CONCLUSION

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

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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.

CONCLUSION

In conclusion, there is no significant difference between the level of awareness of PCOS among reproductive-aged female students from the Medical Technology degree program to the female students from the Pharmacy degree program.

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THE EFFECTS VERY LOW CARBOHYDRATE DIET (VLCBD) ON RENAL OUTCOMES IN DIABETIC KIDNEY DISEASE PATIENTS: A 12-WEEK RANDOMIZED CONTROLLED TRIAL

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INTRODUCTION

Dietary modality such as very low carbohydrate diets (VLCBD) is an effective means to reduce weight and blood pressure, with subsequently improved glycaemic control and reduced hyperfiltration in DKD. The objectives of the randomized controlled trial study are to assess the improvement of VLCBD in addition to a low protein diet (LPD) on renal outcomes and metabolic parameters in DKD patients.

METHODOLOGY

This was an investigator-initiated, single-center, randomized, controlled, open-labeled, clinical trial in T2DM patients with DKD, comparing 12-weeks of low carbohydrate diet (<20g daily intake) versus standard low protein (0.8g/kg/day) and low salt diet. Patients with type 2 diabetes aged 40-75 years and an HbA1c 7-10.5% were randomized. The main outcomes were changes in proteinuria assessed by UPCR and urine microalbumin and a rise in serum creatine with reduction in eGFR.

RESULTS

A total of 30 participants were enrolled (median (IQR) age 57 (11), BMI 30.68 (8.38), and HbA1c 8.8 (1.7)). VLCBD groups achieved significant lower total carbohydrate intake at week 12 in comparison to LPD group (27(25) g vs 89.33(77.4)g, p= < 0.01). No difference between the groups were found in change in UPCR, urine microalbumin, creatinine, eGFR and blood pressure. The VLCBD group demonstrated significant reductions in weight (-4.0 IQR 3.9 vs 0.2 IQR4.2 kg, p=<0.001) and BMI (-1.5 IQR 1.18 vs 0.074 IQR 1.54) which were not seen within the LPD group. There was reduction in HbA1c (1.3 IQR1.1 % vs 0.7 IQR1.25 %, respectively, p=NS) and fasting blood glucose in both groups. Both dietary interventions were well received with no reported adverse events.

CONCLUSION

The result suggests that the intervention of very low carbohydrate diet, in patients with underlying diabetic kidney disease was safe in preserving renal functions with improvement in weight and glycaemic control within 12 weeks of interventions.