

PP-39**A RARE DIAGNOSIS IN 3RD TRIMESTER PREGNANCY OF FUNCTIONING LEFT PHAEOCHROMOCYTOMA AND PARAGANGLIOMA: A CASE REPORT**

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INTRODUCTION

Phaeochromocytoma or paraganglioma in pregnancy is extremely rare, with a frequency of 0.007% of all pregnancies. If unrecognized, it has high maternal and fetal mortality risk.

RESULTS

A 34-year-old G2P1 female at 34 weeks gestation with GDM on insulin was referred for further workup. She had previously been detected to have a left suprarenal mass (8.5 x 5.2 x 5.8 cm) by ultrasound during her first pregnancy, and underwent caesarean section (CS) at 36 weeks for severe pre-eclampsia with impending eclampsia. Postpartum, her anti-hypertensives were discontinued within 2 weeks. She subsequently defaulted further follow-up. She had paroxysmal symptoms of headache and palpitation once to twice a week during the current pregnancy. Blood pressure in the ward was <140/90. KUB ultrasound showed a heterogeneous mass with cystic component arising from the left suprarenal region (9.6cm x 7.7cm x 9.6cm), with another smaller mass (6.0cm x 5.6cm) lateral to this. 24-hour urine catecholamines revealed elevated epinephrine 7.55 times above the upper limit of normal (ULN) at 151.0 mcg/day (Normal: 0.5 –20.0) while norepinephrine and dopamine were raised 1.98 and 1.91 times above ULN respectively. The patient was then referred to an endocrine tertiary centre for expert multidisciplinary care. She was started on prazosin and underwent elective CS 1 week later at 36 weeks gestation, delivering a 2.7kg baby. An adrenal CT scan 3 weeks postpartum showed left suprarenal masses of mixed density and heterogeneous enhancement (9.4cm x 9.2cm x 8.3cm and 5.7cm x 6.4cm x 6.6cm). Her alpha-blocker was changed to Phenoxybenzamine 2 weeks prior to surgery. She underwent open adrenalectomy 3 months postpartum with excision of left paraganglioma (7 x 7 cm) and left phaeochromocytoma (10 x 10 cm) together with the normal-looking left adrenal gland.

CONCLUSION

In phaeochromocytoma and paraganglioma (PPGL) in pregnancy, multidisciplinary coordination is essential for effective management in terms of appropriate mode of delivery, timing of surgery, anaesthesia as well as adequate pre-operative medical preparation.

PP-40**DROPOUT RATES AND RETENTION FACTORS OF A SINGLE-CENTRE WEIGHT MANAGEMENT CLINIC IN A TERTIARY HOSPITAL**

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INTRODUCTION

Weight management clinics are the mainstay of obesity care in Malaysia. The UiTM weight management clinic comprises a 7-visit programme over a 1-year period involving various specialties such as primary care physicians, endocrinologist, nutritionist, psychologist, and rehabilitation medicine. Each provides different aspects of obesity management. There is a high dropout rate for this clinic, thus, it is essential to recognize those who will benefit from it.

METHODOLOGY

This is a retrospective analysis of 145 patients attending the weight management clinic in UiTM from June 2018 to December 2020. All data were acquired through patients' medical records. Dropout rate is defined as the absence from 1 or more clinic visits at three monthly timepoints. Logistic regression analysis with SPSS version 22 was performed to identify factors predicting patients' retention to the programme.

RESULTS

A total of 145 patients attended the clinic. Dropout rate at 3 months was 37% (n=53), cumulative rate at 6 months was 48% (n=70) and 59% (n=86) at 12 months. 59 patients (41%) completed the programme. Mean age was 39.1 ± 13.3 years and mean BMI 44.9 ± 10.2 kg/m². Patients with dyslipidemia comprised 75% of the cohort (n=109). Patients with a baseline body mass index (BMI) of >40 kg/m² and known dyslipidemia showed higher retention in the programme. Those with dyslipidaemia had a 4-fold increase in retention (OR 4.81 (CI 1.02,22.69)), p= 0.048) while those with baseline BMI of >40 kg/m² had a 5-fold higher retention (OR 5.53 (CI 1.37, 22.27) p=0.016).