signs of insulin resistance. His investigation showed HbA1c 6.4%, a high insulin level of 55.3 mlU/mL and a high c-peptide level of 5.4 ng/mL (normal level: 1.1–5 ng/dl), and autoantibodies were negative (GAD-65, IA-2, Insulin, ZnT8). He was started on an MDI regimen (Lantus 10 units, an ICR of 0.5 u/8 g, and an ISF of 0.5 u/40 mg/dL above a target of 100 mg/dl). He was discharged on nutritional support and insulin. He stopped insulin after 2 months due to hypoglycemia without medical consultation. His subsequent visits showed improvement in weight gain current weight is 52 kg (Z- score -1.8), BMI: 18.7 (Z score -1.3), and persistence of postprandial hyperglycemia (BGM 200–300 mg/dl) with normal FBG 80–100 mg/dl and HbA1c 4.7–5.5%. His genetic testing for MODY is pending.

Conclusion(s) Hyperglycemia and refeeding syndrome are known associations in the literature, but there is a paucity of information regarding this condition. Our patient developed persistent hyperglycemia after severe malnutrition and nutritional rehabilitation. There is still no established explanation for his conditions since T1DM was rolled out.

48 DELAYED HYPOGLYCEMIC EFFECT OF INSULIN OVERDOSE IN A DIABETIC CHILD: A CASE REPORT

Khalid Al Noaim Amir Babiker Angham Al Mutair, Mohsen Al Atawi, Mohammed Al Dubayee. *College of Medicine, King Faisal University, Department of Pediatrics, Ministry of the National Guard— Health Affairs, College of Medicine, King Saud bin Abdulaziz University for Health Sciences, King Abdullah International Medical Research Center, Kingdom of Saudi Arabia*

10.1136/bmjpo-2024-ASPED.48

Background Insulin overdose can result in fatal hypoglycemia. We report on a diabetic child who received an unintentional insulin overdose.

Case Report(s) A 13-year-old girl with type 1 diabetes, who was on insulin pump therapy, developed high blood glucose (BG) level due to pump malfunction. She gave herself 7 ml (700 units) instead of seven units by an error.

She presented to hospital 2 hours later when this was recognized. The initial BG in the emergency room was 13.9 mmol/l. A dextrose infusion was started 6 hours after the insulin injections when her BG dropped significantly before it reached a lowest level of 3.3 mmol/l, 9 hours after the event. It was only possible to discontinue this infusion 15 hours after insulin injections when BG was stable.

Conclusion(s) Hypoglycemia could be delayed in insulin overdose in diabetic children. This may necessitate prolonged monitoring beyond the usual half-life of insulin.

49 THE CLINICAL DILEMMA OF DKA AND HHS: A CASE OF COMPLICATED DIABETES MELLITUS

Menatalla Moamen Ramadan Mohamed. *Sohag Faculty of Medicine, Egypt*

10.1136/bmjpo-2024-ASPED.49

Background Diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state (HHS) are both hyperglycemic emergencies that are associated with a wide range of complications If not recognized and treated early and aggressively. Therefore, meticulous monitoring of clinical and biochemical responses to treatment is necessary so that timely adjustments to treatment can be made. Despite the fact that DKA is more common than HHS in type 1 DM, rates of treatment complications and mortality are substantially higher in HHS than those of DKA. An even higher risk of complication is associated with the overlap of both conditions. These complications include cerebral, renal, and thromboembolic manifestations.

Case Report(s) A 9-year-old girl presented with mixed DKA and HSS. Her condition was complicated by acute kidney injury (AKI), fungal sinusitis, cavernous sinus thrombosis, and panophthalmitis. ENT examination revealed: rt acute suppurative otitis media (ASOM) bulging tympanic membrane, rt lower motor neuron facial palsy lesion, endoscopic examination showed nose gangrene and necrotic tissue, and rt frontoethmoidal and rt maxillary sinusitis (clinical, radiological and histopathological features strongly suggest invasive fungal infection (rhinocerberal mucomycosis)). Ophthalmological examination showed corneal opacity and eye swelling (panophthalmitis). MRI, MRA, and MRV showed rt-sided cavernous thrombosis. The management was started according to the protocol adopted at our unit, which included a combination of sinus debridement, antibiotics, antifungals, and eye inoculation with prosthetic eye implantation.

Conclusion(s) This case highlights the importance of recognizing mixed DKA and HHS cases and the higher risk of complication and mortality in overlapping diseases.

50 DIABETES IN ADOLESCENT GIRL OTHER THAN TYPE-1-DIABTES MELLITUS

Lana Ahmed Mohammed. *Pediatric Endocrinology and Diabetes, Lipid Disorders, Rare Metabolic Diseases, Erbil, Iraq*

10.1136/bmjpo-2024-ASPED.50

Background Diabetes mellitus is a syndrome of disturbed energy metabolism involving carbohydrate, protein, and fat brought about by absolute or relative deficiency of insulin secretion, or resistance to insulin actions at various tissue sites. DM is not a single entity, but a heterogeneous group of disorders in which there are distinct genetic patterns, as well as other etiological and pathophysiological mechanisms that lead to impairment of glucose tolerance.

Case Report(s) 15-year- old girl has history of features diabetes that do not resemble features of type- 1-. She has been diagnosed wrongly as having type-1- diabetes

Conclusion(s) Any patient who has features of hyperglycaemia with clinical and laboratory findings different from that of type-1- should be assessed for other of diabetes.

51 EARLY ONSET DIABETES WARRANTS GENETIC WORKUP; A RARE CASE OF WOLCOTT-RALLISON SYNDROME FROM PAKISTAN

Heera Nand Hindu Mohsina Noor Ibrahim Versha Rai Lakhani, Maira Riaz, Mehrunisa Yasir. *National Institute of Child Health, JSMU, Pakistan*

10.1136/bmjpo-2024-ASPED.51

Background Wolcott-Rallison syndrome (WRS) is a very rare autosomal recessive disease, characterized by permanent neonatal diabetes mellitus (PNDM) with multiple epiphyseal dysplasia and other clinical manifestations, including recurrent episodes of acute liver failure. Fewer than 60 cases have been reported to date. Most patients are from consanguineous