lymph nodes (largest focus 4 cm, with capsular transposition). Immunohistochemistry confirmed MTC (positive for calcitonin, chromogranin A and synaptophysin). Staging: pT3a pN1b. Postoperatively, she developed permanent hypoparathyroidism, and since Cts have been slightly elevated (max. 8.1 pg/mL) and CEA, normal (2 ng/mL). US showed atypical cervical lymph nodes, suggesting possible residual disease. PET-CT 18F-FDG demonstrated bilateral infracentimetric lymph nodes with slight metabolic enlargement, nonspecific. RET sequencing revealed the pathogenic mutation p.Cys611Ser, associated with MEN2A. Therefore, tests were performed to exclude pheochromocytoma, as well as genetic screening of the family. **Discussion:** Low-calcitonin-secreting MTC is rare and challenging. The absence of significant elevation of this marker makes early diagnosis and monitoring difficult. In these cases, US and CT for the structural assessment of the lesions are even more important. PET-CT, depending on the radioisotope and in small lesions, may present limitations in differentiating between reactive process and recurrence. The RET mutation, even in apparently sporadic cases, reinforces the need for genetic investigation, allows diagnostic confirmation and monitoring of family members, given the risk of other endocrine neoplasias. **Final Comments:** This case highlights the challenges in the management of low-calcitonin-secreting MTC, in which, imaging tests, CEA, and genetic analysis are even more relevant. Prolonged surveillance is essential for early detection of recurrences.

PO-191

1115713 COLORECTAL ADENOCARCINOMA WITH LIVER METASTASIS IN A PATIENT WITH MEDULLARY THYROID CARCINOMA: A CLINICAL CHALLENGE

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Case Presentation: A 64-year-old woman with a history of systemic arterial hypertension, type 2 diabetes mellitus, late postoperative oophorectomy due to ovarian hyperthecosis, total left nephrectomy due to renal angiomyolipoma, and stage V chronic kidney disease. Medullary thyroid carcinoma (MTC) was diagnosed at the age of 51, with calcitonin levels of 1964 pg/mL (reference value < 5.0) and carcinoembryonic antigen (CEA) of 563 ng/mL (reference value < 5.0). She underwent total thyroidectomy with level IV neck dissection in 2012. Histopathology revealed a trabecular and pseudopapillary pattern medullary thyroid carcinoma measuring 3.2 x 2.5 cm in the right lobe, non-encapsulated, with a focal area of extension into adjacent parenchyma, without angiolymphatic or perineural invasion, and with clear margins. TNM staging: T2N0M0. Postoperative follow-up showed a drop in calcitonin and CEA levels to 17.8 pg/mL and 2.7 ng/mL, respectively. No pathogenic variant was found in the RET proto-oncogene. After 10 years of stable calcitonin and CEA levels, a progressive increase in these tumor markers was observed: in 2021, CEA was 13.2 ng/mL and calcitonin 66 pg/mL; in 2022, CEA 11.44 ng/mL and calcitonin 398 pg/mL; and in 2024, CEA 47.4 ng/mL and calcitonin 443 pg/mL. Imaging recommended for MTC surveillance identified a suspicious hepatic nodule on abdominal CT, suggestive of metastatic MTC. A metastasectomy of liver segment VIII was performed, and histopathology confirmed it was a metastasis of colorectal adenocarcinoma. Immunohistochemistry was negative for calcitonin. The patient presented only subtle clinical signs, such as intermittent bowel changes and occasional hematochezia at later stages. Regarding the elevated calcitonin, tests for heterophilic antibodies and macrocalcitonin using polyethylene glycol (PEG) were performed, and both were negative. An abdominal rectosigmoidectomy was performed two months ago. Partial histopathology showed colon and rectal margins free of neoplasia. Current calcitonin and CEA levels were 741.9 pg/mL and 13.37 ng/mL, respectively. **Discussion:** Elevated calcitonin levels can occur in various conditions other than MTC, such as C-cell hyperplasia, neuroendocrine tumors, kidney disease, inflammatory or infectious conditions, physical stress, or recent surgeries. CEA is associated with various conditions, including benign and malignant epithelial neoplasms, and is most commonly used as a marker for colorectal cancer. However, CEA levels may also be elevated in lung and pancreatic cancers (often associated with CA 19-9), as well as in gastric and esophageal adenocarcinomas, and in MTC itself. Therefore, calcitonin and CEA levels must be interpreted within the appropriate clinical context and in conjunction with other diagnostic findings. **Final Comments:** Despite a history of MTC, this patient developed hepatic metastasis from colorectal cancer. This case highlights the importance of comprehensive clinical follow-up and the role of tumor markers. Early identification of malignant comorbidities is crucial for prognosis and survival, reinforcing the need for continuous clinical vigilance. **Keywords:** Calcitonin; Carcinoembryonic Antigen; Cancer.

PO-192

1115886 DEVELOPMENT OF GRAVES' DISEASE AFTER INITIATION OF OFATUMUMAB THERAPY FOR MULTIPLE SCLEROSIS: FIRST CASE REPORT

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Case Presentation: A 31-year-old woman presented to the emergency department with intense fatigue and palpitations for one week. She had been diagnosed with Multiple Sclerosis (MS) two years earlier and had been receiving Ofatumumab for two months (previously on Natalizumab). On examination, she had tachycardia (HR 155 bpm) and extremity tremor, without skin changes, goiter, or exophthalmos. Laboratory tests revealed: TSH < 0.05 mUI/L, free T4 > 7 ng/dL (previously 0.95 mUI/L in July 2023), T3 502 ng/dL, normal ESR and high-sensitivity CRP. Thyroid ultrasound showed a heterogeneous echotexture, with no visible nodules. I-131 thyroid scintigraphy revealed mildly heterogeneous uptake, which, in association with a positive TRAb (2.4 U/L; reference < 1.0 U/L), confirmed the diagnosis of Graves' Disease (GD). Treatment with propranolol and methimazole 30 mg/day was initiated, with gradual dose reduction during follow-up to 5 mg. After 40 days of treatment, TSH improved to 3.5 mUI/L and free T4 to 0.7 ng/dL. Immunophenotyping showed B-cell depletion with no abnormal phenotypes. **Discussion:** MS is associated with a 60% increased incidence of thyroid disorders; however, in clinical practice, this association is most commonly observed in patients treated with Alemtuzumab, who develop GD in 10–15% of cases. There are no reports of GD associated with other immunobiologics, including Natalizumab, which was previously used in this patient. Ofatumumab is a first-line treatment for relapsing forms of MS. It is a monoclonal anti-CD20 antibody that leads to B-cell depletion and immunoglobulin reduction. There are no previous reports of autoimmune thyroid disease induction by this drug. In this case, B-cell depletion was confirmed, yet GD developed—characterized by a hyperactivated B-cell lineage. The I-131 uptake was reduced and not fully consistent with GD at 48 hours following free T4 elevation, suggesting significant fluctuations in disease activity. This highlights the need for more frequent thyroid function monitoring to allow for personalized pharmacologic adjustments. **Final Comments:** Given the implications for treatment choice and follow-up, Graves' Disease should be considered a possible cause of hyperthyroidism even in patients receiving immunobiologic therapies associated with immunosuppression and without known autoimmune adverse effects.

PO-193

1116279 ECTOPIC THYROID TISSUE IN THE THYROGLOSSAL DUCT TOPOGRAPHY FOLLOWING PAPILLARY THYROID CARCINOMA: CASE REPORT

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Case Presentation: E. P. M., 55 years old, with nontoxic multinodular goiter, underwent total thyroidectomy (TT) in 2008 and the pathological anatomy evaluation showed a 0.9 cm papillary thyroid microcarcinoma, classic pattern, partially encapsulated, without local or distant invasion. Ten years after TT, she attended our thyroid outpatient clinic, with no information on serum thyroglobulin (tg) after TT and presented stimulated TSH of 52 mIU/L, negative AAT and serum tg of 9.8 ng/mL, in addition to cervical ultrasound (USG) with divergent reports, the last one reporting an atypical lymph node image in the central chain (level VI), 1.1 x 0.5 cm, suggesting a hypothesis of lymph node metastasis, ectopic thyroid tissue (ETT) or residual or parathyroid. Therefore, cytology was requested with an indeterminate result, and the aspirate Tg dosage was 4960 ng/mL. In 2019, a new cervical USG was requested by an experienced team who described a hypoechoic nodular image, regular contours and diffuse increased vascularity, in the thyroglossal duct topography, suggesting TTE, and in 2020 a whole-body scintigraphy was performed in 2020, showing the presence of functioning thyroid tissue in the same location. Since then, the patient has been classified as low risk of recurrence and with an excellent response to treatment. **Discussion:** TTE is a rare anomaly resulting from failure of thyroid gland migration during embryonic development. The most common site is the base of the tongue (lingual thyroid), but it can occur at any point along the thyroglossal duct path, including the midline above the hyoid bone, as in this case. This TTE may remain asymptomatic or manifest as a cervical mass or elevated Tg, particularly in patients with TT. Elevated Tg in FNA aspirates of cervical structures is not pathognomonic of lymph node metastasis, since it can occur in benign TTE, and correlation with imaging tests and clinical findings is essential. In this case, given the absence of structural progression and complete biochemical response, conservative management with clinical and laboratory follow-up was appropriate. **Final Comments:** This case illustrates the importance of considering TTE as a differential diagnosis in patients with isolated elevated Tg or suspicious cervical findings after TTE, especially when the location is compatible with the embryological path of the thyroid, in addition to cervical USG by a well-trained team.

PO-194

1116174 EPIDEMIOLOGICAL PROFILE AND ULTRASONOGRAPHIC CHARACTERISTICS OF PATIENTS WITH NODULAR THYROID DISEASE REFERRED FOR FINE-NEEDLE ASPIRATION AT A REFERENCE CENTER IN BELÉM, BRAZIL

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Introduction: The prevalence of thyroid nodules in the general population is high—up to 60%, as documented by high-resolution ultrasonography—yet only a small fraction of these lesions prove to be malignant (approximately 5%) (GRANI, 2020). **Objective:** To analyze the epidemiological profile and ultrasonographic characteristics of patients with thyroid nodular disease referred for fine-needle aspiration (FNA) at a referral center in Belém, Pará, Brazil. **Methods:** A total of 525 thyroid nodules from patients undergoing FNA were analyzed and categorized based on their ultrasonographic features, using the ACR TI-RADS classification system. **Results:** Of the patients, 94.5% were female (n=448) and 5.5% male (n=77). Among the nodules, 24 were cystic (4.5%), 412 solid (78.5%), and 89 mixed solid-cystic (17%). Regarding size, 63 nodules measured <1.0 cm, 233 between 1.0–2.0 cm, and 229 >2.0 cm. In terms of echogenicity, 2.1% were anechoic, 72.6% iso- or hyperechoic, 25% hypoechoic, and 0.4% markedly hypoechoic. Most nodules had a “wider-than-tall” shape (96.4%) and regular margins (91.6%). Echogenic foci were absent in 77.5% of cases. Microcalcifications—commonly associated with papillary thyroid carcinoma—were present in 10.9%, while macrocalcifications, which may occur in both benign and malignant nodules, were observed in 11.2% of the sample. **Conclusion:** The majority of thyroid nodules demonstrated ultrasonographic features suggestive of benignity. These findings underscore the importance of proper risk stratification using the ACR TI-RADS system to optimize FNA indications, reduce unnecessary procedures, and facilitate the identification of nodules with higher malignancy risk. **Keywords:** Thyroid nodules; Thyroid FNA; ACR TI-RADS.

