RESULTS

A man suffered from daily headache, nausea, lethargy, loss of weight and blurred vision for one year. He was thirsty all the time and drank eight liters of fluid in a day with bothersome nocturia. He was intolerant of cold weather and had constipation and noticed dry skin. His libido was low. His progressive reduction in effort tolerance resulted in him unable to continue working. On examination, he was of medium built with bradycardia and dry skin. Visual confrontation revealed bitemporal hemianopia. Laboratory investigations revealed central hypothyroidism, hypogonadotropic hypogonadism, central hypocortisolism and a compensated cranial diabetes insipidus. Imaging revealed a heterogeneously enhancing mass in the sella measuring 19 x 12 x 12 mm with suprasellar extension causing mass effect into the optic chiasm. The pituitary stalk was not visualized. Hormonal replacement was commenced. He underwent trans-sphenoidal surgery and histopathology showed chronic hypophysitis. He was then pulsed with steroid and had clinical improvement.

CONCLUSION

Differentiating autoimmune hypophysitis from non-secreting pituitary adenoma before surgery would greatly benefit the patient. It avoids the possible complications of surgery. Furthermore, autoimmune hypophysitis can be successfully treated with medications. Another important learning point from this case is to highly suspect hypophysitis in a patient who has cranial diabetes insipidus even before any pituitary surgery.

PP-23

EMPTY SELLA SYNDROME WITH ECTOPIC GROWTH HORMONE SECRETION – AN UNUSUAL PRESENTATION OF ACROMEGALY

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INTRODUCTION

Empty sella syndrome is a radiological diagnosis characterised either by primary of secondary causes. Individuals with empty sella syndrome do not have any associated symptoms, but some may exhibit features suggestive of hypopituitarism. We report a case of a female with symptoms of florid growth hormone excess with radiological evidence of empty sella syndrome.

RESULTS

A 59-year-old Malay female was initially referred for poorly controlled diabetes with HBA1c of 12.5% requiring very high doses of insulin. On further history, she claimed that her ring size increased from size 20 at the time she got married to size 25 along with increased shoe size from 7 to size 10 in a span of 6 years. On clinical examination, she had typical features of acromegaly. Formal Bjerrum testing showed normal visual fields. IGF-1 level was elevated at 655ug/L (97-292). Her other anterior pituitary hormonal tests were normal. Her growth hormone (GH) was not suppressed following an oral glucose load (OGTT). Brain MRI revealed non-visualisation of normal pituitary gland with CSF filled sella turcica suggestive of empty sella syndrome. A contrast-enhanced computed tomography revealed a soft tissue density seen at the right lateral aspect of the pituitary fossa which is most likely arising from the sella turcica. She was then referred to neurosurgery.

CONCLUSION

We described a patient with clinically and biochemically proven acromegaly with an empty sella syndrome on MRI. Early screening and detection would be imperative for earlier neurosurgical referral for better outcome.

PP-24

APOPLECTIC CORTICOTROPIN-PRODUCING MACROADENOMA: A RARE ENTITY

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INTRODUCTION

Pituitary tumour apoplexy is defined as infarction, haemorrhage or combination of both occurring in a pituitary tumour as a result of expansion of the tumour causing altered sensorium, visual and ophthalmic disturbances and hormonal deficiencies. It is uncommon and mostly happens in macroadenomas. The prevalence of apoplexy is extremely rare in corticotropin-producing adenoma.

RESULTS

We present a 24-year-old female with persistent Cushing's disease since 2019 despite transsphenoidal surgery and treatment with high-dose cabergoline. She experienced new-onset left complete ptosis with right ophthalmoplegia few months after surgery. Pituitary MRI showed expansion of the sella toward the left cavernous sinus hence tumour debulking and decompression surgery was planned. However, her serial cortisol and ACTH rapidly declined and dropped to below the reference ranges a few days prior to the planned surgery. Repeat image-guide setting MRI of the pituitary showed features of apoplexy. She underwent successful pterional craniotomy & debulking of the tumour with steroid cover perioperatively. Her postoperative course was uneventful. She was discharged with hydrocortisone.

CONCLUSION

Corticotropin-producing pituitary macroadenoma is very uncommon and apoplexy following high dose of cabergoline may happen despite the rarity of its incidence.

PP-25

WHAT MATTERS MOST TO THE PATIENT BEFORE AND AFTER INITIATION OF TREATMENT FOR THYROID DYSFUNCTION?

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INTRODUCTION

Thyroid dysfunction (TD) has a prevalence of 3.4% in Malaysia. Although there are significant disparities in the quality of life before and after treatment in many diseases, no study has been done to assess the impact of TD on patients before and after treatment. Thus, the objective of this analysis is to evaluate what matters most to patients before and after treatment of TD.

METHODOLOGY

This qualitative study utilised a Malay language version of the semi-structured interview guide in Malaysia. This is part of the larger research developed from interactive discussions with patients who have thyroid dysfunction. Data were collected using a dual--method approach, i.e., face-to-face in-depth interviews in the endocrine clinic and online survey using the same set of questionnaires. The responses were analyzed using Braun and Clark's thematic analysis framework guided by the question: What matters most to the patient before and after initiation of treatment for TD?

RESULTS

Before treatment, most patients diagnosed with TD were anxious, scared, sad, angry, and in disbelief. Other concerns include impairments in the activity of daily living, e.g. unable to cope with their jobs, a perceived burden to the family, and uncertainties. Only some were able to accept the diagnosis. Most patients feel relieved knowing there are available treatments and their conditions improved after treatment, while a minority of patients remained anxious with low mood, and in denial. Our findings suggested that patients with TD go through the five stages of emotional changes based on the Kubler-Ross model during the disease management process.

CONCLUSION

Our findings suggested that TD is a life event for most patients. The grief reaction towards their illness resolved with treatment and improved knowledge regarding their condition. Therefore, research that focuses on developing insight into patient issues is needed to develop appropriate management and support programs.