

METHODOLOGY

We conducted a retrospective audit of the medical records of 26 patients diagnosed with T1D consulting at the diabetes clinic at Hospital Tengku Ampuan Afzan (HTAA) from January 1, 2021 until December 31, 2021. Demographic data, anthropometric measurements, and biochemical data were collected. The number of events and duration of hypoglycaemia for patients with CGMS data using Flash Libre™ system were analysed. All data were presented in median and interquartile ranges.

RESULTS

Twenty six (26) patients with T1D were analysed. Most of them were Malay, 69.3% were female and the median age was 27 years old (23-35 years old). Mean age at diagnosis was 19 years old (15-25 years old). Average HbA1c was suboptimal at 9.65% (8.4%-12.2%). Total daily dose (TDD) of insulin used was 37.5 units/day (30-44) and 0.68 units/kg/day (0.54-0.77). Among patients with T1D, five subjects had CGMS. The median number of hypoglycaemia events was 11 (5.5-11.5) in fourteen days and the duration of hypoglycaemia events was 102 minutes (80-183).

CONCLUSION

In our cohort, the median HbA1c was similar to the national average (10.8%). However, the number of hypoglycaemia events documented via CGMS was high. This could be explained by the high TDD of insulin used. Higher TDD of insulin might have contributed to hypoglycaemia leading to defensive eating which resulted in hyperglycaemia. The study was limited by the number of patients with CGMS due to limited acceptance of CGMS by the patients. CGMS should be recommended to all T1D patients who are known to have a higher risk of hypoglycaemia.

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GRAVES' DISEASE WITH CONCOMITANT MYASTHENIA GRAVIS: IMPROVEMENT OF POST-RAI HYPOTHYROIDISM AFTER THYMECTOMY

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INTRODUCTION

There is a known association between autoimmune thyroid disease and myasthenia gravis (MG) with shared autoimmunity, and treatment of one condition can affect the other. We describe an interesting case where thymectomy resulted in improvement of the thyroid hormone profile.

CASE

A 14-year-old female presented with irritability, insomnia, ophthalmopathy and a diffuse goiter was diagnosed with Graves' disease and started on treatment. She had minimal improvement of her symptoms, with persistent subclinical hyperthyroidism. A year later she had worsening muscle weakness with diplopia and fatigability. Diagnosis of MG was confirmed with positive anti-cholinesterase-antibody and the presence of a thymoma on the CT Scan of the Thorax. Treatment with pyridostigmine improved myopathy and diplopia temporarily.

After 18 months of treatment for hyperthyroidism, she underwent radioactive-iodine (RAI) therapy at a dose of 15 mCi due to persistent biochemical hyperthyroidism with mood disturbances and intermittent muscle weakness. She was rendered hypothyroid within 5 months after RAI. Following initiation of L-thyroxine and normalization of her thyroid function, her MG also improved and pyridostigmine was discontinued. However, she developed persistent hypothyroidism a few months later, with worsening constipation and depression with suicidal ideation despite increasing doses of L-thyroxine. A year after stopping pyridostigmine, she had a flare of MG necessitating resumption of pyridostigmine at higher doses. However, with worsening constipation and difficulty in controlling both her hypothyroid and myasthenic state attributed to reduced absorption of pyridostigmine, she underwent thymectomy 4 years after the diagnosis of MG. Following thymectomy, her MG and hypothyroidism improved markedly, with reduction in constipation and improvement of thyroid function tests.

CONCLUSION

We illustrate a case of concomitant autoimmune thyroid disease and MG, describing both the 'see-saw' and reverse 'see-saw' relationship. Interestingly, treating MG with thymectomy resulted in better control of post-RAI hypothyroidism, which is postulated to be due to the improvement in gut motility and subsequent absorption of medication.