CONCLUSION

These two cases highlight the importance of multi-disciplinary approach in the management of CPGLs, as part of a hereditary paraganglioma–pheochromocytoma syndrome.

PP-65

MACROPROLACTINEMIA IN A PATIENT WITH MICROPROLACTINOMA – A CASE REPORT

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INTRODUCTION

Macroprolactin is a prolactin-IgG complex that maybe be found in up to 15% of hyperprolactinemic sera, resulting in falsely elevated prolactin levels. Although macroprolactin usually has insignificant bioactivity, some patients report symptoms of hyperprolactinemia. Those with microprolactinomas could also have concurrent macroprolactin hence resulting in diagnostic dilemmas.

RESULTS

We report a 27-year-old nulliparous woman who presented with secondary amenorrhea for 8 months following a period of irregular menses for 2 years. She did not have headache or galactorrhea. She was within normal BMI and did not have features of Cushing's, PCOS or hypopituitarism. Visual field assessment was normal. Investigations revealed high prolactin-3797 mIU/L(59-619 mIU/L) with LH-10.8 IU/L (1.0-15.0 IU/L), FSH-6.5 IU/L (2.0-10.0 IU/L), oestradiol-0.08 nmol/L(0.08 -0.53 nmol/L). Other pituitary hormones were normal and other causes of hyperprolactinemia were ruled out. Pituitary MRI revealed a microadenoma, 2.6 mm X 4.2 mm. A diagnosis of microprolactinoma was made and cabergoline 0.25 mg biweekly was commenced. She regained her menses and prolactin dropped to 334 mIU/L at 4 months post-cabergoline. Despite good compliance, prolactin increased again, reaching a peak of 2011 mIU/L. Cabergoline dose was increased gradually to 0.5mcg thrice weekly, however prolactin remained >1000 mIU/L despite a significant period of treatment. Her menses remained normal throughout. Repeated MRI pituitary showed no change in size of microadenoma. She was then tested for macroprolactin with Polyethylene glycol (PEG) precipitation, which showed a PEG recovery of 37% in keeping with macroprolactinemia. Cabergoline was tapered off and she currently remains asymptomatic with normal menses.

CONCLUSION

The initial response to cabergoline suggests that this patient had concurrent microprolactinoma with macro-prolactinemia. As macroprolactin may cause symptoms or occur with an underlying prolactinoma, there has been suggestion that all patients with hyperprolactinemia be screened for presence of macroprolactin. This could avoid unnecessary or prolonged treatment with dopamine agonists and reduce unnecessary investigations.

PP-66

A COMPARATIVE STUDY OF AWARENESS AMONG THIRD YEAR FEMALE UNDERGRADUATES FROM THE MEDICAL TECHNOLOGY AND PHARMACY DEGREE PROGRAMS IN THE UNIVERSITY OF SANTO TOMAS ON COMORBIDITIES OF POLYCYSTIC OVARIAN SYNDROME (PCOS)

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INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a female reproductive disorder characterized by hormonal imbalances, which can result in a variety of comorbidities. In the Philippine setting, there is an evident lack of literature regarding PCOS, which necessitates a study that explores the present status of the aforementioned aspect. Due to this, the aim of the study is to establish a statistical significance on the comparison between the awareness on PCOS comorbidities of two health allied student groups: female students of the Medical Technology and Pharmacy programs and to contribute to lack of local PCOS studies.

METHODOLOGY

The research employed an online dissemination of the designed 5-point Likert scale questionnaire to gauge the awareness of the intended respondents. The statistical analysis utilized an F-test followed by a two sample T-test assuming equal variances.

RESULTS

The main findings of the study are as follows: both student groups were generally aware of PCOS comorbidities, however, a low level of awareness on cardiovascular diseases and Insulin Resistance was observed. In contrast the population had a high level of awareness regarding reproductive disorders.