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A RARE CASE OF AGGRESSIVE CALCITONIN-NEGATIVE MEDULLARY THYROID CARCINOMA

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INTRODUCTION
Medullary thyroid carcinoma (MTC), accounting for 5% of thyroid cancers, is a neuroendocrine tumour derived from parafollicular C-cells of the thyroid gland. MTC secretes calcitonin which is used as the gold standard biomarker for diagnosis and monitoring. Calcitonin-negative MTC (CNMTC) is rare with less than 80 cases reported in the literature.

CASE
We report a case of CNMTC presenting with aggressive clinical course. A 70-year-old female presented to the emergency department with a 2-day history of odynophagia, dyspnea and aphonia. She reported progressive worsening of neck swelling, dysphonia and dysphagia over the past 2 months. Examination revealed a hard right anterior neck mass (12 x 5 cm). She was treated for impending airway obstruction with intravenous dexamethasone and awake fiberoptic intubation. Neck CT scan showed 5.7 x 5.5 x 9.9 cm right thyroid mass with 5.2 x 4.0 x 6.5 cm matted cervical lymphadenopathy causing tracheal compression, right internal jugular vein and sternocleidomastoid muscle infiltration, right brachiocephalic artery and common carotid artery encasement. Metastatic work-up revealed liver metastases. Excisional biopsy of the thyroid mass reported malignant cells with CKAE1/AE3, CD56, synaptophysin and TTF-1 positivity suggestive of medullary thyroid carcinoma, awaiting further immunohistochemistry (IHC) staining with calcitonin. Thyroid function, serum calcium and carcinoembryonic antigen (CEA) level 1.41 ng/mL (N <5.0) were normal. Serum calcitonin was not available. Following tumour debulking and tracheostomy, histopathological examination showed high grade neuroendocrine tumour with Ki67 proliferation index >90%. Tumour IHC were negative for calcitonin and leucocyte common antigen (LCA). A final diagnosis of CNMTC was made. Patient refused further therapy and succumbed to her illness soon after.

CONCLUSION
CNMTC poses both diagnostic and management challenge due to its non-secretory state and the lack of guidelines on treatment and prognostication. Past literature reviews had shown variable clinical progress. The lack of calcitonin and CEA elevations further complicate post-operative surveillance.

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TYPE 1 DIABETES PATIENTS FOLLOW-UP IN DIABETES ONE-STOP CLINIC(DOSC) DURING COVID-19 PANDEMIC: SINGLE CENTRE EXPERIENCE IN PAHANG

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INTRODUCTION
Management of type 1 diabetes mellitus (T1 DM) patients in early adulthood is associated with unique challenges. COVID-19 pandemic had significantly impacted the quality of patient follow-up and access to care. This study assessed the characteristics of T1 DM patients under diabetes one-stop clinic (DOSC) follow-up in Hospital Sultan Haji Ahmad Shah (HoSHAS), Temerloh, Pahang and the impact of the pandemic on diabetes control.

METHODOLOGY
In this cross-sectional study, all T1 DM patients under active follow-up were recruited. Data regarding demographics, diabetes control and COVID-19 infection status were reviewed. Further analyses were performed by dividing them into 2 groups according to COVID-19 infection status: COVID-19 positive (group 1) and COVID-19 negative (group 2).

RESULTS
Thirty T1 DM patients [60% female, 63.3% Malay ethnicity, mean age 24.4 (SD7.4) years, median weight 58.35(IQR 10.3) kg, median disease duration 6.0 (IQR 8.0) years, mean duration under DOSC follow-up 4.1(SD 1.6) years] were analysed. Incident retinopathy was seen in 10.0% of patients. Within the past 12 months, 26.7% had recent hospitalisation, majority due to diabetes ketoacidosis. Within the past 3 months, 13.3% had experienced hypoglycaemia. Mean HbA1c in T1 DM increased steadily from 2019 to 2020 and 2021 (8.87% vs 8.93% vs 9.35%). Thirteen T1 DM patients (46.4%) had COVID-19 infection between 2020 and 2022. Patients with COVID-19 infection had lower HbA1c than those not infected but it was not statistically significant (8.74% vs 9.07%, p=0.82). They also tended to have more microvascular complications.

CONCLUSION
COVID-19 pandemic had negatively impacted diabetes control in our cohort. There was also a high hospitalisation rate during this period. The HbA1c level was not associated with increased risk of COVID-19 infection in our cohort.