each prior UTI episode, Dapagliflozin was consistently restarted. Despite an initial antibiotic response, symptoms recurred after discharge each time. The recurrent nature of his infections prompted a renal ultrasound revealing a large (5.3 × 7.5 × 7.4 cm), non-drainable, heterogeneously hypoechoic collection at the left kidney's mid-lower pole, diagnostic of an early renal abscess.

CONCLUSION

This report highlights renal abscess as a rare and severe complication of SGLT2 inhibitor therapy. It serves as a critical reminder that recurrent or relapsing UTIs in patients on these agents should prompt immediate investigation with renal imaging to rule out deep-seated pathology rather than simple cystitis. While these drugs offer proven cardiorenal benefits, their role in promoting urological infections necessitates a cautious approach.

EP_A062

DIVERGENT CLINICAL MANIFESTATIONS OF SEVERE HYPERTRIGLYCERIDEMIA: A CASE SERIES

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INTRODUCTION

Severe hypertriglyceridemia increases the risk of pancreatitis and cardiovascular events. Therapies such as insulin, heparin, and plasmapheresis have been used. We present two cases of severe hypertriglyceridemia with distinct clinical presentations and management approaches.

CASES

We first describe a 26-year-old female with hypertriglyceridemia who presented with acute epigastric pain radiating to the back. She had a prior admission 3 years earlier for acute pancreatitis complicated by acute respiratory distress syndrome, during which severe hypertriglyceridemia was diagnosed (triglycerides 13.5 mmol/L) but was not treated at that time. She had no history of alcohol use, diabetes, or family history of hypercholesterolemia. On admission, she was hemodynamically stable. Serum triglycerides were markedly elevated at 32.3 mmol/L, total cholesterol was 8.6 mmol/L, and non-HDL cholesterol was 8.1 mmol/L. Serum amylase was elevated (1,606 U/L). Computed tomography (CT) abdomen demonstrated acute interstitial pancreatitis with peripancreatic fluid collection. She was managed conservatively with intravenous fluids and bowel rest. Triglycerides declined rapidly to 6.1 mmol/L by day 8 without intravenous insulin therapy. She was discharged on lipid-lowering therapy.

The second case involved a 57-year-old female with underlying hypertension, dyslipidemia, and poorly controlled diabetes mellitus who had not been on treatment for 3 years and presented with acute left-sided weakness. Brain CT confirmed a right cerebral infarction. Laboratory tests revealed triglycerides of 23.2 mmol/L, total cholesterol 9.9 mmol/L, non-HDL cholesterol 9.8 mmol/L, and hemoglobin A1c 11.2%. Intravenous insulin therapy was initiated, resulting in a progressive triglyceride reduction (Day 2: 18.7 mmol/L; Day 3: 13.1 mmol/L; Day 4: 11.0 mmol/L; Day 6: 6.9 mmol/L; Day 8: 4.2 mmol/L). Fenofibrate and high-intensity rosuvastatin were commenced, and glycemic control was optimized before discharge.

CONCLUSION

Severe hypertriglyceridemia may present variably, from acute pancreatitis to ischemic stroke. Individualized management led to a successful reduction of triglycerides. Early recognition, tailored therapy, and ongoing metabolic care are essential to reduce recurrence and long-term complications.

EP_A063

EXPANDING THE CLINICAL SPECTRUM OF MULTIPLE AUTOIMMUNE SYNDROME TYPE 3: A CASE SERIES OF OVERLAPPING ENDOCRINE AND SYSTEMIC AUTOIMMUNE DISEASES IN YOUNG ADULTS

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INTRODUCTION

Multiple autoimmune syndrome (MAS) type 3 is characterized by the coexistence of autoimmune thyroid disease with other organ-specific or systemic autoimmune disorders, excluding adrenal insufficiency. MAS represents a form of polyautoimmunity, in which shared immunological mechanisms contribute to clustering of multiple autoimmune diseases within a single individual. Recent studies suggest the clinical spectrum of MAS continues to expand, with increasing recognition of diverse autoimmune combinations across different organ systems. However, detailed clinical characterization of MAS type 3 involving overlapping endocrine and neuromuscular autoimmune diseases in young adults remains limited.