

PP-M-12

ARTERIAL STIFFNESS DETERMINED BY CARDIO-ANKLE VASCULAR INDEX IN PATIENTS WITH FAMILIAL HYPERCHOLESTEROLEMIA

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Nitchada Khomkamon

Phramongkutklao Hospital, Bangkok, Thailand

INTRODUCTION

Measurement of arterial stiffness is recommended for enhancing cardiovascular risk stratification, especially in high CV risk patients with familial hypercholesterolemia (FH). Therefore, early detection of arterial stiffness in FH patients with no established atherosclerotic cardiovascular disease is a rationale strategy. Cardio-ankle vascular index (CAVI) is generally used as a tool to measure arterial stiffness. However, there are few studies about arterial stiffness measurement in patients with FH. This study aims to compare arterial stiffness between patients with dyslipidemia with and without FH.

METHODOLOGY

A cross-sectional study was performed between 2019 to 2021 in Phramongkutklao Hospital. Patients with dyslipidemia were recruited. The Dutch Lipid Clinic Network (DLCN) criteria was used for the diagnosis and classification of participants with FH and control (non-FH). Arterial stiffness was determined by CAVI in all participants. A correlation between CAVI and hypercholesterolemia was performed. Factors associated with abnormal arterial stiffness (CAVI >8.0) were determined.

RESULTS

All 55 participants completed the study. Baseline characteristics were comparable between the FH and non-FH groups, except for mean low-density lipoprotein-cholesterol (220.1 ± 45.6 and 147.85 ± 50.1 , respectively) ($p < 0.001$). Based on DLCN criteria, there were no definite cases, 5 (9.09%) probable, 21 (38.18%) possible, 26 (47.28%) unlikely and 3 (5.45%) as others. Mean \pm SD of CAVI in FH and control groups were 7.5 ± 1.7 , and 7.3 ± 1.8 , respectively ($p = 0.819$). The correlation between LDL-cholesterol level and CAVI was also not significant ($r = 0.24$, $p = 0.12$). Factors associated with abnormal arterial stiffness were age and hypertension,

CONCLUSION

Arterial stiffness, determined by CAVI was not found to enhance CV risk in patients with possible or probable FH in this study. Factors associated with abnormal arterial stiffness were age and hypertension.

KEYWORDS

arterial stiffness, cardio-ankle vascular index, familial hypercholesterolemia

PP-M-13

MULTIPLE ENDOCRINE NEOPLASIA TYPE 2A (MEN 2A) AMONG THREE FILIPINO SIBLINGS: A CASE SERIES

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Charmia Kim Balansag and Athena Mejia

Chong Hua Hospital, Cebu City, Cebu, Philippines

CASE

MEN2A is a rare familial cancer syndrome caused by *RET* proto-oncogene mutations with autosomal dominant inheritance. We describe the cases of three Filipino female siblings. The eldest, 26 years old, was diagnosed with medullary thyroid cancer (MTC) stage II after total thyroidectomy. Surveillance showed increasing serum calcitonin and a right adrenal incidentaloma. Although biochemical tests were normal, histopathologic examination post-adrenalectomy revealed pheochromocytoma. The second, 25 years old, was diagnosed with MTC stage IVA and pheochromocytoma after total thyroidectomy and unilateral adrenalectomy. The youngest, 20 years old, ran an aggressive course. She had MTC Stage IVC and bilateral pheochromocytoma and underwent total thyroidectomy with modified radical neck dissection and bilateral adrenalectomy. Her calcitonin levels remain >1000 pg/mL, prompting consideration of systemic therapies. Genetic analysis of all three revealed *RET* mutation (p.Cys634Arg). *RET* mutation analysis for MEN2 suspected patients should be included to facilitate family screening and prevent disease-related morbidity.

KEYWORDS

multiple endocrine neoplasia, MEN2, adrenal, medullary thyroid cancer, pheochromocytoma