PA-A-55

AN EVALUATION OF THE MANAGEMENT OF PATIENTS WITH HYPOPARATHYROIDISM IN HOSPITAL PUTRAJAYA

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INTRODUCTION
Hypoparathyroidism is a rare endocrine disorder characterized by hypocalcaemia, associated with an inappropriately low parathyroid hormone concentration. Since there is no Malaysian guideline for the management of hypoparathyroidism, we evaluated our management practice against published European guidelines.

METHODOLOGY
We reviewed the medical records of 36 patients aged 21–76 years old with hypoparathyroidism for at least one year, who were managed in the Internal Medicine and Endocrine Clinics of Hospital Putrajay. Data were obtained from the computerized clinical notes database and the pathology database.

RESULTS
It was found that the most common etiology of hypoparathyroidism was previous thyroidectomy (86.1%). Serum calcium and phosphate were measured at least annually in almost all patients (94.4%). Serum creatinine was checked at least annually in 94.4%. Serum vitamin D was measured in 61.1%. 24-hour urine calcium excretion was only checked in 25.0%. The target for calcium and phosphate was stated in only 2.8%. Calcium phosphate product was not documented for any of the patients. Kidney ultrasound was done in 22.2% and cataract screening was performed in 5.6%.

Almost half of the patients (44.4%) were admitted for symptomatic hypocalcemia, and 16.7% developed renal impairment.

Most patients (91.7%) were prescribed with calcium carbonate. Alfacalcidol was prescribed to 61.1%. None was on adjunctive treatment.

CONCLUSION
This study shows that the long-term outpatient monitoring and recording of hypoparathyroidism is inadequate in the local setting. We are therefore undertaking the task of constructing a checklist of relevant diagnostic and therapeutic procedures that will standardize management for this disease.

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A RARE CASE OF SPINDLE CELL LIPOMA OF THE RIGHT ADRENAL GLAND

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INTRODUCTION
Spindle cell lipoma is a rare variant of lipoma that usually arises from subcutaneous tissue of the posterior neck and shoulder. Some cases of spindle cell lipoma may be found in the intraabdominal and retroperitoneal areas.

CASE
We report a 58-year-old female who presented with right abdominal pain and distension for one month. CT scan of the abdomen was done and revealed a large right adrenal mass (16.5 cm x 13.7 cm x 20.5 cm), with normal hormonal workup. Right adrenalectomy was performed and histopathological examination (HPE) confirmed Spindle Cell Lipoma.

CONCLUSION
This case represents a rare case of adrenal Spindle Cell Lipoma, which presented as a large adrenal mass with normal biochemical workup.

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CLINICAL CHARACTERISTICS, GLYCAEMIC CONTROL AND HYPOGLYCAEMIA EVENTS AMONG TYPE 1 DIABETES PATIENTS USING CONTINUOUS GLUCOSE MONITORING SYSTEMS IN HTAA

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INTRODUCTION
The incidence of T1D in Asia is approximately 2-5 per 100,000 person-year. Hypoglycaemia is common among patients with T1D and a number of T1D patients are asymptomatic for hypoglycaemia. Continuous glucose monitoring systems appear to be a useful tool in detecting hypoglycaemia events.

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.