

**CONCLUSION**

Pregnancy in women with acromegaly is generally safe with tumoral and hormonal stability. Treatment interruption at pregnancy confirmation has proven to be safe. This case highlights the fact that medical therapy with octreotide LAR should be considered in a pregnant patient with significant headache. Short-acting somatostatin analogue can be initiated together with long-acting somatostatin analogue to get immediate effects.

**PP-17****FUNCTIONING VAGAL PARAGANGLIOMA**

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**INTRODUCTION**

Paragangliomas (PGLs) are rare neuroendocrine tumors arising from sympathetic or parasympathetic paraganglia, which can be sporadic or familial. Sympathetic PGLs are almost always functional (clinically active) while parasympathetic PGLs are usually not. Parasympathetic PGLs usually arise in four distinct areas: carotid body, vagus, middle ear, and larynx. Herein, we report a case of functional vagal paraganglioma and discuss its management.

**RESULTS**

A 49-year-old female presented with a painless neck swelling, which was gradually increasing in size over the past 4 years. She sought medical advice after experiencing episodic headache along with palpitation and 10kg weight loss over a 2-month period. She had a noticeable right sided neck swelling, and labile blood pressure. Further evaluation revealed elevated 24 hour urine noradrenaline and an metaiodobenzylguanidine (MIBG)-avid right neck mass. Following a diagnosis of functioning neck paraganglioma, phenoxybenzamine and carvedilol were initiated two weeks prior to surgery. She underwent embolization followed a day later by surgical excision of the tumor with vagus nerve reconstruction. Intraoperatively, a short period of sodium nitroprusside infusion was required during manipulation of the tumor. Postoperatively, a brief period of inotropic support was required. Histologic examination of the excised mass revealed a paraganglioma with a low proliferative index (Ki 67 <5%). She was well and normotensive upon discharge.

**CONCLUSION**

Paraganglioma is a rare and curable cause of hypertension. Preoperative preparation with alpha-blocking with or without beta-blocking agents together with volume expansion are crucial before surgical resection. This case highlighted the importance of a multidisciplinary team involvement in every aspect of the patient's care in order to have an adequate decision-making process.

**PP-18****BIOENHANCED TOCOTRIENOL-RICH VITAMIN E (TOCOVID) IMPROVES NERVE CONDUCTION VELOCITY IN PATIENTS WITH TYPE 2 DIABETES MELLITUS: PHASE II DOUBLE-BLIND, RANDOMIZED CONTROLLED CLINICAL TRIAL**

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**INTRODUCTION**

This study aims to investigate the effects of bioenhanced tocotrienol-rich vitamin E (Tocovid Suprabio™) on nerve conduction parameters and serum biomarkers among patients with type 2 diabetes mellitus.

**METHODOLOGY**

Eighty-eight patients were randomized to receive 200 mg of tocotrienol-rich vitamin E (Tocovid) twice daily or matching placebo for 12 months. Nerve conduction parameters, vitamin E levels and serum biomarkers were measured at 2, 6 and 12 months.

**RESULTS**

After 12 months, patients in the Tocovid group showed highly significant improvement in conduction velocity (CV) of both median and sural sensory nerves compared to placebo. The between intervention group differences (treatment effect) in CV were 1.60 m/s (95% CI: 0.70, 2.40, p=0.007) for median nerve and 1.97 m/s (95% CI: 1.10, 3.45, p=0.036) for sural nerve. Significant improvement in CV was only observed up to six months in tibial motor nerve CV, 1.30 m/s (95% CI: 0.60, 2.20, p<0.001). There were no significant changes in transforming growth factor beta-1 (TGFβ<sup>1</sup>) and vascular endothelial growth factor A (VEGF-A). After six months of washout, there were no significant differences from baseline between groups in all nerve conduction parameters of all three nerves.