PP-09

COMPLETE ANDROGEN INSENSITIVITY SYNDROME WITH MALIGNANT LEFT TESTICULAR SEMINOMA- A CASE REPORT

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INTRODUCTION
Complete androgen insensitivity syndrome (CAIS) is a rare X-linked recessive disorder resulting in failure of normal masculinization of the external genitalia in chromosomally male individuals. We present a rare case of CAIS with malignant left testicular seminoma.

RESULTS
A 37-year-old phenotypically female patient presented with primary amenorrhea at 15 years old and was diagnosed with CAIS based on chromosomal studies which revealed 46XY. However, she defaulted follow-up until she presented again with abdominal distension and breathlessness in April 2020. She is the 3rd of 4 siblings from a non-consanguineous marriage. Physical examination revealed a tall, normal built girl with no axillary and pubic hair, Tanner Stage 1 breast and normal female genitalia. CT of the thorax, abdomen and elvis revealed a large heterogeneous suprapubic mass (10.6 cm x 13.5 cm x 17.2 cm), moderate ascites, enlarged left paraaortic lymph node, massive right pleural effusion and a rudimentary uterus. Laparotomy and bilateral orchidectomy was performed which revealed left testicular seminoma and normal right testis on histopathologic examination. Tumor markers post-operatively revealed elevated serum LDH lactate dehydrogenase, and normal serum alpha feto protein and serum beta human chorionic gonadotrophin. She underwent 4 cycles of bleomycin, etoposide and platinum chemotherapy. Post-chemotherapy CT revealed no recurrence or distant metastasis with normalization of her tumour markers. Serum follicle-stimulating and serum luteinizing hormones were elevated; serum testosterone level was within normal. 25-hydroxyvitamin D level was insufficient. Dual energy x-ray absorptiometry scan revealed low bone mineral density. She was started on cholecalciferol 1000 IU daily and premarin 0.625 mg daily.

CONCLUSION
This case highlights the importance of proper follow up and management of CAIS to prevent complications, such as malignant germ cell tumor and osteoporosis.

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IMPACT OF DIABETES MELLITUS ON SEVERITY OF MELIOIDOSIS INFECTION IN TEMERLOH: A RETROSPECTIVE STUDY

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INTRODUCTION
Melioidosis is caused by the gram negative bacillus Burkholderia pseudomallei and it is known to be endemic in the state of Pahang. Diabetes has been recognized as the main predisposing condition associated with melioidosis, hence it is timely to re-examine this association with disease severity, clinical course and outcomes.

METHODOLOGY
This was a retrospective study conducted in Hospital Sultan Haji Ahmad Shah, Temerloh in the state of Pahang recruiting all culture- positive Burkholderia pseudomallei patients aged 12 years old and older from January to December 2018. Data collected included demographics, co-morbidities, disease presentation, diabetes status, culture findings, complications, Quick Sequential Organ Failure assessment score (qSOFA), antibiotic usage and disease outcomes. Data obtained were analysed using SPSS Version 26.

RESULTS
There were 39 patients were included in this study, with a mean age of 52.1 years (± 14.1). Pre-existing or newly-diagnosed diabetes was noted in 66.7% (n=26). Of these patients, 25% had systemic inflammatory response syndrome (SIRS) and 35.9% had severe sepsis or septic shock. High qSOFA score at presentation was seen in 17.9% of patients with diabetes. The diagnosis of melioidosis was based on positive blood cultures in 89%; almost 30% had pulmonary melioidosis. Majority (38.5%) received combination ceftazidime and sulfamethoxazole/ trimethoprim, while a third received Ceftazidime monotherapy presentation. Mortality rate in all patients with melioidosis treated in Temerloh was 30.8%; 80% of these patients had diabetes.

CONCLUSION
This study clearly demonstrated the impact of diabetes on severity of melioidosis infection and risk of mortality.