PO-195

1115767 EXCELLENT RESPONSE TO DABRAFENIB PLUS TRAMETINIB IN BRAF V600E-MUTATED ANAPLASTIC THYROID CARCINOMA: CASE REPORT WITH SURGICAL PROPOSAL

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Case Presentation: A 56-year-old woman presented with asthenia and a left cervical mass, associated with dysphagia, aphonia, and cough. She was diagnosed in Portugal with anaplastic thyroid carcinoma (ATC), stage IVc (cervical lymph node, pulmonary, pleural, and bone metastases), harboring the BRAF V600E mutation. She was started on systemic therapy with dabrafenib (150 mg twice daily) and trametinib (2 mg daily) and, within 3 months, imaging studies showed an excellent clinical response. However, therapy was interrupted due to her return to Brazil. Following treatment, she developed a noninfectious uveitis by drug-induced melanocyte toxicity, which progressively improved with systemic corticosteroid. In February 2025, laboratory tests showed thyroglobulin (Tg) of 0.10 ng/mL and anti-thyroglobulin antibodies of 70.1 IU/mL (reference value, < 115). Follow-up CT scan revealed sustained systemic response, and persistence of thyroid nodular disease. The patient was evaluated by a multidisciplinary team that proposed total thyroidectomy and neck dissection. **Discussion:** Anaplastic thyroid carcinoma is an aggressive malignancy with a median survival of less than 5 months. However, 20–50% of cases bear BRAF V600E mutation, creating a therapeutic opportunity for BRAF and MEK inhibitors. The 2021 ATA guideline recommends considering targeted therapy as first-line treatment in unresectable or metastatic cases, with potential neoadjuvant use to enable surgical conversion. Other studies have demonstrated an objective response rate of 69% with Dabrafenib + Trametinib in patients with BRAF V600E-positive ATC, with an overall survival rate of 80% at 12 months. In this case, the patient achieved a complete systemic response to treatment, with no signs of progression, which supported the surgical proposal and the potential restart of targeted therapy to ensure more durable disease control. **Final Comments:** This case highlights the use of dabrafenib and trametinib as a bridge to resectability in BRAF-mutated anaplastic thyroid carcinoma, with a robust systemic response and clinical stability even after treatment interruption. It reinforces the importance of early genotyping and individualized approach. Furthermore, we provide clinical evidence supporting the benefit of a neoadjuvant strategy in one of the most aggressive neoplasms in endocrinology.

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1115703 FAMILIAL AND PERSONAL HISTORY OF THYROID DISEASE IN PATIENTS WITH THYROID CANCER: INSIGHTS FROM A 20-YEAR COHORT IN CEARÁ, BRAZIL

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Introduction: Thyroid cancer is the most prevalent endocrine neoplasm worldwide, with a significant increase in its incidence over recent decades, including in the state of Ceará, Brazil. Pre-existing conditions such as autoimmune thyroiditis, benign thyroid nodules, and a family history of thyroid cancer have been linked to a higher risk for this neoplasm. **Objective:** To characterize the epidemiological profile of patients with thyroid cancer treated in the private healthcare system in Ceará, analyzing the prevalence of the disease in individuals with a family history of thyroid cancer or personal history of autoimmune thyroid diseases and benign thyroid nodules. **Methods:** A retrospective analysis was conducted using 240 medical records of patients diagnosed with thyroid cancer and followed in a supplementary health system in Ceará, Brazil, between 2005 and 2025. All ethical principles were fully observed. **Results:** 240 patients with thyroid carcinoma were analyzed, with a mean age of 43.8 years and a predominance of females (87.5%). Papillary carcinoma was the most common histological subtype (87.1%), followed by follicular carcinoma (1.25%), medullary carcinoma (1.25%), oncocytic carcinoma (2.1%), and unspecified subtype (0.4%). Additionally, 13 patients presented papillary carcinoma along with a variant form, and histological data were missing in 7 patients. Regarding family history, 35 patients (14.5%) reported thyroid cancer in first-degree relatives, 141 (58.7%) denied it, and 64 (26.67%) were unaware. Additionally, 46 patients (19.17%) reported thyroid cancer in more distant relatives. In terms of personal history, hyperthyroidism was reported by 7 patients (2.92%), denied by 83 (34.58%), and unknown in 150 (62.5%). Hypothyroidism was reported by 15 patients (6.25%), denied by 153 (63.75%), and unknown in 72 (30%). The high proportion of missing data suggests limitations in clinical documentation or in patients' ability to recall medical information. **Conclusion:** This study highlights the relevance of personal and family history in the epidemiological profile of thyroid cancer in Ceará. The prevalence of a family history of thyroid cancer and personal history of other thyroid diseases suggests a need for targeted screening strategies among at-risk populations. These findings contribute to the understanding of the local clinical and epidemiological landscape and emphasize the importance of more systematic approaches in collecting clinical history.

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1115807 FINANCIAL BURDENS AND HOSPITALIZATION PATTERNS FOR THYROID DISEASES IN THE SUS: A REGIONAL AND TEMPORAL ANALYSIS (2015-2024)

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Introduction: Thyroid diseases present a substantial demand on Brazil's Unified Health System (SUS), necessitating hospitalizations and prolonged treatments. The management of these conditions significantly impacts both financial resources and hospital infrastructure. A comprehensive understanding of service utilization patterns—including volume, geographical distribution, and associated costs—is fundamental for strategic planning and efficient resource allocation. This study aims to analyze the dynamics of hospitalizations for thyroid pathologies within the SUS, considering temporal and regional variations. **Objective:** This study aims to identify and analyze regional and temporal patterns in Hospitalization Authorizations (AIHs) related to thyroid pathologies within the SUS, covering the period from 2015 to 2024. The goal is to detail hospitalization volume, its geographical distribution, and the costs associated with the treatment of thyroid gland disorders, thereby providing a robust foundation for developing more effective and equitable health policies.

Methods: A retrospective observational study was conducted utilizing secondary data from the SUS Hospital Information System (SIH/SUS), managed by the Ministry of Health. The analysis focused on procedure code "0303030054 – Treatment of Thyroid Gland Disorders". The study period encompassed January 2015 to December 2024. Data collected included the volume of approved AIHs, total cost per region and year, and the average cost per AIH. Monetary values were expressed in Brazilian Reals (R\$). **Results:** From 2015 to 2024, 14,881 AIHs were approved, incurring a total expenditure of R\$ 9,546,827.79. This translates to an average cost per hospitalization of R\$ 641.53. The regional distribution of demand and costs demonstrated significant heterogeneity. The Southeast Region exhibited the highest concentration, accounting for 47.07% (7,004) of all AIHs and 45.15% (R\$ 4,310,392.15) of total expenditures. Its average cost per AIH was R\$ 615.43, slightly lower than the national average. In contrast, the Southern Region recorded the highest average cost per AIH (R\$ 571.09). Collectively, the Southeast and Southern regions represented 61.18% of the total expenditures for thyroid disorder hospitalizations. Conversely, the Northern and Central-Western regions together accounted for a mere 13.48% of the expenditures. In 2020, a 33.26% reduction in AIHs was observed compared to 2019, yet expenditures decreased by only 30.24%. By 2021, expenditures surged by 36.38% relative to 2020, sharply contrasting with the average annual variation of 3.69% seen in the pre-pandemic period (2015-2019). **Conclusion:** The Southeast Region emerges as the primary hub for thyroid disorder treatments within the SUS, demonstrating relatively efficient cost management. This efficiency is likely attributable to its developed infrastructure and economies of scale. The COVID-19 pandemic in 2020 led to a reduction in hospitalization volume; however, the disproportionately smaller decrease in costs and the subsequent atypical rise in 2021 suggest that postponed procedures were rescheduled, possibly at higher complexity and cost. Regional disparities in costs and expenditure distribution underscore the imperative for targeted health policies. Prioritizing access and investing in diagnostic and treatment infrastructure in the Northern and Central-Western regions is crucial. Such measures aim to reduce avoidable hospitalizations and achieve a more balanced cost distribution, thereby fostering a more equitable and efficient management of SUS resources for thyroid pathologies nationwide.

PO-198

1115841 GRAVES' DISEASE AND ERYTHEMA NODOSUM: A RARE ASSOCIATION – CASE REPORT

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Case Presentation: A 27-year-old woman presented with significant weight loss, palpitations, polyphagia, and progressive cervical swelling over the past eight years. Physical examination revealed tachycardia, extremity tremors, a large goiter with bruit and thrill, and moderate exophthalmos with lagophthalmos. Laboratory tests showed undetectable TSH and elevated free T4 (>12 ng/dL; reference: 0.9–1.75 ng/dL). TSH receptor antibodies (TRAb) and anti-thyroid peroxidase antibodies (anti-TPO) were positive. Graves' disease (GD) was diagnosed, and treatment with propranolol 40 mg/day and methimazole 30 mg/day was initiated, leading to partial symptom improvement. Subsequently, the patient developed visual blurring and diplopia, with moderate Graves' orbitopathy diagnosed and treated with pulse corticosteroid therapy. Concurrently, she developed erythema nodosum (EN), confirmed by biopsy, affecting the flexor surfaces of the upper limbs and proximal thighs, with a fluctuating course. Extensive investigation for tuberculosis, leprosy, sarcoidosis, and neoplasms was negative, and no consistent association with current medications was identified, suggesting a probable autoimmune etiology. She underwent weekly methylprednisolone pulses (500 mg for the first session, followed by six weekly sessions of 250 mg), resulting in marked improvement of both ocular symptoms and skin lesions. **Discussion:** EN is an acute septal panniculitis considered a hypersensitivity reaction to antigenic stimuli, commonly linked to infections, neoplasms, and autoimmune diseases. GD is an autoimmune disorder mediated by TRAb, with disease severity independent of thyroid hormone levels, and may act as a trigger for other systemic immune-mediated processes. The association between EN and GD is rarely reported. However, in this case, exclusion of more common causes supports a possible causal relationship. **Final Comments:** This case suggests that GD may have served as an immunological trigger for EN, through mechanisms unrelated to hormonal excess. Excluding infectious and neoplastic causes is essential to safely initiate corticosteroid therapy and prevent potentially severe complications.

