

PATIENTS AND METHODS: Retrospective study including COVID-19 patients with diabetes hospitalized in the infectious diseases department between November 2020 and February 2021.

The population was divided into G1 (with diabetes) and G2 (without diabetes).

RESULTS: In total, 153 patients were collected. The population was divided into G1 (89 patients, 58.2%) and G2 (64 patients, 41.8%). In G1, 27 % were transferred to ICU, 30% died and 43% recovered but needed over than 10 L/min of oxygen. The median age of patients was similar in G1 and G2 (65 years old). There was no significant difference in terms of gender ($p=0.5$). Hypertension was associated to G1 (68% vs 53%, $p<0.001$). The delay between hospitalization and onset of symptoms was similar between both groups (5 days on average)

Fever, cough and dyspnea were similar on both groups ($p=0.1$). Digestive manifestations were more observed in G1 (58% vs 45%, $p=0.04$). Anosmia was also associated to G1 ($p=0.03$) Tachycardia was more observed in G1 ($p=0.04$). Biologically, lymphopenia and thrombocytopenia were observed in both groups ($p=0.1$). G1 was more associated with severe radiologic forms (86% vs 71%; $p = 0.03$).

CONCLUSION: Among people with diabetes, our study showed that hypertension, digestive manifestations, anosmia, and severe radiologic forms are important predictors of morbidity and mortality of COVID-19.

Keywords: COVID-19, diabetes, severe , mortality

Abbreviations: COVID-19

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0109

Challenges of diabetes management during COVID-19 infection

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Abstract

BACKGROUND: Diabetic patients are more susceptible to severe forms of COVID-19 infection. They also may have poor glycemic control due to infection and corticosteroids.

We aimed to describe the frequency of diabetes and its management in patients with COVID-19 infection.

PATIENTS AND METHODS: It was a retrospective study, including COVID-19 patients, hospitalized in the department of infectious diseases in Hedi Chaker hospital between November 2020 and February 2021.

RESULTS: In total, 351 patients were collected. Diabetes was observed in 43.5 % of patients. Diabetes was type 2 in 94.1% of cases. Patients were without any treatment (29%), treated with oral antidiabetic drugs (52.3%), or with insulin (38%). Degenerative complications were found in 22.2 % of patients. Diabetic patients had severe clinical forms (oxygen over 10L per minute) in 75.2%. They were treated with corticosteroids on 91.5 %. (Between 4 mg (10.5%) and 24 mg (29.4%) of dexamethasone). A poor glycemic control was found in 72.5 %, treated with insulin in all cases.

Regarding non-diabetic patients (198 patients), 14.2% of patients developed diabetes. For these patients, dexamethasone was prescribed at a posology over 12 mg in 60.7% of cases. The average duration of corticosteroids in those patients was 9 days. All patients were discharged with oral antidiabetics.

CONCLUSION: People with diabetes should be educated regarding the

management of their condition during COVID-19 infection, including medication changes. If neglected, it may result in increased morbidity and mortality.

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0110

Pyogenic spondylodiscitis in diabetics

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Abstract

INTRODUCTION: Pyogenic spondylodiscitis (PS) entail major morbidity and may be associated with serious long-term sequelae. We aimed to study the particularities of PS in diabetics.

PATIENTS AND METHODS: This is a retrospective descriptive study, including cases of PS in diabetics, collected in the department of infectious diseases between 2005 and 2020.

RESULTS: Fifteen patients were collected (10 men and 5 women). The average age was 62 years old. Seven patients had non-insulin-dependent diabetes. The delay between symptoms onset and diagnosis was about 2 months. Spinal pain was the most common symptom (80%), followed by fever (60%). A biological inflammatory syndrome was present in all cases. The imaging showed epidural extension (5 cases) and paravertebral abscesses (9 cases).

The level of the spine involved was lumbar in 60% of cases and dorsal in 40% of cases. The pyogenic origin was retained with the positivity of blood cultures in 7 cases. The other cases were retained on a histological aspect of disco-vertebral biopsy.

Germes responsible for PS were *Escherichia Coli* (3 cases), *Staphylococcus aureus* (2 cases), *Streptococcus Sp* (3 cases), and *Enterococcus faecalis* (2 cases). Empiric antibiotherapy was based on 3rd generation cephalosporins (33.4%), glycopeptides (26.8%). The average duration of antibiotics was 4 months. Surgical treatment was not indicated for our patients. Diabetes imbalance was observed in 4 patients. Apart from 2 cases of death, the long-term follow-up was favorable.

CONCLUSION: PS in diabetics is rare. Diabetes can influence the prognosis. Thus, early diagnosis and management are necessary to prevent complications.

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0111

COVID-19 and metabolic syndrome

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Abstract

BACKGROUND: Metabolic syndrome (MS) and its components