

**CONCLUSION**

Although rare, symptoms of diabetes insipidus in patients with malignancy should alert the physician for the possibility of pituitary metastasis. Failure to consider this diagnosis can lead to delay in treatment and complications.

**PP-03****DIABETES INSIPIDUS MASQUERADING PITUITARY ADENOMA**

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**INTRODUCTION**

Central diabetes insipidus (CDI) is rare with a prevalence of 1 in 25000, most commonly due to pituitary surgery or trauma (50%) and hypophysitis (15%). We reported a rare case of CDI masquerading as a pituitary adenoma.

**RESULTS**

A 54-year-old woman with diabetes mellitus presented with generalised seizure. She had polyuria >3L/day and polydipsia for 6 months. She had no menses since age 45, and no history of postpartum complications. Galactorrhoea, increased weight/shoe size, changes in facial appearance, headache, blurring of vision, postural dizziness and hypothyroid symptoms were absent. She was obese (body mass index 49 kg/m<sup>2</sup>, with BP 124/62, HR 62, and no postural hypotension. There were no abdominal striae, proximal myopathy, frontal bossing, spade-like hands nor bitemporal hemianopia. She had hypernatraemia (152mmol/L), high serum osmolality (320 mOsm/kg) and low urine osmolality (80 mOsm/kg). Urine osmolality increased to 340 mOsm/kg after desmopressin. She had central hypocortisolism (cortisol 14 nmol/L, ACTH 22 pg/mL), central hypothyroidism (ft4 7.1 pmol/L, TSH 0.58 mIU/L), hyperprolactinaemia (3387 mIU/L, 3974 mIU/L post-dilution) and secondary hypogonadism (oestradiol 232 pmol/L, LH <0.1 IU/L, FSH 1.4 IU/L). Random morning GH was 0.1 ng/mL. IGF-1 was not sent as there was no clinical suspicion of acromegaly. Pituitary MRI showed a well-defined enhancing sellar mass with suprasellar extension measuring 1.3 cm x 1.4 cm x 1.6 cm, suggestive of a pituitary macroadenoma with central necrosis and loss of posterior pituitary brightness on plain T1 MRI. The adenoma was removed via transsphenoidal surgery, and histopathology showed pituitary adenoma which stained positive for GH and prolactin. There was no evidence of hypophysitis on histology.

**CONCLUSION**

Pituitary adenomas rarely present as CDI. In few reports, all had concurrent hypophysitis on histopathology (1-4). Our patient had biochemically confirmed CDI and radiologic findings suggestive of adenoma and hypophysitis. However, histopathology only showed pituitary adenoma with no evidence of hypophysitis.

**PP-04****HYPOGLYCEMIA AWARENESS AND MANAGEMENT STUDY (HAMS) – A RETROSPECTIVE REVIEW OF HYPOGLYCEMIA KNOWLEDGE AMONG HEALTH CARE PROVIDERS IN A SINGLE CENTER**

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**INTRODUCTION**

Knowledge on management of hypoglycemia is essential for all healthcare providers (HCP). Poor management of hypoglycemia will lead to catastrophic consequences. The objective of this study is to evaluate the level of knowledge on hypoglycemia among HCP in Hospital Melaka.

**METHODOLOGY**

This was a retrospective review on level of hypoglycemia knowledge among HCP from various departments. All HCP who attended a Hypoglycemia Roadshow in Hospital Melaka in November 2019 were given an assessment which consisted of 10 questions to evaluate their knowledge on diagnosis, complications and management of hypoglycemia.

**RESULTS**

There were 422 participants consisting of 308 doctors and 114 non-doctors. The level of knowledge was divided into low (0-3 points), moderate (4-6) and high (7-10). High scores were seen in 56.16% (n= 237); the rest achieved moderate (35.31%, n=149) and low (8.53%, n=36) scores. We compared the level of knowledge between doctors and non-doctors: 41.94% of doctors achieved high scores as compared to 14.22% of non-doctors. However, this was not statistically significant (p=0.115). HCP from the medical department performed better with 28.67% achieving high scores compared to 27.49% in those from non-medical departments (p=0.00). Numerically, junior HCP (<5 years working experience) performed better with 40.76% obtaining high scores compared to their senior counterparts (≥5 years), with only 15.4% obtaining high scores. (p=0.331)