PO-199

1115652 HASHI-GRAVES SYNDROME AFTER 10 YEARS OF HYPOTHYROIDISM DIAGNOSIS: A CASE REPORT

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Case Presentation: A 67-year-old woman living in São Paulo presented for medical consultation in December 2024, reporting discomfort due to her eyes becoming “protruding and red”. Six months earlier she experienced weight loss, tachycardia, elevated blood pressure, heat intolerance, and bilateral exophthalmos, along with erythema in the anterior region of her legs. She had a 10-year history of hypothyroidism, which had been well-controlled with levothyroxine 75 mcg daily. She also had a history of smoking (10 cigarettes per day). At the time of symptom onset, laboratory tests revealed thyrotoxicosis, which persisted even after discontinuation of levothyroxine, ruling out iatrogenic thyrotoxicosis. TRAb levels were requested and found to be elevated (77 U/L). A thyroid ultrasound showed increased vascularity on Doppler without nodules (volume: 7.5 cc), supporting the diagnosis of Graves’ disease. Methimazole was initiated at a dose of 5 to 10 mg per day. After four months, the patient showed clinical improvement and partial reduction in free T4 levels (1.2–1.9 ng/dL), although TRAb levels remained elevated (77 U/L). The patient reported slight improvement in the ophthalmic symptoms. **Discussion:** Hashi-Graves syndrome represents a rare transition between Hashimoto’s thyroiditis and Graves’ disease: two autoimmune conditions with opposing mechanisms but a shared genetic background. This transition involves a shift in the autoantibody profile, with a predominance of thyroid-stimulating antibodies (TSI) over blocking antibodies. This shift can be triggered by infections, hormonal changes, or smoking. Takasu et al. reported that approximately 5% of patients with Hashimoto’s thyroiditis may progress to Graves’ disease, often preceded by an elevation in TRAb levels, as observed in this case. Treatment with methimazole was effective in controlling hyperthyroidism; however, the persistent elevation in TRAb suggests a risk of relapse. Smoking cessation was encouraged to aid in the control of thyroid eye disease. **Final Comments:** This case illustrates a rare presentation of Hashi-Graves syndrome even after 10 years of hypothyroidism. The transition from hypothyroidism to hyperthyroidism requires close attention, especially in patients using levothyroxine, in whom thyrotoxicosis may be misinterpreted as an iatrogenic effect.

PO-200

1115795 HOSPITAL ADMISSIONS DUE TO THYROID DISORDERS IN WOMEN OF REPRODUCTIVE AGE (15 TO 39 YEARS) IN BRAZIL (2021–2024)

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Introduction: Thyroid disorders are among the most common endocrine dysfunctions in the population, with significantly higher prevalence in women, particularly during the reproductive age. Conditions such as hypothyroidism, hyperthyroidism, and thyroiditis can considerably impact women’s health by affecting metabolism, menstrual cycles, fertility, and even the course of pregnancy. Analyzing hospital admissions related to these conditions helps to understand the extent of the problem within the Brazilian Unified Health System (Sistema Único de Saúde – SUS) and to identify the most affected age groups, thereby supporting the planning of targeted healthcare strategies. According to the World Health Organization (WHO), a woman’s reproductive age ranges from 15 to 49 years, a standard widely used in public health studies as it represents the period of greatest reproductive potential. **Objective:** To analyze data on hospital admissions due to thyroid disorders (International Classification of Diseases, 10th Revision – ICD-10 codes E00–E07) in Brazilian women aged 15 to 39 years, from 2021 to 2024, using information from the Hospital Information System of the Brazilian Unified Health System (Sistema de Informações Hospitalares do Sistema Único de Saúde – SIH/SUS). **Methods:** This is a descriptive ecological study based on secondary data obtained from the TABNET platform of the Department of Informatics of the Brazilian Unified Health System (Departamento de Informática do Sistema Único de Saúde – DATASUS). Hospital admissions with a primary diagnosis classified under ICD-10 codes E00 to E07 (thyroid disorders) were included, filtering for women aged 15 to 39 years between January 2021 and December 2024. Data were organized by year and five-year age groups, enabling the identification of distribution patterns and temporal variations. **Results:** Between 2021 and 2024, a total of 3,171 hospital admissions for thyroid disorders were recorded among women aged 15 to 39 years in Brazil. The highest concentration was observed in the 30 to 39-year age group, with 1,732 admissions (54.6%), followed by the 25 to 29-year group with 1,258 cases (39.7%). The 20 to 24-year and 15 to 19-year groups registered 231 (7.3%) and 181 (5.7%) admissions, respectively. Hospitalization rates were higher among women aged 25 to 39 years, with 1.68 admissions per 10,000 women in the 25 to 29-year group and 1.24 per 10,000 in the 30 to 39-year group. In contrast, younger women aged 20 to 24 and 15 to 19 years had significantly lower rates of 0.29 and 0.21 per 10,000, respectively. **Conclusion:** The data indicate a greater impact of thyroid disorders among women over the age of 25, possibly related to higher hormonal activity, reproductive factors, and increased diagnostic frequency during this life stage. These findings highlight the need for targeted screening, prevention, and care strategies for this age group within the Brazilian Unified Health System.

PO-201

1116046 HYPERTHYROIDISM DUE TO GRAVES' DISEASE DURING PREGNANCY: CHALLENGES IN DIAGNOSIS AND TREATMENT

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Case Presentation: A 36-year-old woman sought an endocrinologist on 03/28/2025 at 5 weeks of gestation for evaluation of thyroid function (TF), since she reported palpitations, sweating, weight (wt) loss (-4 kg), tremors and insomnia. She had a previous diagnosis of Graves' disease (GD) since 2018, having been treated with methimazole for 18 months and in clinical remission for more than two years. She presented distal tremor, heart rate (HR): 104 bpm, blood pressure (BP): 128/85 mmHG and wt: 58.4 kg. She brought tests from the day before the appointment: TSH: 0.01 mIU/mL (Reference Value 1st trimester: 0.05-3.7), free T4 of 2.92 ng/dL (VR: 0.52-1.10), anti-TSH receptor antibody (TRAB): 3.25UI/L (VR: up to 0.55) and fasting blood glucose of 95mg/dL, with a diagnosis of recurrent hyperthyroidism and gestational diabetes, with a new TF test being requested, propylthiouracil (PPT) 100 mg 3x/day prescribed, referred to a nutritionist and capillary blood glucose monitoring requested. After two weeks, the patient presented: TSH < 0.01 mIU/mL, free T4: 0.90 ng/dL, free T3: 2.89 pg/mL (VR: 1.81-4.59) and normal obstetric evaluation. One month after; HR: 71 bpm, BP: 112/76 mmHg, wt: 59.2 kg, slightly altered capillary blood glucose, TSH: 0.37 μ IU/mL, free T4: 0.38 ng/dL and total T3: 0.79 pg/mL (1.16-2.47). PPT was reduced to 100 mg 2x/day, new FT tests were requested and the patient was given a more regular diet. On May 17, the patient presented TSH: 22.08 μ IU/mL, T4I: 0.25 ng/dL and capillary glucose levels increased in more than 30% of measurements. PPT was suspended, NPH insulin 0.1U/kg/day was started and a new FT test was requested after 2 weeks. The patient's liver function remained normal during this period. **Discussion:** Hyperthyroidism during pregnancy occurs in 0.1 to 0.4% of cases, with GD as the main cause. However, differential diagnosis with physiological hyperthyroidism due to hCG should be considered. This patient had an unusual evolution, developing significant hypothyroidism early after treatment in the first trimester, requiring suspension of PPT and short-term follow-up. Capillary blood glucose levels remained elevated, even despite control of hyperthyroidism. **Final Comments:** This case reinforces the importance of early recognition of GD during pregnancy and differentiation from transient gestational hyperthyroidism. Correct interpretation of tests and short-term therapeutic management are essential for maternal-fetal protection and good obstetric prognosis. **Keywords:** Graves' disease; Hyperthyroidism; Pregnancy.

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1115560 HYPERTHYROIDISM UNVEILING A CASE OF METASTATIC FOLLICULAR NEOPLASIA: A CASE REPORT

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Case Presentation: A 68-year-old male was evaluated for a thyroid nodule detected by ultrasound in 11/2021, showing a solid, heterogeneous lesion with coarse calcifications in the right thyroid lobe (TIRADS 5), measuring 3.5 × 2.7 × 2.2 cm. Fine-needle aspiration in 03/2022 resulted in Bethesda II. Ultrasound in 04/2023 revealed growth to 4.4 × 3.2 × 2.8 cm with partially indistinct margins, and in 04/2024, the nodule measured 4.0 × 2.6 × 3.1 cm (TIRADS 4). The patient developed hyperthyroidism (TSH 0.0003 μ IU/mL; free T4 2.30 ng/dL), and methimazole 10 mg/day was started. He reported chronic back pain with multiple hospital visits; cervical pain worsened and MRI revealed an osteolytic lesion at C6-C7 with spinal cord compression. In 07/2024, total thyroidectomy and decompressive surgery were performed. Histopathology showed invasive follicular carcinoma, 4.6 cm, right lobe. Cervical lesion analysis confirmed bone metastasis of follicular carcinoma in bone and cartilage. The patient underwent five lumbar spine radiotherapy sessions, had thyroglobulin > 500 ng/mL, and persistently suppressed TSH. Radioactive iodine therapy and specialized follow-up were indicated. **Discussion:** Follicular carcinoma is the second most common thyroid cancer, typically well-differentiated with good prognosis when diagnosed early. Hyperthyroidism presentations are rare and usually linked to toxic adenomas. Here, lab hyperthyroidism without clinical signs may have masked disease progression. The discrepancy between initial Bethesda II cytology and final diagnosis highlights fine-needle aspiration limitations in follicular tumors, where malignancy depends on capsular or vascular invasion. Bone metastasis with spinal cord compression indicates advanced disease and poor prognosis. **Final Comments:** This case emphasizes the need for rigorous follow-up of suspicious thyroid nodules despite benign cytology and draws attention to atypical hyperthyroidism presentations. Follicular carcinoma can behave aggressively with distant metastases, requiring early multidisciplinary management.

