PA-A-12

ENDOCRINE VIRTUAL CLINIC PATIENT SATISFACTION: A SINGLE-CENTRE EXPERIENCE IN PAHANG, MALAYSIA DURING THE CORONAVIRUS-19 (COVID-19) PANDEMIC

https://doi.org/10.15605/jafes.037.S2.18

See Chee Keong, Hema Lata Veerasamy, Mimi Syafiqah Binti Mohd Samsudin, Norhaslinda Binti Shamsudin, Nur Azwani Binti Ramli, Lizawati Bt Che Derahman, Eng Wei Peng
Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

INTRODUCTION
The COVID-19 pandemic had placed significant strain on the health care system across the world. The implementation of virtual clinics was suggested as an option to reduce face-to-face outpatient appointments and clinic congestion. This study highlights the challenges and patient satisfaction regarding the implementation of a Hyperthyroidism and Hypothyroidism Virtual Clinic in Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia.

METHODOLOGY
This is a cross-sectional study that included all patients who received virtual clinic appointments between October 2020 and May 2021. Patients' satisfaction with their virtual clinic appointments was assessed by nurses through phone interviews. Patients' demographic data and responses to treatment were obtained through electronic medical data.

RESULTS
Ninety-five patients were included in the study. The patients involved had a mean age of 38.9 (SD 13.6) years, 73.7% were female, and 87.4% were of Malay ethnicity. 65.3% of virtual clinic patients had hyperthyroidism. The mean free T4 for hypothyroid and hyperthyroid virtual clinic patients were 20.9 (SD 9.3) pmol/L and 21.7 (SD 11.9) pmol/L, respectively. The mean TSH for hypothyroid virtual clinic patients was 7.3 (SD10.5) mU/L. Nearly 50% of patients had no medication dose changes during their follow-up, while 26.3% required incremental adjustment of medication doses. 88.4% of patients were satisfied with their virtual clinic sessions. 66.3% of the patients interviewed preferred virtual clinics due to reduced waiting time for consultation, while 48.4% mentioned the decreased need for multiple and long hospital visits for clinical consultation. The main negative views cited regarding the virtual clinics were patients' poor internet connection and medication collection issues.

CONCLUSION
This study demonstrated that patients were receptive to the virtual clinic concept. Patient consultations were focused and waiting time was greatly reduced. Adjustments to patient medications also could be done effectively in a virtual clinic setting.

PA-A-13

PRIMARY HYPERPARATHYROIDISM IN A PREGNANT PATIENT WITH EPILEPSY: A CASE REPORT

https://doi.org/10.15605/jafes.037.S2.19

Hema Lata Veerasamy,[1] See Chee Keong,[1] Lim Xue Meng[2]
[1]*Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia*
[2]*Hospital Kuala Lipis, Pahang, Malaysia*

INTRODUCTION
Severe hypercalcemia in pregnancy increases the risk of maternal complications and second-trimester fetal loss. Diagnosis of primary hyperparathyroidism during pregnancy is difficult and management of severe hypercalcemia can be challenging. We present a case of primary hyperparathyroidism in a primigravid patient presenting with severe hypercalcemia complicated by recurrent seizure episodes.

CASE
A 22-year-old primigravida, with a prior history of idiopathic generalized epilepsy, presented at a district hospital with severe hypercalcemia at 26 weeks period of gestation (POG). She had initially presented with multiple episodes of seizures and was incidentally found to have severe hypercalcemia (corrected calcium range: 3.0-3.8 mmol/L). Laboratory investigations revealed elevated serum parathyroid hormone [8.76 pmol/L (1.59-7.24)] and vitamin D insufficiency (25-hydroxy Vitamin D: 63.75 nmol/L). Her calculated calcium-to-creatinine-clearance ratio was 0.02 affirming the diagnosis of primary hyperparathyroidism. Her neck ultrasound revealed no sonographic evidence of parathyroid adenoma. She had repeated admissions during her pregnancy due to severe hypercalcemia coupled with recurrent seizure episodes. She required admission for fluid hydration and loop diuretics to reduce her serum calcium levels. She also required optimization of anti-epilepsy treatment. She was closely monitored by the Endocrine and Obstetric team throughout the pregnancy with a planned delivery by 38 weeks POG. However, she presented one week early in hypertensive crisis, and the breech position of the fetus while in labor, necessitated emergency Caesarean section. She delivered a healthy 2.55 kg female baby without complications. After delivery, she was treated with intravenous bisphosphonate with her calcium levels improving to 2.4-2.6 mmol/L upon discharge. Functional imaging for localization of possible parathyroid adenoma was planned postpartum.

CONCLUSION
This case report highlights the challenges in managing severe hypercalcemia during pregnancy in a patient with concomitant recurrent seizures. Close monitoring and multidisciplinary team communication are important in the management.