CONCLUSION
Elevated Lp(a) was associated with premature onset of IHD in our multi-ethnic cohort. Lp(a) levels should be routinely measured in all individuals with established or at high risk for IHD. More studies are required to evaluate the Lp(a) threshold that would be clinically useful to identify individuals at risk for premature IHD.

KEYWORDS
hypercholesterolemia, Lp(a), ischaemic heart disease, premature IHD

PP-M-03

WHEN THE ENEMY IS NOT HIDING: A CASE OF SEVERE CUSHING'S SYNDROME SECONDARY TO ACTH-SECRETING NASAL PARAGANGLIOMA

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CASE
Ectopic secretion of ACTH is often an endocrine emergency because of its intensity of hypercortisolism. Only 5% of paragangliomas of the head and neck region are hormonally active. A 35-year-old Malaysian female developed a generalized seizure. She had Cushingoid features with profound hypokalemia and hyperglycemia. She had elevated levels of morning cortisol (12,136 nmol/L, >19 times elevated) and 24-hour urine cortisol (71,442.6 nmol/day, >60 times elevated), unsuppressed cortisol following overnight dexamethasone test, and elevated ACTH (49.9 pmol/L). Imaging studies revealed a locally invasive sinonasal tumour extending into the cranium with bilateral adrenal gland hyperplasia. Ketoconazole and metyrapone combination therapy failed to control hypercortisolemia. Etomidate infusion was then started preoperatively in preparation for bilateral adrenalectomy. Tumour resection was performed successfully via endoscopic and transcranial approaches. Pathological examination confirmed neuroendocrine tumour cells of low Ki-67 proliferative index with positive staining for ACTH.

KEYWORDS
severe Cushing's syndrome, ectopic ACTH secretion, head and neck paraganglioma

PP-M-04

BILATERAL FEMORAL FRACTURE IN A YOUNG FILIPINO FEMALE WITH PROBABLE AUTOIMMUNE POLYENDOCRINE SYNDROME TYPE 4

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CASE
Autoimmune polyendocrine syndrome (APS) type 4 is a clustering of at least two or more endocrine diseases which do not fall into other APS categories. A 35-year-old Filipino female with a height of 127 cm sustained bilateral distal femoral pathologic fractures from a low-impact fall. She underwent bilateral minimally invasive plate osteosynthesis. Secondary osteoporosis was attributed to chronic steroid use (prednisone 10 mg for 24 months) for rheumatoid arthritis, premature ovarian failure at 20 years of age without hormone replacement therapy and persistently elevated TSH amid high-dose levothyroxine (4.25 µg/kg/day). A consideration of celiac disease was also made. APS is a rare complex syndrome which may lead to various complications. The presence of hypogonadism, hypothyroidism, celiac disease, rheumatoid arthritis, inadequately treated hypothyroidism and chronic steroid use further increased the risk for secondary osteoporosis. Early screening and treatment would have prevented the occurrence of pathologic fractures.

KEYWORDS
autoimmune polyendocrine syndrome, hypothyroidism, pathologic fracture, premature ovarian failure, primary hypothyroidism