PO-379

1116189 HYPOTHYROIDISM AND ASSOCIATED FACTORS IN ADULTS AND ELDERLY PATIENTS ATTENDED IN PRIMARY HEALTH CARE

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Introduction: Hypothyroidism is an endocrine condition whose nonspecific symptoms hinder early diagnosis in Primary Health Care (PHC). Studying associated factors is essential to guide screening strategies, timely management, and prevention of complications, thereby strengthening comprehensive care. **Objective:** To estimate the prevalence of hypothyroidism and its association with sociodemographic, health, and behavioral variables. **Methods:** A cross-sectional study was conducted with a sample of adults (≥ 20 years old) attended in PHC in Marau, Rio Grande do Sul, in 2019. After ethical approval (approval number 4.769.903), data were collected through electronic medical records. The outcome was defined based on a recorded diagnosis of hypothyroidism. Independent variables included sex, race, age, education level, paid employment, physical activity, smoking, alcohol consumption, mental health problems, and overweight. In addition to descriptive statistics, the prevalence of hypothyroidism was estimated with a 95% confidence interval (95%CI), and its distribution was analyzed in relation to predictor variables using the chi-square test or Fisher's exact test, with a significance level of 5%. **Results:** The sample included 3,309 individuals: 61.6% women, 73.6% white, 52.2% elderly, 38.4% with completed elementary education, 73.8% without paid employment, 97.7% not physically active, 90.9% non-smokers, 95.6% non-drinkers, 67.6% overweight, and 81.1% without mental health problems. The prevalence of hypothyroidism was 3.1% (95%CI 2.4–3.6), with higher frequency among women (4.2%, $p<0.001$), the elderly (4.6%, $p<0.001$), individuals with lower education levels (4.1%, $p=0.06$), those without paid employment (4.4%, $p<0.001$), alcohol consumers (3.2%, $p<0.001$), individuals practicing physical activity (3.9%, $p=0.01$), and those with mental health problems (5.3%, $p<0.001$). **Conclusion:** The higher prevalence among women, the elderly, and individuals without paid employment corroborates findings in the literature, possibly related to hormonal factors, aging, and social vulnerability. The association with low educational attainment reinforces the impact of inequalities on access to diagnosis. The relationships with physical activity and alcohol consumption may indicate reverse causality bias. Furthermore, the connection with mental health problems highlights the interplay between endocrine dysfunctions and biopsychosocial factors.

PO-380

1115556 INAPPROPRIATE USE OF RADIOIODINE IN THE FIRST TRIMESTER OF PREGNANCY IN A PATIENT WITH GRAVES' DISEASE AND DELAYED-ONSET CONGENITAL HYPOTHYROIDISM IN THE NEWBORN

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Case Presentation: A 30-year-old female was diagnosed with Graves' disease and large goiter in 2023, shortly after her first pregnancy, and high-dose methimazole was initiated. In June 2024, she underwent radioiodine therapy (15 mCi), with first trimester pregnancy being confirmed soon later. Cervical ultrasound revealed diffuse goiter (70 cm³) with hypervascularity and no nodules. Initial laboratory tests showed TSH <0.01 μ UI/mL, free T4 (FT4) 2.35 ng/dL, and TRAb 37 IU/L (reference <0.55). Despite radioiodine, she remained hyperthyroid (FT4 3.73 ng/dL) with symptomatic tachycardia, and propylthiouracil (PTU) 100 mg TID and propranolol were initiated. At 23 weeks' gestation, therapy was switched to methimazole 10 mg/day, titrated up to 20 mg/day. At 30 weeks, TRAb was reevaluated and its serum level was above 20 IU/L, indicating high risk for neonatal Graves' disease. Cesarean delivery occurred at 36 weeks; the newborn weighed 2.365 g and had no clinical signs of thyroid dysfunction. Newborn screening (day 4) revealed TSH 1.0 μ UI/mL and total T4 21 μ g/dL (reference: 6–22). At 20 days of life: TSH <0.01 ; FT4 1.35 ng/dL, TRAb 1,711 IU/L. Given the maternal history of radioiodine and antithyroid drug exposure and high TRAb levels, we decided for close neonate monitoring. At 40 days: TSH 0.13; FT4 0.82 (ref: 0.86–1.32). Ten days later: TSH 5.69; FT4 0.48. Levothyroxine 38 mcg was initiated, then reduced to 25 mcg after an FT4 peak of 2.34 ng/dL following 8 days of treatment. The lactating mother remains on methimazole 20 mg/day, taken after breastfeeding. **Discussion:** Radioiodine therapy is formally contraindicated during pregnancy due to the risk of fetal thyroid ablation. TRAb levels >3 times the upper limit significantly increase the risk of neonatal thyrotoxicosis. Although newborn screening was normal, careful follow-up was critical to detect initial subclinical hyperthyroidism and delayed-onset congenital hypothyroidism at 2 months of age. **Conclusion:** This case highlights the importance of excluding pregnancy prior to radioiodine therapy. Even in the setting of normal newborn screening, thyroid dysfunction may emerge later in neonates exposed to radioiodine during pregnancy, and active postnatal surveillance should be performed.

PO-381

1116312 INCIDENCE OF THYROID GLAND MALIGNANT NEOPLASMS IN THE SOUTHERN REGION OF BRAZIL FROM 2020 TO 2025

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Introduction: Thyroid gland malignant neoplasms have shown a progressive increase in global incidence, with approximately 820,000 new annual cases, predominantly in adult women. This growth is attributed to greater exposure to environmental factors, such as ionizing radiation and changes in iodine intake, as well as improved diagnostic methods. The Southern Region of Brazil, comprising Paraná (PR), Santa Catarina (SC), and Rio Grande do Sul (RS), presents demographic and healthcare characteristics that justify regional analyses. Local studies are essential to understand inequalities in tumor distribution and support more effective surveillance, screening, and oncological care strategies. **Objective:** To analyze the incidence of thyroid gland malignant neoplasms in the Southern Region of Brazil from 2020 to 2025. **Methods:** This is a retrospective descriptive study of a quantitative nature analyzing data on the number of cases of thyroid gland malignant neoplasms in the Southern Region, notified in the freely accessible Paine! Oncologia – DATASUS – under ICD-10 C73, from 2020 to 2025. **Results:** 41,689 cases were registered in Brazil, with an annual incidence rate of 3.9/100,000 inhabitants. Of this total, 6,497 (15.58%) occurred in the Southern Region: 52.7% in PR, 25.2% in SC, and 21.9% in RS. The majority of cases affected females (83.4%), with a predominance in the 50-54 age group (12.4%). In PR, 84.8% of cases were in women; in SC, 81.8%; and in RS, 81.7%. Regarding age, PR showed higher incidence between 50-54 years, while in RS it was between 45-49 years and in SC, between 55-59 years. The annual incidence rate differed significantly between states: RS (2.57 ± 0.61), SC (4.00 ± 0.79), and PR (5.68 ± 0.89) ($p < 0.001$). The post hoc test revealed statistically significant differences between RS and SC ($p = 0.033$), RS and PR ($p < 0.001$), and SC and PR ($p = 0.012$). **Conclusion:** Despite the higher incidence observed in PR, this finding should be interpreted cautiously, as it may reflect greater diagnostic capacity or regional risk factors, rather than a higher actual incidence. Age variations between states may be related to demographic profiles or the organization of health services. The limitation of ICD-10, which does not differentiate histological types, restricts a more in-depth analysis of associated factors and disease epidemiology.

PO-382

1115748 IS MICRONUTRIENT SUPPLEMENTATION NECESSARY FOR PROPER THYROID FUNCTION?

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Introduction: In recent years, there has been increasing interest in micronutrient supplementation to maintain hormonal homeostasis, especially iodine, selenium, zinc, and magnesium. However, scientific evidence shows that this supplementation does not produce measurable effects on thyroid hormone levels. Multiple strategies are possible to obtain these micronutrients, and specific approaches must be developed based on individual needs. **Objective:** To evaluate the estimated dietary intake of iodine, selenium, zinc, and magnesium in patients attending an endocrinology outpatient clinic. **Methods:** This cross-sectional study was approved by the Ethics Committee. The sample included 34 patients aged 31–72 years. A 24-hour dietary recall was applied, detailing food, preparation, quantities, and beverages consumed. Portions were converted into grams or milliliters, considering preparation methods. Based on these data, total energy and amounts of magnesium, selenium, and zinc were calculated using the Brazilian Food Composition Table (TACO). Iodine was estimated from a complementary table of iodine-rich foods and iodized salt, assuming 30 µg of iodine per gram of salt. Data were organized in Excel and compared to daily reference values for adults. Participants were classified by intake levels: $\geq 100\%$; 75–99%; $< 75\%$. **Results:** Distribution by intake adequacy: selenium – 71% / 18% / 8.9%; zinc – 42% / 50% / 9%; magnesium – 12% / 47% / 42%; iodine – 42% / 50% / 9%. **Conclusion:** Although the sample was small and composed mostly of individuals with low socioeconomic status, limiting generalization, findings suggest that deficiencies were not due to lack of micronutrients in the usual diet, but to poor dietary choices. Despite methodological limitations, the study shows that basic diets provide the necessary micronutrients and that, with adjustments, daily intake can be adequate. Thus, we agree with studies that do not support routine or generalized supplementation of these micronutrients. Supplementation should be considered only in cases of confirmed deficiency, not to enhance thyroid function in euthyroid individuals.

PO-383

1115698 LABORATORY INTERFERENCE BY MACRO TSH IN A PATIENT WITH CONFIRMED HYPOTHYROIDISM: A CASE REPORT

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Case Presentation: A 38-year-old female patient with known Hashimoto's thyroiditis (anti-TPO: 222.6 U/mL) presented with persistent hypothyroid symptoms, including hair loss, xerosis, irregular sleep and fatigue, despite regular use of levothyroxine at a high dose (200 mcg/day). Initial thyroid function tests showed significantly elevated TSH (32.84 mU/L) with normal free T₄ (0.91 ng/dL). Thyroid ultrasound revealed a heterogeneous gland and a hypoechoic nodule at the junction of the right lobe and the isthmus. After dosage adjustment, TSH remained elevated (6.49 mU/L) with T₄L rising to 1.41 ng/dL. Over the following year, the patient remained symptomatic despite therapy, and causes such as poor adherence and malabsorption were excluded. Due to a primary hypothyroidism difficult to control, Macro TSH was investigated using the polyethylene glycol (PEG) precipitation method. On January 11, 2022, laboratory tests showed a TSH of 1.52 mU/L, free T₄ of 1.78 ng/dL, and reactive Macro TSH (26.99). The diagnosis explained the falsely elevated TSH levels. From that point forward, treatment monitoring was based on free and total thyroid hormone levels (T₄, T₃), given the unreliability of TSH in the presence of Macro TSH. **Discussion:** TSH is the primary marker for diagnosing and monitoring thyroid diseases. However, it may be affected by assay interference, leading to misinterpretation. In cases where elevated TSH persists in a known hypothyroid patient, despite appropriate replacement therapy, rare conditions such as Macro TSH should be considered. This biologically inactive macromolecule, formed by the binding of TSH to anti-TSH autoantibodies, interferes with immunoassays and causes falsely high TSH values. In such scenarios, clinical reasoning should prevail, emphasizing peripheral hormones rather than TSH. **Final Comments:** Early detection prevents inappropriate treatment escalation and unnecessary clinical interventions. Awareness of this rare phenomenon is crucial among clinicians to avoid diagnostic pitfalls and ensure proper management of thyroid dysfunction. **Keywords:** Macro TSH; Hypothyroidism; Assay Interference.

