

10. Subcutaneous teriparatide was then started, titrated up to 20 mcg, bid. This stabilized his corrected calcium at 2.1 mmol/L.

On POD 16, the chyle leak was successfully sealed surgically. By POD 19, his calcium level improved to 2.34 mol/L. Subcutaneous teriparatide was discontinued after a course of 14 days. To date, 5 months after his surgery, he is normocalcaemic while on alphacalcidol 2.5 mcg/day and calcium carbonate 3 g/day. His PTH remains undetectable.

Chyle leak occurs in 0.5-1.4% of thyroidectomies and 2-8% of neck dissections. As the thoracic duct ends at the junction of the left subclavian and jugular veins, most chyle leaks occur following left neck dissection. About 70% of chyle consist of dietary fats. Hence, asides from calcium, chyle leak also results in loss of dietary fat-soluble vitamins, including vitamin D.

CONCLUSION

Post-thyroidectomy hypocalcaemia due to hypoparathyroidism can be exacerbated by chyle leak, thus necessitating use of parenteral therapy with teriparatide.

EP_A041

OSTEOMALACIA SECONDARY TO RENAL TUBULAR ACIDOSIS TYPE 1 WITH VITAMIN D DEFICIENCY

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Lavanya Jeevaraj, Anilah AR Rahman, Ijaz Hallaj Rahmatullah

Hospital Raja Permaisuri Bainun Ipoh, Malaysia

INTRODUCTION/BACKGROUND

Osteomalacia is a disease of inadequate bone mineralization. The true incidence of osteomalacia is largely underestimated. Patients may develop bone pain, muscle weakness and fractures and in severe untreated cases may become bed-bound. Osteomalacia is known to be associated with RTA types 1 and 2.

CASE

We report a 41-year-old female with RTA type 1 who had presented to us after applying for disability pension. She has been having muscle weakness and bone pain which progressed to gait abnormalities and had become bedridden and dependent on activities of daily living. She previously defaulted all her follow-ups and was found to have severe vitamin D deficiency with untreated acidosis. Neuromuscular dystrophy was excluded. Her initial BMD showed a hip Z-score of -3.9 and T-score of -4.0 (April 2019). She was treated with vitamin D₃ 7,000 units/day

(50,000 units weekly), calcium lactate 300 mg od and Shol's solution 20 ml qid. Subsequent follow up showed gradual improvement in muscle strength with normalized BMD within 3 years and resulting in patient being independent.

CONCLUSION

We report the successful recognition and management of osteomalacia with RTA type 1 and Vitamin D deficiency.

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A RARE CASE OF PREGNANCY LACTATION-INDUCED OSTEOPOROSIS

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Wan Mohd Hafez Wan Hamzah, Norhayati Yahaya, Teh Roseleen Nadia Roslan

Endocrinology Unit, Medical Department, Hospital Raja Perempuan Zainab 2, Kelantan, Malaysia

INTRODUCTION/BACKGROUND

Pregnancy and lactation-induced osteoporosis (PLO) is a rare condition occurring for the first time in pregnancy or postpartum period while breastfeeding. Here, we report a rare case of PLO which presented during postpartum of first pregnancy.

CASE

A 27-year-old female presented with low back pain 4 months postpartum of her first pregnancy and worsening during her second pregnancy. It was associated with kyphotic lordosis. PLO was diagnosed based on clinical symptoms and low bone mineral density (BMD).

CONCLUSION

PLO should be considered in patients who complain of back pain during late pregnancy and postpartum period. Weaning off breastfeeding and supplementation of calcium/vitamin D should be the first recommendation as conventional treatment after the diagnosis of PLO. Bisphosphonate, teriparatide and denosumab can be added on as specific pharmacological therapy if conservative treatment fails.