POSTER PRESENTATIONS

ADRENAL

PP-A-01

PRIMARY ADRENAL INSUFFICIENCY SECONDARY TO ADRENAL TUBERCULOSIS IN A KLINEFELTER SYNDROME PATIENT: DIAGNOSTIC CONUNDRUM

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CASE
Primary adrenal insufficiency (PAI) due to adrenal tuberculosis is rare. The presence of confounding factors, and comorbidities, coupled with negative culture and tissue biopsy, make the diagnosis difficult. A 56-year-old Malay male with underlying Klinefelter syndrome and diabetes presented with symptoms of adrenal crisis. Clinical examination revealed skin hyperpigmentation and hypotension. Morning cortisol was low, and ACTH was high, suggesting PAI. Contrast-enhanced computerized tomography (CECT) scan showed bulky bilateral adrenal glands with calcification, lung granuloma, and tree-in-bud appearance. Endoscopic ultrasound (EUS) guided biopsy of the left adrenal gland revealed necrotic tissue without any evidence of malignancy. Tuberculosis workouts, tumor markers, viral screenings, and 21-hydroxylase antibodies were all negative. Following multidisciplinary discussion, empirical treatment with anti-tuberculosis therapy with steroid replacement was initiated. In conclusion, adrenal tuberculosis and Klinefelter syndrome are potential causes of PAI, and this case highlights the importance of considering patients' epidemiological background and overall clinical picture to establish diagnosis.

KEYWORDS
primary adrenal insufficiency, tuberculosis, Klinefelter syndrome, 21-hydroxylase antibody

PP-A-02

CLINICAL COURSE FOR PATIENTS WITH PRIMARY ALDOSTERONISM: A SINGLE CENTRE EXPERIENCE

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INTRODUCTION
Timely diagnosis and appropriate treatment of primary aldosteronism (PA) are crucial to prevent detrimental cardiovascular and renal outcomes. Our study aimed to evaluate the clinical characteristics of patients with PA and compare the treatment outcomes of surgical versus pharmacologic therapy.

METHODOLOGY
We conducted a retrospective review of patients with PA followed up at our Endocrine Clinic from March 2010 until December 2022. Clinical data were collected from September 2022 until January 2023.

RESULTS
A total of fifty-one patients were analyzed. They were diagnosed with hypertension at 40.8 ± 11.8 years of age. A duration of 6.5 ± 5.7 years was delayed before confirmation of PA. The majority (92.2%) underwent screening because of spontaneous hypokalemia and hypertension with mean blood pressure (BP) of 175/103 ± 20/15 mmHg and potassium level of 2.8 ± 0.5 mmol/L. Most patients (92.1%) required at least two anti-hypertensive medications with significant comorbidities including chronic kidney disease (35.3%), left ventricular hypertrophy (30.8%), and stroke (5.9%). Forty-eight patients underwent adrenal-directed computed tomography with the following findings: 37.5% had unilateral nodules, 20.8% had a micronodular lesion (<1 cm) and 41.7% had no focal lesion. Sixteen patients underwent adrenal venous sampling (AVS) with a success rate of 56.2%. Forty-two patients (82.4%) were treated pharmacologically. Two patients were cured after surgery. One patient failed to achieve normokalaemia after surgery whereas eight patients in the pharmacologic group were dependent on potassium replacement. During the follow-