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1116345 LABORATORY INTERFERENCE BY MACRO-TSH IN POST-THYROIDECTOMY FOLLOW-UP FOR GRAVES DISEASE

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Case Presentation: M.S.L.S., a 30-year-old woman, has a history of total thyroidectomy for Graves' disease performed in September 2017 due to compressive symptoms. She remained under regular follow-up and was maintained on levothyroxine replacement therapy. However, TSH levels remained persistently elevated despite doses exceeding 2 mcg/kg. The patient exhibited no clinical signs of hypothyroidism. The median TSH level was 12.37 µIU/mL, and the median free T₄ (fT₄) level was 1.18 ng/dL, with the highest recorded TSH reaching 56.35 µIU/mL. An investigation for malabsorptive causes was conducted, returning negative results. Given the difficulty in dose adjustment, a levothyroxine absorption test was performed with a 1,000 mcg dose, resulting in an 89% increase in fT₄ levels, thereby excluding malabsorption. To investigate alternative causes of elevated TSH, testing for macro-TSH was requested using polyethylene glycol (PEG) precipitation. Post-precipitation TSH recovery was 24.39% (reference value <40% indicates presence of macro-TSH), suggesting the presence of macro-TSH. Since this diagnosis, clinical management has been more clearly guided, with follow-up based on fT₄ levels. Discussion TSH is widely used in the monitoring of thyroid function but is susceptible to laboratory interferences that can produce falsely elevated results. One such interference is macro-TSH — a high-molecular-weight complex that retains immunoreactivity but lacks biological activity, which explains the absence of clinical symptoms. Although rare, this phenomenon has been described in patients with a history of Graves' disease, including post-thyroidectomy cases. A prior autoimmune background may favor the formation of immune complexes such as macro-TSH. A discrepancy between elevated TSH levels and a clinically euthyroid state should always raise suspicion for analytical interference. PEG precipitation is a key tool in distinguishing biologically active TSH from macro-TSH in such cases. **Final Comments:** The presence of macro-TSH should be considered in patients with persistently elevated TSH, normal free T₄, and absence of symptoms, even in those with a history of Graves' disease. Although uncommon, this association has been reported in the literature and should be recognized. This case highlights the importance of considering analytical interferences when laboratory findings are inconsistent with the clinical picture, thereby avoiding inappropriate or unnecessary treatments.

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1116243 LATE DEDIFFERENTIATION OF PAPILLARY THYROID CARCINOMA TO ANAPLASTIC CARCINOMA WITH CEREBRAL AND ADRENAL METASTASES: A CASE REPORT

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Case Presentation: A 32-year-old woman underwent total thyroidectomy with cervical lymph node dissection in 2008 due to multifocal (2.0 × 1.5 cm) infiltrative follicular variant of papillary thyroid carcinoma (FVPTC), without angiolymphatic invasion or extrathyroidal extension. Surgical margins were negative, and 9 of 23 lymph nodes (levels IIa, IIb, III) were positive (Stage I; intermediate recurrence risk). She received therapeutic radioactive iodine (RAI) in 2009, followed by negative whole-body scans and detectable but stable serum thyroglobulin (Tg). A second RAI dose in 2011 led to undetectable Tg under levothyroxine and low stimulated Tg (TSH >75 mIU/L; Tg = 4.94 ng/mL). Long-term follow-up showed persistent biochemical stability. A 0.6 cm nodule at the left hemithorax base remained unchanged on imaging and was not resected. In late 2024, Tg rose abruptly to 79 ng/mL (TSH <0.01). PET-CT revealed neoplastic involvement in cervical chains Ib, IIa, IIb, and V; a 3 cm left upper lobe hilar mass; and 1.1 cm subpleural nodules. Neurological symptoms developed, and brain MRI showed a 3.5 cm right frontal heterogeneous lesion with peripheral contrast enhancement and probable hemorrhagic component. Paradoxically, Tg dropped from 88.5 to 7.11 ng/mL. Resection of the brain lesion revealed metastatic anaplastic thyroid carcinoma (positive for p63, PAX-8, AE1/AE3, and mutant-pattern p53). Imaging showed a rapidly growing (2–12 cm) left adrenal mass infiltrating renal and splenic vessels and abutting the aorta, rendering it unresectable. The patient developed loss of consciousness, unresponsiveness, and died shortly after. **Discussion:** Anaplastic thyroid carcinoma (ATC) is an aggressive malignancy rarely arising from dedifferentiation of previously treated differentiated thyroid carcinoma (DTC). Metastatic spread commonly affects lungs and lymph nodes; cerebral and adrenal involvement are rare. This case represents late dedifferentiation 16 years post-thyroidectomy, with extensive dissemination. The sudden shift to aggressive clinical behavior and paradoxical Tg decline during progression may indicate anaplastic transformation and loss of Tg production. **Final Comments:** Given the rarity of this clinical evolution, such reports aid in recognizing atypical dedifferentiation patterns in DTC and reinforce the importance of long-term surveillance. They also support further investigation into molecular mechanisms and therapeutic strategies for anaplastic progression.

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1115859 LATE-ONSET METHIMAZOLE-INDUCED AGRANULOCYTOSIS IN A PATIENT WITH GRAVES' DISEASE: A CASE REPORT

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Case Presentation: A 34-year-old woman diagnosed with Graves' disease 1 year and 4 months before (baseline TRAB 22.2 IU/L), on methimazole 50 mg/day, presented with fever, severe odynophagia (preventing oral intake), palpitations, and chills. Laboratory tests revealed leukopenia (<500/mm³), consistent with agranulocytosis. Methimazole was immediately discontinued, and broad-spectrum antibiotics were initiated, along with enteral tube feeding due to a peritonsillar abscess. The patient exhibited clinical signs of thyrotoxicosis (tachycardia, tremors, diaphoresis, and anxiety). Given the contraindication to antithyroid drugs, propranolol was introduced. However, thyrotoxicosis persisted (free T4: 8.37 ng/dL; TSH: <0.01 mU/L). Unintentional iodinated contrast administration during admission CT ruled out radioiodine therapy. Five sessions of plasmapheresis were performed as a bridge to total thyroidectomy. Free T4 declined to 4.34 ng/dL after the first session and 2.59 ng/dL preoperatively, with clinical improvement. After hematologic recovery (neutrophils: 2,814/mm³) following methimazole withdrawal and filgrastim administration, the patient underwent uncomplicated total thyroidectomy. Postoperative levothyroxine replacement was initiated. Outpatient follow-up was favorable, with TRAB levels declining to 7.6 IU/L one month after surgery. **Discussion:** First-line Graves' disease treatment relies on antithyroid drugs, which carry a rare risk of agranulocytosis, typically occurring within the first three months of therapy. In cases where antithyroid drugs and radioiodine are contraindicated, plasmapheresis serves as an effective temporary measure to rapidly reduce thyroid hormone levels and stabilize patients preoperatively. **Final Comments:** This case underscores the need for vigilant monitoring of methimazole-induced agranulocytosis even with prolonged use (particularly at high doses) and highlights plasmapheresis as a critical therapeutic bridge in severe thyrotoxicosis, enabling safe thyroidectomy and minimizing complications.

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1115596 MACRO-THYROID-STIMULATING HORMONE - A CASE REPORT

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Case Presentation: A 65-year-old female requiring progressive increases doses of levothyroxine reports strict adherence to treatment and complains of nonspecific symptoms, including brittle nails, intense night sweats, dry skin, and nocturnal awakenings with difficulty returning to sleep. No abnormalities on physical examination. Laboratory tests showed TSH of 9.36mU/L (0.5-4.5 mU/L) and free T4 of 1.5 ng/dL (0.93-1.7ng/dL). Given the persistent elevation of TSH despite progressive increases in levothyroxine dosage, the absence of overt clinical signs of hypothyroidism, and persistently normal/elevated free T4 levels, the possibility of macro-TSH was considered. Further investigation revealed TSH of 11.14 mU/mL and macro-TSH of 20.64% (40-100%). Two other cases with similar data also reveal the presence of a macro-TSH (20.85% and 18.13%). **Discussion:** Macro-TSH is a rare form of TSH bound to antibodies, forming high-molecular weight complexes, mainly the immunoglobulin G (IgG). This can lead to elevated TSH levels without true thyroid dysfunction, as its biological activity is reduced. The diagnosis should be considered in patients with elevated TSH but no hypothyroidism symptoms and normal T3 and T4 hormone levels. The gel filtration chromatography is the method used to identify the macro TSH, but a test with polyethylene glycol (PEG) to precipitate high weight molecules can be used, as in cases of macroprolactin. Since the condition is benign, no specific treatment is required. Follow-up involves regular clinical monitoring and periodic tests to ensure stability, avoiding unnecessary treatments for a condition that does not impair thyroid function. **Final Comments:** This case highlights the need to consider macro-TSH as a differential diagnosis in cases with isolated elevation of TSH without clinical hypothyroidism, especially when free T4 remains at the upper limit of normal, which suggests adequate adherence to treatment and absence of malabsorption. Early recognition prevents misdiagnosis and unnecessary treatments. In our reality, PEG testing is an option to confirm the condition, since it is a more widely available method. **Keywords:** Macro-TSH; PEG; Hypothyroidism.

