

After delivery, Patient was evaluated in the Endocrine Clinic. She reported episodes of pulsatile headaches, palpitations and excessive sweating for the past 1 year. Each episode would last around 10 minutes and resolved spontaneously. Systolic blood pressure during these episodes was in the 200s and would return back to normal afterwards.

Past medical, surgical and social history was unremarkable. She reported that her mother died suddenly in her 30s from an unknown cause. Physical exam, including blood pressure, was unremarkable in the clinic.

The patient underwent a work up for secondary causes of hypertension after delivery. Tests included plasma metanephrines: 327pg/ml (<57pg/ml), plasma normetanephrines: 7,135pg/ml (<148pg/ml), Chromogranin A 768 ng/ml (<93ng/ml) and a 24 Hour fractionated total metanephrines: 10,170 mcg/24hrs (40-412mcg/24h). She had normal TSH, aldosterone, renin and AM cortisol level. CT scan of chest, abdomen and pelvis showed a large right retroperitoneal, heterogeneously enhancing mass, measuring 5.8 x 3.7 x 8.3 cm, which encircles the aorta approximately 180 degrees, without evidence of vascular invasion. Diltiazem three times a day was initiated for preoperative blood pressure control. After 2 weeks, she underwent laparoscopic resection. Pathology showed lesional cells that are positive for synaptophysin and chromogranin while negative for AE1/3 and sustentacular cells that are highlighted by S100, thus supporting a diagnosis of paragangliomas.

Postoperatively, the patient was weaned off all blood pressure medications. Repeat testing showed plasma metanephrines: 26 pg/ml and plasma normetanephrines: 164 pg/ml. The patient is scheduled to establish care with Endocrine Genetics Clinic.

A timely diagnosis of pheochromocytoma during pregnancy can dramatically affect maternal and fetal mortality rates (1). This case illustrates the importance of a high clinical suspicion for pheochromocytoma as a cause of elevated blood pressure during pregnancy, particularly in patients who lack other characteristics typical of pregnancy related hypertension disorders (proteinuria, edema, etc.) or present with an elevated blood pressure early in pregnancy.

References: (1) Van der Weerd et al., Pheochromocytoma in pregnancy: case series and review of literature. *European Journal of Endocrinology* (2017) 177, R49–R58

Healthcare Delivery and Education

EXPANDING CLINICAL CONSIDERATIONS FOR PATIENT TESTING AND CARE

Osteoporosis Practice: A Pilot Survey of Primary Care Medical Residents

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Background: Patients with osteoporosis are not adequately managed. This pilot study was aimed at evaluating primary care medical residents' confidence and knowledge to diagnose and treat osteoporosis.

Methods: A 16-item, a paper-based de-identified survey was administered to all participating primary care medical residents at two independent University programs. Questions collected information on resident demographics, prior endocrinology exposure through a rotation or a didactic in osteoporosis, future career plan, and assessed confidence and knowledge about screening, diagnosis, and management of osteoporosis. Wilcoxon rank-sum tests were used to compare mean ranks and tetrachoric correlations were used to assess the correlation between variables.

Results: A total of 66 (24.4%) residents completed the survey with 59% being male, 64% were in the 1st and 2nd year of training (junior residents) and 36% were in their 3rd and 4th year of training (senior residents). Forty-eight percent had completed endocrinology rotation and 74% had attended a didactic in osteoporosis.

Residents who had an endocrine rotation had significantly higher confidence ($p=0.003$) and knowledge ($p=0.04$) to diagnose and treat osteoporosis. Residents who attended endocrine didactics had significantly higher confidence ($p=0.04$) but no difference in knowledge ($p=0.1$). Senior residents had a positive correlation between confidence and knowledge ($\rho=0.4$, $p=0.02$). There was no difference in confidence level between males and females. Senior residents who had completed an endocrinology rotation were more likely to respond that they feel confident to obtain

osteoporosis history and perform a physical exam compared to those who had not completed an endocrinology rotation ($p=0.04$). Female junior residents who attended didactics were more likely to respond that they have a higher confidence level to screen ($p=0.02$) and diagnose ($p=0.007$) osteoporosis compared with female junior residents who did not attend didactics. There was a strong positive correlation between confidence and knowledge for osteoporosis screening among senior residents who attended didactics ($\rho=0.8$, $p<0.0001$) and for female residents overall ($\rho=0.75$, $p<0.0001$). Confidence and knowledge for management of osteoporosis were highly correlated among junior residents who had completed endocrine rotation ($\rho=1$, $p<0.0001$).

Limitation: Limitations of this study include its small sample size and lack of generalizability.

Conclusion: This pilot study provides important insights into the confidence and knowledge among in-training primary care medical residents in two independent University programs. Curriculum development should focus on practical and measurable modules to improve resident knowledge. Findings from this survey need to be replicated in a larger sample size study.

Diabetes Mellitus and Glucose Metabolism

DIABETES COMPLICATIONS II

Lipodystrophy, a Forgotten Syndrome

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