MRI of the pituitary gland showed a clearly thickened pituitary stalk abutting the optic chiasm with heterogeneous enhancement along the stalk and base of the hypothalamus and loss of posterior bright spot. The pituitary enhances peripherally with a slight hyperintensity on T1-weighted images, signifying proteinaceous or inflammatory changes. There was no dural tail sign. She was diagnosed with hypophysitis and was started on IV methylprednisolone 500 mg OD for 3 days. She developed overt polyuria after initiation of steroids and required regular desmopressin. As she is young with hypopituitarism and diabetes insipidus, she was given prednisolone 50 mg OD as per the protocol from Chiloco et al from Rome with a tapering dose planned over 13 months. In the study by Chiloco et al, this regime showed a 50-70% improvement in hormonal deficiencies compared to conservative treatment. This patient had resumption of her menses after 3 months despite still requiring regular desmopressin. There was improvement in her pituitary function with FT4 16.1 pmol/L, TSH 0.55mIU/L, LH 2IU/L, FSH 2.2IU/L and estradiol 193 pmol/L. Repeat MRI showed marked reduction in her stalk thickening.

CONCLUSION

High dose and prolonged steroids are an effective treatment to improve hormonal outcome in a patient with primary hypophysitis.

PP-21

RETROSPECTIVE ANALYSIS OF ADRENAL VEIN SAMPLING (AVS) SUCCESS: A STUDY OF A MALAYSIAN COHORT FROM A SINGLE TERTIARY CENTER

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INTRODUCTION

Adrenal venous sampling (AVS) is the current gold standard to properly lateralise primary aldosteronism (PA) caused by an adrenal lesion. A successful AVS can help to identify unilateral PA giving the option of an adrenalectomy of the affected adrenal as a one-off treatment instead of life-long medication. However, due to the invasive nature of the technique and the difficulty in identifying, cannulating, and withdrawing blood from the adrenal vein, AVS is not always successful. Herein, we aim to elucidate the clinical and laboratory characteristics associated with successful AVS in patients with PA.

METHODOLOGY

100 AVS procedures conducted at Hospital Universiti Kebangsaan Malaysia (HUKM), Kuala Lumpur, Malaysia between 2017 and 2020 were analysed retrospectively. Success of AVS, sociodemography, and blood results of the patients pre-adrenalectomy were collected and compared. The variables investigated were age, gender, race, duration of hypertension, body mass index, aldosterone, serum sodium, serum potassium, and hypokalemia.

RESULTS

Of the 100 AVS procedures studied, 54 were performed on men and 46 were on women. Malay patients presented the highest frequency of patients (n=53) followed by Chinese (n=47). AVS was most frequently performed in patients aged 36-45 years (n=38) followed by 26-35 years (n=20), 56-65 years (n=16), 46-55 years (n=15), 66-75 years (6 patients), 16-25 years (4 patients) and 76-85 years (1 patient). AVS was successful in sixty-three patients, but was unsuccessful in thirty seven patients. Variables significantly associated with successful AVS were Malay ethnicity (p=0.048) and high serum sodium levels (p=0.019).

CONCLUSION

Successful AVS in patients with PA was most significantly associated with Malay ethnicity and high serum sodium. There were no significant associations found for age, gender, duration of hypertension, body mass index, aldosterone, and potassium levels.

PP-22

LYMPHOCYTIC HYPOPHYSITIS MASQUERADING AS PITUITARY MACROADENOMA WITH SUPRASELLAR EXTENSION

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INTRODUCTION

Autoimmune hypophysitis mimics the more common non-secreting pituitary adenomas. The diagnosis can only be confirmed with certainty only through histology examination of the pituitary gland. Studies have shown up to 40% of patients with hypophysitis are misdiagnosed as having pituitary macroadenoma and undergo unnecessary surgery.