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1115787 METABOLIC PROFILE OF PATIENTS WITH THYROID CANCER: A 20-YEAR ANALYSIS IN THE PRIVATE HEALTHCARE SYSTEM

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Introduction: Thyroid cancer (TC) is the most prevalent endocrine malignancy worldwide. Metabolic factors such as obesity, prediabetes (PD) and type 2 diabetes mellitus (T2DM) may modulate tumor aggressiveness by promoting apoptosis resistance and facilitating tumor cell migration and invasion. In papillary thyroid carcinoma (PTC), the most common subtype, the link between metabolic changes and aggressive features, such as multifocality and lymph node metastasis, remains poorly explored. **Objective:** Analyse the prevalence of PD, DM, and BMI parameters in patients with thyroid carcinoma presenting features associated with increased tumor aggressiveness, including multifocality, lymph node metastases, and distant metastases. **Methods:** Retrospective review of 240 patients diagnosed with TC and followed in the private healthcare system in Ceará, Brazil, between 2005 and 2025. Demographic data, metabolic comorbidities, histopathological and clinical aspects were analyzed. **Results:** Most patients were female (87.5%), with mean age of 43.7 years. PD affected 15.3%, while T2DM was present in 6.6% of the patients. Total thyroidectomy, with or without cervical dissection, was performed in 92.5% of cases. PTC accounted for 87.1%, followed by oncocytic carcinoma (2.1%), follicular (1.25%), medullary (1.25%) and unspecified subtypes (0.4%). Thirteen patients had PTC variants and seven lacked histological data. Multifocality occurred in 23.7%. Lymph node metastasis occurred in 16.7%, distant metastasis in 2.5%. Patients with any metastases had higher mean BMI (28.7 kg/m²) than those without (26.7 kg/m²). Among those with lymph node metastasis, 18.1% had glucose metabolism disorder (GMD) (12.1% PD, 6.0% T2DM), while among those without, 13.1% had GMD (8.6% PD, 4.5% T2DM). No distant metastasis occurred in PD or T2DM groups. Multifocality was more prevalent in patients with GMD (36.3% PD; 54.5% T2DM). **Conclusion:** The data from this study reinforces the relevance of insulin resistance and metabolic profile as prognostic markers in TC, especially PTC. The link between higher BMI, PD and T2DM with aggressive tumors suggests that clinical management should integrate metabolic care. However, the complexity of tumor-metabolic interactions demands further studies with larger samples and molecular methods to clarify mechanisms and validate findings across populations.

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1115548 METHIMAZOLE-INDUCED SEVERE AGRANULOCYTOSIS: A CASE REPORT

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Case Presentation: A 77-year-old woman with hypertension and hyperthyroidism due to Graves' disease (TRAb 17.6 UI/L) had been on intermittent methimazole (10 mg daily) for five years. She presented to the emergency department after a fainting episode at home, preceded by flu-like symptoms. On admission, she was hypotensive (BP 80×60 mmHg) and severely leukopenic (leukocytes 260/mm³), while red blood cells and platelets remained normal. Bone marrow examination showed marked hypocellularity. Chest CT revealed ground-glass opacities and consolidation in the right upper lobe. Empirical antibiotic therapy (cefepime) and filgrastim were initiated. The patient deteriorated, prompting administration of meropenem and vancomycin. Her condition progressed to respiratory failure and septic shock, necessitating mechanical ventilation and vasoactive drugs. Despite all measures, she died. **Discussion:** Drug-induced agranulocytosis is a rare but potentially fatal adverse effect linked to antithyroid drugs, especially methimazole. It may lead to abrupt neutrophil depletion and high risk of severe infections. In this case, the pattern of intermittent methimazole use—marked by multiple discontinuations and reintroductions—is a known risk factor for immune-mediated reactions. The initial symptoms of syncope and hypotension were followed by severe neutropenia, suggesting agranulocytosis from bone marrow suppression, later confirmed by the hypocellular marrow. The absence of neutrophils favors the settlement of opportunistic infections and hinders the classical inflammatory response, accelerating disease progression and complicating diagnosis. Despite methimazole discontinuation, filgrastim administration, and broad-spectrum antibiotics, the outcome was fatal, underscoring the condition's lethality. **Final Comments:** This case highlights the need for strict hematological monitoring of patients taking antithyroid drugs, especially those with a history of drug reintroduction. Agranulocytosis, though uncommon, can rapidly progress to severe infections and systemic complications, demanding the identification and immediate interruption of the causal agent, with the aim to achieve a better prognosis and reduce mortality.

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1115924 PAPILLARY THYROID CARCINOMA DIAGNOSED AFTER PROPHYLACTIC THYROIDECTOMY DUE TO RET MUTATION: A CASE REPORT

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Case Presentation: A 43-year-old male patient with a positive family history of medullary thyroid carcinoma (two affected maternal uncles) underwent genetic testing, which revealed a germline RET proto-oncogene mutation at codon 786 (GAG → GAT), associated with multiple endocrine neoplasia type 2 (MEN 2). Due to the high risk of developing medullary thyroid carcinoma, a prophylactic total thyroidectomy was indicated. Histopathological examination of the surgical specimen unexpectedly revealed multifocal papillary thyroid carcinoma of the classical type, with foci located in the left lobe. The largest nodule measured 0.8 cm, and the smallest 0.4 cm. No vascular, lymphatic, or perineural invasion was identified, and there was no extrathyroidal extension. Hashimoto's thyroiditis was also present. The patient, who was already using levothyroxine due to thyroiditis, maintained hormone replacement therapy, and adjuvant radioactive iodine treatment (100 mCi) was scheduled. **Discussion:** Thyroid cancer screening in the general population is not recommended by international guidelines such as those of the USPSTF, primarily due to the high prevalence of indolent tumors like papillary thyroid carcinoma, which accounts for 80–85% of cases. These tumors typically progress slowly and rarely impact overall survival. Early detection in asymptomatic individuals may lead to overdiagnosis and overtreatment of tumors that would not cause significant harm. However, this case highlights a paradox: while surgery was performed due to the genetic risk of medullary carcinoma, the incidental finding was an asymptomatic papillary carcinoma with no prior clinical suspicion. This raises the question of how many similar tumors remain undetected in low-risk individuals and whether, in certain scenarios, the complete absence of screening could delay the diagnosis of potentially curable cancers. Therefore, it reinforces the need for a personalized approach, focusing on risk stratification, family history, clinical context, and genetic profile—rather than universal screening strategies. **Final Comments:** This case underscores the complexity of hereditary endocrine neoplasms and the occurrence of incidental findings during prophylactic surgeries. The germline RET mutation justified the surgical intervention. The incidental discovery of multifocal papillary thyroid carcinoma highlights the importance of individualized assessment and risk-based management in achieving early diagnosis. **Keywords:** Papillary thyroid carcinoma; RET mutation; prophylactic thyroidectomy.

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1115913 PROGNOSTIC SIGNIFICANCE OF MICROSCOPICALLY POSITIVE MARGINS IN PAPILLARY THYROID CARCINOMA: A RETROSPECTIVE COHORT STUDY

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Introduction: Despite the favorable prognosis of papillary thyroid carcinoma (PTC), the clinical significance of microscopically positive surgical margins remains uncertain, particularly regarding recurrence risk. **Objective:** To evaluate the prognostic impact of microscopically positive margins in PTC. **Methods:** This observational, longitudinal, retrospective study analyzed medical records and conducted patient interviews for individuals with surgically treated PTC managed at a specialized endocrinology referral center in Northeastern Brazil. **Results:** The study included 154 PTC patients with a mean age at diagnosis of 43.7 ± 15.2 years. The cohort was predominantly female (91.5%), with 85.6% self-identifying as mixed-race, and had a mean follow-up period of 81.1 ± 60.4 months. The mean tumor size was 20.8 ± 14.9 mm, with the classic (56.5%) and follicular (16.3%) variants being most common. Microscopically positive margins were identified in 27.3% of cases. Tumors in this group were larger compared to those with negative margins (21.5 ± 14.4 mm vs. 20.6 ± 15.1 mm). Additionally, patients with positive margins had higher rates of neck dissection and postoperative complications. Adverse histopathological features, such as multifocality, vascular/lymphatic invasion, and nodal metastases at diagnosis, were also more prevalent in this group. Negative outcomes, including nodal recurrence, distant recurrence, reoperation, and the need for a second radioiodine dose, were more frequent among patients with positive margins. However, multivariate analysis did not identify positive margins as an independent predictor of recurrence. **Conclusion:** Although microscopically positive margins in PTC were associated with more aggressive histopathological features and worse outcomes in our cohort, they did not independently predict recurrence risk.

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1116328 PSYCHOSIS DUE TO THYROTOXICOSIS: A CASE REPORT

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Case Presentation: A 35-year-old female patient was admitted with a two-week history of mood elevation, insomnia, disinhibition, mystic-religious delusional speech, auditory hallucinations and episodes of hetero-aggressiveness directed towards her husband and children. Seven months prior, she had been diagnosed with hyperthyroidism due to Graves' disease (GD), evidenced by elevated free thyroxine (T4L: 7.7 ng/dL; VR: 0.7–1.48 ng/dL) and suppressed thyroid-stimulating hormone (TSH: 0.01 mIU/mL; VR: 0.5–4.5 mIU/mL). Treatment with methimazole (20 mg/day) and propranolol (40 mg/day) was initiated but adhered to irregularly. Upon admission, physical examination revealed bilateral exophthalmos and a diffuse goiter. Mental status examination showed disinhibited behavior, hypervigilance, accelerated and tangential thought processes with flight of ideas, and predominantly mystic-religious delusional content. Laboratory tests confirmed overt thyrotoxicosis: TSH 0.01 mIU/mL, T4L 2.26 ng/dL, anti-TPO 1953 U/mL (VR: <5.61 U/mL), anti-thyroglobulin 41.4 IU/mL (VR: <4.1 IU/MI) and TRAb 24 U/L (VR: <1.5 U/L). Thyroid ultrasonography demonstrated an enlarged gland (total volume: 24 cm³) with diffusely heterogeneous echotexture and increased vascularity, without nodules. Cranial computed tomography was unremarkable. After two weeks of regular methimazole therapy, with normalization of T4L, the patient's psychiatric symptoms improved significantly. She was discharged on methimazole, propranolol, risperidone, and lithium. Seven months later, risperidone and lithium were discontinued without recurrence of psychiatric symptoms, even after tapering off antipsychotics. The presumptive diagnosis was thyrotoxicosis-induced psychosis secondary to Graves' disease. **Discussion:** Psychosis associated with thyrotoxicosis is rare but has been documented in the literature, predominantly linked to hyperthyroidism caused by Graves' disease. Psychiatric manifestations often accompany physical symptoms of thyrotoxicosis, providing diagnostic clues. Improvement of psychotic symptoms typically coincides with the resolution of thyrotoxicosis, usually within 3 days to 8 weeks. Absence of such improvement necessitates consideration of alternative psychiatric diagnoses. **Final Comments:** Although uncommon, thyrotoxicosis should be considered a potential cause of psychosis, particularly in cases with abrupt onset and accompanying physical signs suggestive of hyperthyroidism, such as heat intolerance, excessive sweating, weight loss, and palpitations.

