CONCLUSION
Tocovid at 200 mg twice a day significantly improved median and sural sensory nerve CV at 12 months but improvement in tibial motor nerve CV was only observed up to six months. All improvements diminished after six months of washout.

PP-19

ANDROGEN PRODUCING TUMOUR: UTILISING OVARIAN AND ADRENAL VENOUS SAMPLING

https://doi.org/10.15605/jafes.036.S45

Nur Aini Ew,[1,2] Goh Kg,[1] Azraai B N[1]
[1]*Department on Medicine, Hospital Putrajaya, Malaysia*
[2]*Endocrine Unit, Department of Internal Medicine, Faculty of Medicine, Universiti Teknologi MARA (UiTM), Malaysia*

INTRODUCTION
Androgen-secreting tumour (AST) is rare, with a prevalence of 0.2% among women with hirsutism. Ovarian and adrenal venous sampling (OAVS) is useful in localising the tumour but has low success rate. We reported a case of ovarian AST with successful cannulation of all 4 veins.

RESULTS
A 26-year-old woman presented with secondary amenorrhoea, hirsutism and voice deepening for 5 years. She did not have Cushing syndrome, or manifestations related to hyperprolactinemia or congenital adrenal hyperplasia. Her family history was unremarkable. On examination, blood pressure was 112/75 mmHg, heart rate 82/min, weight 73 kg, and BMI 25.8 kg/m^2. She has a feminine body habitus with Ferriman-Gallwey score of 17. She has no clitoromegaly. Serum testosterone was 14x the upper limit of normal at 28.87 nmol/L. The following serum hormonal tests were all within normal: TSH 1.194 mU/L, fT4 12.0 pmol/L (7-14.4), prolactin 310 µU/mL, LH 5.8 mU/mL, FSH 6.8 mU/mL, oestradiol 247 pmol/L, Dehydroepiandrostenedione-sulphate (DHEAS) 5.9 µmol/L. Free androgen index was 48 (4x ULN for female). AST of the ovary was suspected. MRI of the adrenal glands and pelvis revealed a heterogeneous enhancement of the left ovary, slightly larger than the right, and normal adrenal glands. All 4 veins were successfully cannulated during OAVS. The increased testosterone secretion was lateralised to the left ovary, consistent with the MRI, with lateralization ratio of 7.9 and 4.4.

DISCUSSION
A very high testosterone level should raise suspicion of AST. Testosterone >3 nmol/L has a sensitivity of 100% and specificity of 53% in detecting AST. Some reported values >5.2 nmol/L with convincing history. DHEAS level of >18.9 mmol/L strongly suggests adrenal origin. OAVS is useful in cases of small ovarian AST that could not be excluded from biochemical and imaging studies. However, it is a difficult and highly demanding procedure. A central-to-peripheral oestradiol ratio of >2 confirms successful ovarian vein catheterisation. An ovarian vein testosterone gradient of >1.44 confirms lateralization (1).

CONCLUSION
A very high serum testosterone should raise suspicion of AST. OAVS, although difficult, is useful in localising the tumour.

PP-20

PRIMARY HYPOPHYSITIS WITH HYPOPITUITARISM IMPROVING WITH HIGH DOSE STEROIDS

https://doi.org/10.15605/jafes.036.S46

Xin-Yi Ooi,[1] LL Lim,[2] QH Lim,[2] SR DB Vethakkan,[2] J Ratnasingam,[2] L Ibrahim,[2] SS Paramasivam[2]
[1]*Endocrine Unit, Medical Department Hospital Kuala Lumpur, Wilayah Persekutuan, Malaysia*
[2]*Endocrine Unit, Medical Department University Malaya Medical Centre, Malaysia*

INTRODUCTION
A 39-year-old female presented with an 8-month history of severe headaches, amenorrhea for 6 months, increased thirst and weight loss. She consulted a neurologist for migraine and was subsequently referred to an endocrinologist when her MRI showed a pituitary lesion. There was no visual impairment.

RESULTS
Investigations on admission:
Free T4 11.7 pmol/L (11.5-22.7)
TSH 0.11 mIU/L (0.55-4.78)
IGF-1 267 ng/ml (63.4-223)
ACTH <5 pg/ml
AM cortisol <14 nmol/L
LH <0.1IU/L(0.5-16.9)
FSH 2.8IU/L (1.5-9.1)
Estradiol 75 pmol/L (205-786)
Prolactin 511 mIU/L (59-619)