room with abdominal pain and a sore throat. She was on thiamazole treatment for 3 months. There were signs of sepsis and diffuse abdominal pain. Leucocytes were 470/μL and the absolute neutrophil count was 19/μL. This case has been assessed and managed as appendicitis with severe sepsis. Appendicular perforation was discovered during laparotomy exploratory. Propylthiouracil (PTU) was introduced to replace thiamazole and granulocyte colony-stimulating factors (GCSF) have been given to shorten the recovery time. Leucocyte counts returned to normal after 14 days of treatment. There was no agranulocytosis cross-reaction by PTU. Early diagnosis is essential for proper treatment and a good prognosis.

KEYWORDS
thiamazole, PTU, G-CSF, agranulocytosis, sepsis

PP-T-22

RESOLUTION OF THYROTOXICOSIS-ASSOCIATED SEVERE PULMONARY HYPERTENSION WITH TREATMENT OF THYROTOXICOSIS: A CASE REPORT

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CASE
Pulmonary hypertension among pregnant women carries high mortality for the mother and fetus. Pulmonary hypertension has been associated with thyrotoxicosis. We report a case of reversible severe pulmonary hypertension secondary to thyrotoxicosis in a 35-year-old pregnant female, who was diagnosed with Graves' disease in 2019. She was admitted for thyroid storm at 12 weeks of gestation [Free T4 59 (9-19), TSH <0.008 (0.35 - 4.94)]. She was treated as per thyroid storm management. A holosystolic murmur was heard at the left sternal edge. Initial echocardiogram showed severe tricuspid regurgitation with pulmonary artery systolic pressure (PASP 73 mmHg). The patient wished to continue with pregnancy despite counseling for termination of pregnancy. She was subsequently followed up by a multidisciplinary team. During the third trimester, T4 was 21 and TSH was <0.008. Repeat 2D-echocardiogram at 36 weeks of pregnancy showed resolution of severe tricuspid regurgitation and pulmonary hypertension (PASP 15 mmHg). She successfully delivered at 36 weeks of pregnancy.

KEYWORDS
thyroid storm, severe pulmonary hypertension, severe tricuspid regurgitation, pregnancy

PP-T-23

A RARE CASE OF PERITONEAL METASTASIS FROM FOLLICULAR THYROID CARCINOMA WITHOUT PRIMARY LESION IN A PATIENT WITH HYPOPITUITARISM

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CASE
A 44-year-old female presented with multiple peritoneal nodules. Despite negative CT scans of the chest, abdomen, and gynecologic examination, a peritoneal biopsy confirmed metastatic tumor cells displaying thyroid follicular cell characteristics, supported by positive CK-7, thyroglobulin, and TTF-1 markers.

A thyroid ultrasound detected a small left thyroid nodule, expected to have no impact on the thyroid function test. However, it revealed low FT4 and normal TSH levels, suggesting secondary hypothyroidism. A pituitary MRI revealed a reduced pituitary gland height and a 0.4 cm less enhancing nodule in the right anterior lobe.

The patient underwent total thyroidectomy, however, no evidence of follicular thyroid carcinoma was observed.

After radioactive iodine (RAI) treatment, a whole body scan revealed thyroid remnants and multiple peritoneal nodules with radioiodine uptake in the follow-up scan. Non-stimulated thyroglobulin levels at 3 and 6 months after RAI were 1798 and 1182 ng/mL, respectively, prompting the decision for a second RAI therapy.

KEYWORDS
follicular thyroid carcinoma, peritoneal metastasis