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1115300 REFRACTORY HYPERTHYROIDISM IN AN ELDERLY PATIENT WITH MARINE-LENHART SYNDROME: CASE REPORT

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Case Presentation: A 73-year-old woman, hypertensive, presented with a 15 kg weight loss over four months, along with extremity tremors, palpitations, anxiety and anemia under investigation. Laboratory tests showed TSH at 0.01 mUI/L (0.48-5.6); FT4 at 4.22 ng/dL (0.971-1.68); TRAB at 9.6 U/L (<0.55). Methimazole was initiated at 30 mg daily. Thyroid ultrasound revealed bilateral nodules, the largest measuring 1.8 x 2.1 x 1.1 cm in the left lobe, TIRADS 4. Scintigraphy showed increased heterogeneous uptake with areas of increased uptake in the left lobe and the middle third of the right lobe. A diagnosis of Marine-Lenhart syndrome (MLS) was established. Despite adjustment of methimazole to 40 mg daily, thyroid hormone levels remained elevated. Patient underwent radioiodine (RAI) therapy of 40 mCi. Two months later, without antithyroid drugs, she remained with hyperthyroidism (TSH 0.01 mUI/L; FT4 3.3 ng/dL; TRAB 20.5 U/L), prompting reinitiation of methimazole at 20 mg daily. The patient remains in ambulatory care. **Discussion:** MLS is characterized by its coexistence with Graves' Disease – the most common cause of hyperthyroidism – and functioning thyroid nodules, typically toxic adenoma or multinodular goiter. Its prevalence among patients with Graves' Disease ranges from 0.26% to 4.1%. Scintigraphy shows diffuse uptake throughout the thyroid parenchyma, along with areas of focal increased uptake in the nodules. This concurrent presentation can complicate clinical management with antithyroid drugs and may contribute to therapeutic failures after RAI therapy. In this case, the persistence of these two pathophysiological mechanisms made it challenging to achieve thyroid hormonal control, demanding further discussion of treatment strategies. **Final Comments:** This case highlights the difficulties in diagnosing and treating MLS, particularly in elderly patients, where hyperthyroidism may present atypically and demonstrate partial resistance to conventional treatments. Continuous clinical and laboratory monitoring is essential to determine the need for further interventions – RAI therapy or definitive surgical treatment – with the aim of restoring thyroid hormone levels to within the normal range.

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1116210 RELATIONSHIP BETWEEN DIAGNOSIS AND START OF TREATMENT OF THYROID MALIGNANT NEOPLASIA IN BRAZIL

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Introduction: Early treatment of thyroid cancer is essential to minimize long-term complications. Most cases have a favorable prognosis when diagnosed early, with high cure rates associated with surgery and, when necessary, radioiodine therapy. **Objective:** The present study aims to evaluate the relationship between diagnosis and the start of treatment for malignant thyroid neoplasia in Brazil from 2015 to 2025. **Methods:** This is a cross-sectional, retrospective and descriptive study based on data collected in the Unified Health System Information System (DATASUS) from 2015 to 2025. The variables analyzed were: diagnosis, year of diagnosis, year of treatment, therapeutic modality and treatment time. **Results:** 54,196 cases of malignant thyroid neoplasia were diagnosed in Brazil during the period studied. The region with the highest number was the Southeast with 22,841 (42.14%), followed by the Northeast with 17,462 cases (32.22%). The Central-West and North regions recorded the lowest number with 2,993 (5.52%) and 2009 (3.70%), respectively. Regarding intervention, there is a significant disparity between diagnosis and start of treatment: 6,319 people (11.65%) started treatment within 30 days and 425 people (0.78%) started within 60 days. In 2018, of the 4,366 cases registered, only 2,927 started treatment that year. In 2022, less than half of the people started therapy in the same year: 9,344 confirmed tumors and only 4,664 people (49.91%) started treatment in a timely manner. The discrepancies between diagnosis and treatment have persisted over the years. However, a large number of cases without information have been observed, totaling 25,684 (47.72%) over the years. Regarding the therapeutic modality, the vast majority required surgery (49.67%), 996 (1.83%) radiotherapy and only 587 (1.08%) chemotherapy. A small portion (0.01%) required both approaches. **Conclusion:** It can be concluded that the most affected region was the Southeast. However, as it is the most populous, it tends to have more cases. However, other regions such as the Northeast also have significant rates, which reinforces the need for further analyses in this area in the future. In addition, the number of patients who started treatment within the first month of diagnosis was extremely low. Thus, the importance of early treatment as well as of feeding health data systems for more specific interventions is highlighted.

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1116242 SEVERE PULMONARY HYPERTENSION AS A COMPLICATION OF GRAVES' DISEASE: CLINICAL REVERSAL FOLLOWING THYROID FUNCTION CONTROL

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Introduction: Graves' disease (GD) is the leading cause of hyperthyroidism in young adults and may result in pulmonary hypertension (PH), a potentially serious cardiovascular complication. Early recognition and appropriate management of hyperthyroidism are crucial, as timely treatment can lead to complete reversal of the condition in many cases. **Case Presentation:** A 40-year-old female patient with no prior comorbidities was diagnosed with hyperthyroidism due to GD in January 2024. Initial laboratory tests performed on January 16, 2024, revealed a free T4 (fT4) level of 2.13 ng/dL, suppressed TSH <0.01 µIU/mL, and elevated TSH receptor antibodies (TRAb) at 22.15 IU/L (reference range <3.10 IU/L). Thyroid scintigraphy demonstrated a diffusely enlarged hyperfunctioning gland consistent with diffuse toxic goiter. The patient was started on methimazole 40 mg/day. However, she developed significant hepatotoxicity, with aspartate aminotransferase (AST) at 302 U/L and alanine aminotransferase (ALT) at 405 U/L, prompting discontinuation of the drug and referral for radioiodine therapy (RAI). In August 2024, while awaiting RAI, the patient presented with progressive clinical deterioration, including fatigue, dyspnea on exertion, generalized edema extending to the abdomen, a 10-kg weight gain, palpitations, and fine resting tremor. She was admitted for further evaluation. Transthoracic echocardiography showed an enlarged right atrium (right atrial volume index: 45 mL/m²), right ventricular dilation (basal diameter: 44 mm), significant functional tricuspid regurgitation, estimated pulmonary artery systolic pressure (PASP) of 66 mmHg, and a dilated inferior vena cava. The left ventricular ejection fraction (LVEF) was preserved at 68%. Pulmonary embolism and parenchymal lung disease were excluded by imaging, confirming the diagnosis of PH secondary to GD. The patient was treated for right-sided heart failure, resulting in symptom resolution and normalization of liver function tests. Methimazole was reintroduced upon discharge at a lower dose of 10 mg/day. After five months of treatment, follow-up echocardiography demonstrated complete reversal of the cardiac findings, with a PASP of 18 mmHg, LVEF of 59%, normal cardiac chamber dimensions, and preserved systolic function. Laboratory tests showed fT4 of 1.0 ng/dL (reference: 0.7–1.8), TSH of 0.04 µIU/mL, TRAb of 7.46 IU/L, AST of 43 U/L, and ALT of 46 U/L. **Discussion:** The pathophysiology of GD-associated PH remains incompletely understood. One proposed mechanism involves increased cardiac output and elevated left ventricular filling pressures secondary to hyperthyroidism, which may contribute to elevated pulmonary artery pressure. Exclusion of alternative causes of PH is essential for establishing a diagnosis. In most cases, effective control of the thyrotoxic state leads to resolution of cardiac abnormalities; however, up to 30% of patients may exhibit persistent pulmonary hypertension despite normalization of thyroid function. **Final Comments:** Pulmonary hypertension secondary to Graves' disease is a rare but potentially severe complication. Prompt diagnosis and appropriate treatment of hyperthyroidism can result in complete clinical and hemodynamic recovery in the majority of cases. **Keywords:** Graves' disease; Pulmonary hypertension; Hyperthyroidism.

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1115871 THE CHALLENGE OF MANAGING REFRACTORY HYPOTHYROIDISM – A CASE REPORT

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Case Presentation: A 35-year-old woman diagnosed with hypothyroidism in 2021 presented with anti-thyroid peroxidase antibodies >1000 IU/mL, type 2 diabetes mellitus, systemic arterial hypertension, and class II obesity. Despite treatment with 200 mcg/day of levothyroxine (LT4) until September 2023, she showed elevated TSH (61 IU/mL) and low free T4 (0.52 ng/dL), with diffuse thyroid disease on ultrasound. Increasing LT4 to 250 mcg/day in November 2023 did not resolve fatigue, hair loss, or low free T4 (0.23 ng/dL) and free T3 (1.2 pg/mL). Exogenous T3 was introduced at 50 mcg/day. By January 2024, symptomatic improvement was observed with TSH at 24.6 IU/mL and free T4 at 0.9 ng/dL, prompting LT4 reduction to 125 mcg/day and T3 optimization to 75 mcg/day. In April 2024, further improvement was noted with LT4 at 225 mcg/day and T3 at 75 mcg/day, leading to T3 discontinuation and a transition to weekly assisted levothyroxine (1000 mcg/week). By May 2024, the patient was asymptomatic with TSH at 4.38 IU/mL and free T4 at 1.57 ng/dL, and LT4 was maintained at 150 mcg/day. **Discussion:** Primary hypothyroidism is marked by elevated TSH and reduced free T4. In refractory cases like this, combining exogenous T3 with LT4 is explored, despite ongoing debate and limited evidence. Some studies suggest serum-to-tissue thyroid hormone dynamics may benefit from combination therapy, though long-term advantages remain inconclusive. Special caution is required for pregnant or cardiovascular patients due to risks like accelerated osteoporosis, atrial fibrillation, stroke, and breast health issues. **Final Comments:** T3 supplementation in refractory hypothyroidism is controversial and lacks strong evidence. Indiscriminate LT4/T3 use can cause complications without proven long-term benefit. Each case must be thoroughly assessed regarding indications, contraindications, and risks. Personalized care, monitoring, and continued research are essential for the safe, effective management of resistant hypothyroidism. **Keywords:** Hypothyroidism; levothyroxine; Risks of indiscriminate T3 use.

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1115922 THYROID CANCER MORTALITY IN BRAZIL: DESCRIPTIVE ANALYSIS FROM 2010 TO 2023

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Introduction: Thyroid cancer is the most common malignant neoplasm of the endocrine system. It most frequently affects individuals over the age of 40, women, and those with a history of thyroid nodules. The anaplastic type is considered the rarest and most aggressive form, accounting for two-thirds of deaths caused by this disease. **Objective:** To assess thyroid cancer mortality in Brazil between 2010 and 2023. **Methods:** A retrospective descriptive study based on data provided by the Department of Informatics of the Unified Health System (DATASUS), extracted from the Mortality Information System. Deaths classified under ICD-10 code C73 were included. **Results:** A total of 10,928 deaths from thyroid cancer were recorded during the analyzed period, representing 0.36% of deaths from neoplasms and 0.06% of total mortality. Most deaths occurred among women (66.27%). Regarding age, there was a predominance among the elderly, with the majority of cases in the 70–79 age group (27.48%) and those aged 80 or older (24.66%). The Southeast region accounted for the highest proportion of cases (39.94%), followed by the Northeast (30.09%), while the North region had the lowest share (6.80%). At the state level, São Paulo (21.10%), Rio de Janeiro (9.49%), and Minas Gerais (7.95%) had the highest number of recorded deaths, whereas Acre (0.27%), Amapá (0.20%), and Roraima (0.17%) had the lowest. The majority of deaths occurred among individuals identified as white (55.45%) and mixed race (34.09%). Most deaths occurred in hospital settings (77.62%), followed by home environments (17.82%). **Conclusion:** Between 2010 and 2023, Brazil recorded 10,928 deaths from thyroid cancer, with a predominance among women, the elderly, and residents of the Southeast and Northeast regions. The analysis highlights significant regional and demographic disparities, reinforcing the importance of continuous monitoring and the implementation of prevention and early diagnosis strategies, especially for more vulnerable populations. **Keywords:** Thyroid cancer, mortality, epidemiology.

