Abstracts
Clinical Medicine

CM01 Efficacy of oral formulation of semaglutide in obese patients with type 2 diabetes mellitus - a retrospective study

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Keywords: HbA1c; obesity; semaglutide; type 2 diabetes mellitus

INTRODUCTION/OBJECTIVES: Semaglutide is a glucagon-like-peptide-1 receptor agonist, an innovative drug for managing type 2 diabetes mellitus and obesity. The oral formulation of semaglutide represents an alternative treatment option in patients that decline the subcutaneous injection form.
MATERIALS AND METHODS: In this retrospective study, 28 diabetic patients (18 male, 10 female) were prescribed the oral formulation of semaglutide as an add-on to their established antidiabetic prescription. At baseline, patients were 62,3 ± 10,2 years old, obese with BMI 32,9 ± 3,5 kg/m2, had a body weight of 98,4 ± 15,5 kg, HbA1c 8,3 ± 1,3 %, and with the disease duration of 13,3 ± 9,1 years.
RESULTS: At 8 month follow-up, 23 patients completed the treatment - 18 patients (73,9%) lost weight and 19 patients (82,6%) had a reduction in HbA1c. The patients lost 6,1 ± 2,8 kg of body weight and had a reduction in HbA1c by 1,6 ± 1,3 %. 13 patients (56,5%) achieved HbA1c < 7%. 5 patients (17,8%) discontinued the drug after the first 2 weeks of use because of the adverse gastrointestinal symptoms (nausea, vomiting, diarrhea).
CONCLUSION: More than half of the patients achieved HbA1c < 7%, alongside losing weight, which proves that oral formulation of semaglutide is beneficial for obese patients with moderately longstanding type 2 diabetes mellitus. Gastrointestinal side effects should be taken into consideration, as around 1/5 of patients did not manage to use the oral formulation of semaglutide at all.

CM02 Intraoperative floppy iris syndrome: comparison of two different alpha-adrenergic blockers

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KEYWORDS: doxazosin; intraoperative floppy iris syndrome; prophylaxis; tamsulosin

INTRODUCTION/OBJECTIVES: AIM: To compare the incidence and severity of intraoperative floppy iris syndrome (IFIS) in patients taking tamsulosin or doxazosin.
MATERIALS AND METHODS: Prospective study included 1892 patients on systemic tamsulosin or doxazosin therapy over a 2 years period (November 2013- November 2015). Phacoemulsification with intraocular lens implantation was performed, by the same surgeon, without using phenylephine or epinephrine. The presence of IFIS was evaluated and graded. Grading was performed as follows: 1: none or presence of iris fluttering only; 2: iris fluttering with pupil constriction ≥ 2 mm or iris prolapse; 3: iris fluttering, pupil constriction ≥ 2 mm and iris prolapse. For statistical analysis chi square test was used.
RESULTS: Of 1892 patients enrolled, IFIS was noted in 53 patients (2.8%) taking tamsulosin and in 15 patients (0.8%) taking doxazosin. In tamsulosin group, 20.75% of patients had symptoms of mild IFIS, 47.17% moderate and 32.08% severe IFIS. 20% of doxazosin group showed symptoms of mild, 60 % of moderate and 20% of severe IFIS. There was no statistically significant difference between the two groups (X2=0,48; P=0,616). Also no significant difference between the groups analyzing moderate + severe IFIS was noted (X2=0,96; P=0,327). There were no significant surgical complications in either groups.
CONCLUSION: When phenylephine or epinephrine are omitted intraoperatively as a prophylaxis, moderate to severe IFIS can occur. Although both tamsulosin and doxazosin significantly increase the risk of intraoperative floopy iris syndrome, our data indicate that there is no statistically significant difference between them regarding the severity of iris fluttering, pupil constriction and iris prolapse.