

complicated with severe hypertriglyceridemia. His lipid profile was as follows: triglyceride 129.6 mmol/L, total cholesterol 24.5 mmol/L and HDL 2.90 mmol/L, with his plasma having a milky appearance. His HbA1c was 12.5%.

He was admitted to the Intensive Care Unit and was started on fixed-rate insulin infusion and intravenous fluids. He was kept nil by mouth and given pharmacotherapy (statin and fenofibrate). He had no evidence of acute pancreatitis, however, required dialysis for oliguric acute kidney injury. He later suffered from non-ST elevation myocardial infarction with transaminitis requiring discontinuation of lipid-lowering drugs. His repeated triglyceride level remained elevated at 45.2 mmol/L on day 4 of admission. He underwent one session of plasmapheresis uneventfully, with a significant reduction in triglyceride to 5.7 mmol/L. Before discharge, his treatment for DM was intensified and lipid-lowering therapy was re-commenced following normalization of liver enzymes.

Further history revealed his dietary habits consisted of a calorie-dense, high glycaemic load diet (estimated 3417 kcal/day, carbohydrates 50% of total calorie intake, protein 14.6% and fats 35%). He had no significant family history nor stigmata of hyperlipidaemia.

CONCLUSION

Despite the availability of effective lipid-lowering drugs, plasmapheresis remains a treatment option in severe hypertriglyceridemia, particularly in patients unresponsive or intolerant to pharmacotherapy. The rapid reduction of plasma triglyceride through plasmapheresis is effective in preventing hypertriglyceridemia-associated complications and can improve clinical outcomes in critically ill patients.

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CONFRONTING THE CHALLENGE OF DIABETIC CYSTOPATHY WITH ESBL KLEBSIELLA PNEUMONIAE UROSEPSIS: A COMPLEX CLINICAL CONUNDRUM

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INTRODUCTION/BACKGROUND

The multisystemic nature of diabetes mellitus (DM) also affects the bladder causing diabetic cystopathy (DC), especially in middle-aged or elderly patients with long-standing poorly controlled disease, and it carries an increased risk of urinary tract infections (UTI).

CASE

A 54-year-old female with a background of poorly controlled DM Type 2 (HbA1c 14%) and multiple target organ damage including HF, IHD and retinopathy, presented with chronic urinary frequency and a 3-day history of fever and dysuria. Upon arrival at the hospital, she was in septic shock. Investigations revealed leukocytosis with CRP of 104 mg/L and procalcitonin of 2.24ng/ml. Her urinalysis revealed UTI, but the urine culture was negative. Subsequently, blood culture revealed growth of extended-spectrum beta-lactamase (ESBL) *Klebsiella pneumoniae*. Abdominal ultrasound revealed thickened and trabeculated urinary bladder wall. She was referred to urology and uroflow done showed a low average flow of 7.7ml/s and a high post-void residual of 180 ml suggestive of DC. In the ward, she improved after receiving intravenous Ceftriaxone for 3 days followed by Augmentin for 14 days.

The pathogenesis of DC is multifactorial. It may be secondary to autonomic neuropathy beginning with impaired bladder sensation and progressing to impaired contractility and urinary retention. Other theories involve alterations in detrusor muscle physiology and urothelial dysfunction. Those patients may be asymptomatic or may have variable voiding complaints such as overactive bladder, urge incontinence and overflow incontinence. Urodynamic evaluation is the cornerstone of diagnosis characterized by lower flow rates and higher post-void residual volumes. Patients with DM are at an increased risk of developing UTI due to impaired immune function and poor metabolic control aggravated by DC which can be further complicated by the emergence of resistant pathogens and lead to poor outcomes.

CONCLUSION

Proper management of DM is crucial in preventing complications such as DC and improving overall health outcomes.

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USE OF SGLT2 INHIBITOR IN ALPELISIB-INDUCED HYPERGLYCAEMIA

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INTRODUCTION/BACKGROUND

Hormone receptor-positive (HR+) and human epidermal growth factor receptor 2-negative (HER2-) breast cancer constitutes the most common form of breast cancer. Forty percent of patients with HR+/HER2- breast cancer have