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1115641 THYROID HORMONE RESISTANCE SYNDROME: A CASE REPORT

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Introduction: Thyroid hormone resistance syndrome (THR) is a rare condition with an estimated incidence of 1:40,000-50,000 births. It usually results from mutations in the HT beta receptor gene (TR β), the most frequent of which is autosomal dominant. The main differential diagnosis is TSH-oma, both characterized by elevated HT with unsuppressed TSH. **Case Presentation:** A 39-year-old woman was referred to the endocrinology outpatient clinic with complaints of menstrual irregularity, hair loss, tachycardia/palpitations and anxiety, with a previous diagnosis of central hyperthyroidism, taking Tapazol and Propranolol. She had a magnetic resonance imaging (MRI) scan of the pituitary gland showing a 0.4 × 0.3 cm hypointense image in the adenohypophysis. After stopping Tapazol, hormone dosages showed: T3T: 231 ng/dL (60-181), T4L 2.4 ng/dL (0.89-1.76), TSH 2.8 μ UI/mL (0.55-4.78). TSH alpha subunit dosage was 0.28 ng/mL (< 0.9), with an alpha subunit/TSH ratio of 0.1 (<1.0), SHBG 122 nmol/L (18-114) and a new pituitary MRI with no evidence of adenoma. A T3 suppression test was carried out: TSH decreased from 2.78 to 0.56 μ UI/mL. A mutation test on the TR β gene revealed the R383C mutation (exchange of arginine for cysteine), heterozygous. Family research was negative. **Discussion:** In 20% of cases of RHT there is a pituitary lesion, challenging the differential diagnosis with TSH-oma. The T3 suppression test showed a partial reduction in TSH, suggestive of RHT. Considering the clinical suspicion, the low SHBG level and the absence of pituitary adenoma on a new MRI, molecular evaluation was requested. **Final Comments:** In the initial investigation of central hyperthyroidism, the use of MRI for differential diagnosis between TSH-oma and RHT should be avoided because it generates diagnostic confusion. In this case, the patient would not be indicated for Tapazol, as she had been using. Propranolol would be an option. Genetic testing played an important role in confirming the diagnosis of RHT.

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1116333 THYROID PARAGANGLIOMA: A RARE CASE REPORT IN A YOUNG WOMAN

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Case Presentation: A 33-year-old woman, previously healthy, presented with a solid thyroid nodule in the right lobe (2.9×2.4×2.1 cm), classified as TIRADS 5. FNA (Aug/2023) was inconclusive (Bethesda III). She underwent total thyroidectomy with left level VI neck dissection in Aug/2024. Intraoperatively, a firm tumor was found, adherent to the pharynx, trachea, and cricothyroid muscle, involving the right recurrent laryngeal nerve, which had to be sacrificed. The left recurrent laryngeal nerve and all parathyroids were preserved. Histopathology revealed a solid, invasive tumor (3.0 cm) with skeletal muscle invasion, compromised margins, and metastases in three lymph nodes. The left lobe was disease-free. Pathologic staging: pT4a, pN1a. Immunohistochemistry showed positivity for synaptophysin, chromogranin A, S100, and GATA3; and negativity for TTF-1, PAX-8, EMA, and calcitonin. Final diagnosis: thyroid paraganglioma. The patient recovered well postoperatively, with no hypoparathyroidism, currently on levothyroxine 125 mcg/day, awaiting tumor board review. **Discussion:** Thyroid paragangliomas are extremely rare and often misdiagnosed as medullary thyroid carcinoma or other neuroendocrine tumors. The absence of TTF-1, calcitonin, and PAX-8 expression, alongside neuroendocrine and sustentacular marker positivity (e.g., S100), is key for differential diagnosis. Clinical behavior can be aggressive, as illustrated in this case (advanced staging and positive margins), but data on recurrence and prognosis remain limited due to rarity. **Final Comments:** This case highlights the importance of considering paraganglioma in the differential diagnosis of solid thyroid neoplasms, especially those lacking typical thyroid markers. Multidisciplinary management is essential given the lack of standardized treatment guidelines for this rare tumor.

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1115737 TSH-PRODUCING PITUITARY ADENOMA (TSHOMA) IN A PATIENT UNDERGOING TOTAL THYROIDECTOMY FOR PAPILLARY THYROID CARCINOMA

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Case Presentation: G.L.R, 35 years old, male, underwent total thyroidectomy with neck dissection in 2022 for classic and follicular papillary thyroid carcinoma with lymph node metastasis. The AJCC (American Joint Committee on Cancer) TNM staging system was T2N1BMx. He underwent radioiodine therapy, showing an excellent response with a TSH goal of 0.5 to 2.0 mIU/L. Even with high doses of up to 450 mcg (4.3 mcg/kg) of levothyroxine, the patient did not present suppression of TSH levels and free T4 levels were high (see table). Before surgery, the patient's thyroid function showed free T4 levels at the upper limit of normal: TSH 1.6 (0.4 to 4.5 mIU/L) and FT4 1.79 (RV 0.85 to 1.86). To rule out alterations in TBG, FT4 was measured by mass spectrometry, maintaining a high value of 3.3 (RV up to 2.2). The genetic test for thyroid hormone resistance was negative. The thyroid function of the patient's siblings showed no alterations. The dosage of the alpha subunit of the patient's pituitary hormones was 1.25 IU/L (RV < 0.7 IU/L), and the alpha subunit/TSH x 10 ratio was 9. The patient underwent magnetic resonance imaging of the pituitary gland, which revealed an image suggestive of a pituitary adenoma measuring 10 mm. Given this, a TSH-producing pituitary adenoma (TSHoma) was suspected and the patient was referred for evaluation by neurosurgery. **Discussion:** TSHoma is the least common type of pituitary tumor (0.5 to 3%). It usually presents with obvious symptoms of hyperthyroidism with normal or high TSH levels and high levels of total and free T4 and T3. Approximately 50-85% of patients with TSHoma have high concentrations of the alpha subunit of pituitary hormones. The presence of a macroadenoma on MRI is strong evidence of a TSH-secreting tumor, particularly in the presence of an elevated alpha subunit. The main differential diagnoses of TSHoma are resistance to thyroid hormones and TBG alterations, which were ruled out in this patient. Finally, surgical removal of the tumor is the best treatment for TSHoma. **Final Comments:** TSHoma is a rare pathology of hyperthyroidism and was suspected in this patient due to non-suppression of TSH with high doses of levothyroxine. Because of its rarity, the diagnosis must involve the exclusion of other conditions such as resistance to thyroid hormone and TBG alterations.

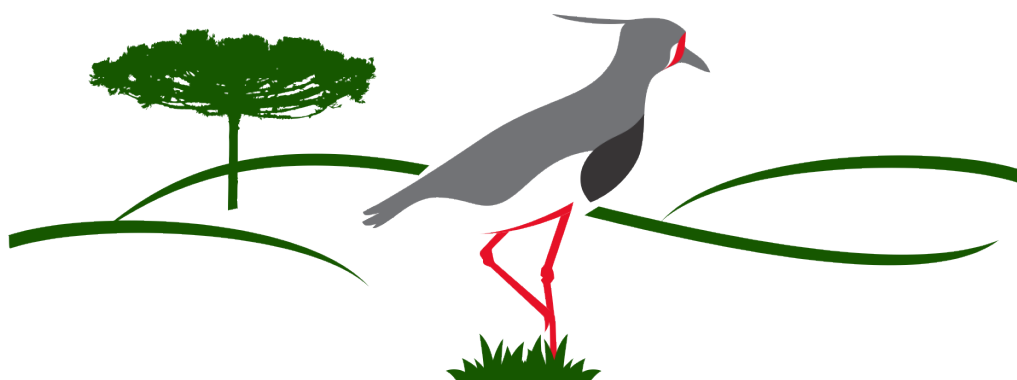
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1115536 WHOLE-BODY IODINE-131 SPECT/CT IMAGING IN PATIENTS WITH DIFFERENTIATED THYROID CANCER: A CLINICAL IMPACT

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Introduction: Metastases Whole-body ¹³¹I scintigraphy (WBS), with or without additional SPECT/CT, is the standard imaging method for metastases screening and treatment follow-up in patients with differentiated thyroid carcinoma (DTC). While SPECT/CT aids in interpreting WBS findings, its impact on patient management remains to be fully elucidated. **Objective:** This study aimed to evaluate the changes in staging and management of DTC patients undergoing radioiodine therapy (RIT) by incorporating SPECT/CT images obtained after pre-RIT WBS. **Methods:** We retrospectively selected 202 DTC patients (170 women, 32 men; mean age, 46.5 years) who underwent SPECT/CT in addition to pre-RIT WBS. The cohort comprised 189 patients with papillary DTC and 13 with follicular DTC; 151 underwent staging WBS and 51 underwent follow-up WBS. Images were acquired 48-72 hours after oral administration of 187 MBq (5 mCi) of ¹³¹I. Two independent nuclear medicine physicians, blinded to each other's assessments, evaluated potential changes in staging and therapeutic management based on SPECT/CT findings combined with pre-RIT WBS, compared to pre-RIT WBS alone. Discrepancies were resolved by consensus. **Results:** Additional SPECT/CT images led to a change in patient management in 20.6% (41/199) of cases, primarily due to modifications in the ¹³¹I activity administered for RIT. The ¹³¹I activity was reduced in 66.7% (28/42) of patients and increased in 30.9% (13/42). Differentiation between benign cervical structures and metastatic lymph nodes was the main factor influencing changes in ¹³¹I activity. One patient underwent surgery (bone resection) based on SPECT/CT findings. Disease staging was altered in 21.1% (42/199) of cases, with upstaging in 6.5% (13/199) and downstaging in 14.6% (29/199). The mean (SD) ¹³¹I activity for RIT decreased from 124.3 (92.7) mCi to 112.3 (62.2) mCi after SPECT/CT (p=0.0126). **Conclusion:** Additional SPECT/CT imaging after pre-RIT WBS significantly impacted patient management in DTC, particularly by refining the assessment of lymph node involvement and optimizing the ¹³¹I activity for RIT. These findings highlight the value of SPECT/CT in improving the accuracy of staging and tailoring treatment strategies for DTC patients undergoing RIT.



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