**Introduction:** Thyroid storm is not an uncommon complication among patients with hyperthyroidism. The same is true with Diabetic Ketoacidosis among patients with poorly controlled Type 1 diabetes mellitus. The simultaneous occurrence of these two endocrine emergencies is however infrequent.

**Case Presentation:** A 17 year-old female presented with a diffuse abdominal pain and vomiting for one day. She was diagnosed with Graves’ disease with Type 1 diabetes three months earlier. At the emergency room, she appeared drowsy, agitated, highly febrile with body temperature of 38.7 degree Celsius and tachycardic with pulse rate of 160 beats/min. A grade II diffuse goiter was palpated with bilateral exophthalmoses and dry skin were found.

**Investigation and Management:** Initial capillary blood glucose revealed hyperglycemia of 499 mg/dl and arterial blood gas noted compensated metabolic acidosis. She had urine ketones of 50 mg/dl. Furthermore, her thyroid profile revealed a significantly low thyroid stimulating hormone and an elevated free T4. Burch and Wartofsky scoring showed a score of 65, highly suggestive of thyrotoxic crisis.

Patient was managed with high dose propylthiouracil, dexamethasone and propranolol simultaneously with hydration, Insulin and Bicarbonate correction for the acidosis. Subsequently after meticulous management of the condition patient improved significantly and was discharged with full recovery.

**Conclusion:** The simultaneous presentation of two endocrine emergencies such as Diabetic Ketoacidosis and Thyroid Storm is possible. In the setting of Diabetes Mellitus, the concomitant occurrence of Hyperthyroidism may predispose patient to succumb to life-threatening complications like Diabetic Ketoacidosis and Thyroid Storm.