

the diagnosis of parathyroid carcinoma. Post operatively, the course was complicated with hungry bone syndrome. At discharge, the patient's iPTH and calcium level was reduced to 6.66 pg/ml and 2.20 mmol/L, respectively.

CONCLUSION

Size of parathyroid lesion, severe hypercalcaemia, significantly raised ALP and iPTH levels are clues to indicate parathyroid carcinoma as the cause of primary hyperparathyroidism.

EP_A045

COVID-19 MOVEMENT CONTROL ORDER RELATED OSTEOPOROTIC FRACTURE AND VITAMIN D DEFICIENCY IN AN ADOLESCENT MALE

<https://doi.org/10.15605/jafes.038.S2.63>

Suhasheni Rajendran,¹ Chu Ee Seow,¹ Jerri Chiu Yun Ling,² Hui Chin Wong³

¹Department of Internal Medicine, Hospital Banting, Malaysia

²Sports Medicine Unit, Department of Orthopaedic, Hospital Tengku Ampuan Rahimah Klang, Malaysia

³Endocrinology Unit, Department of Internal Medicine, Hospital Tengku Ampuan Rahimah Klang, Malaysia

INTRODUCTION/BACKGROUND

COVID-19 pandemic had caused major impacts on various aspects of our life. In Malaysia, Movement Control Order was imposed in March 2020. For almost 2 years, school-going children and adolescents were not able to attend schools physically and their physical activity was confined to their room or house on most days.

CASE

We describe a case of a 14-year-old male, previously active in sports, who sustained a low trauma fracture at the right femoral neck in November 2021 following a prolonged period of extreme sedentary life along with poor dietary intake during the COVID-19 pandemic period. He underwent open reduction and screw fixation for the fracture. Postoperatively, he was initially treated with suboptimal physiotherapy due to worry of fragility fracture. He was thin with a low BMI (15.62 kg/m²) and significant loss of muscle bulk in all limbs. Further laboratory tests showed vitamin D deficiency (15.3 nmol/L) and the dual energy x-ray absorptiometry (DXA) showed low Z-score for total spine (-2.2) and total hip (-3.9). He was treated with activated vitamin D and vitamin D₃ replacement. He was later referred to a sports physician for individualized post-operative rehabilitation. By then, he had a 2 cm shortening of the affected limb, which required a customized shoe for correction of the limb length discrepancy. With the

customized shoe, he was able to progress his physical activities gradually, from brisk walking to slow jog then later running and cycling outdoors. Successive clinic visits showed remarkable improvement in physical fitness, sports participation and normalization of vitamin D levels. With guidance from a sports physician, he was able to resume sports activities eventually without limitation or difficulty. Repeated DXA scans within one year showed significant improvement.

CONCLUSION

Physical activity and vitamin D are important essentials in bone growth and bone health in adolescents.

EP_A046

A RARE CASE OF NONFUNCTIONING APPENDICEAL NEUROENDOCRINE TUMOUR (ANET) WITH BASE INVOLVEMENT NEEDING HEMICOLECTOMY

<https://doi.org/10.15605/jafes.038.S2.64>

Abdullah Shamshir Abd Mokti¹ and Raja Nurazni Raja Azwan²

¹Endocrine Unit, Medical Department, Hospital Selayang, Malaysia

²Endocrine Unit, Medical Department, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia

INTRODUCTION/BACKGROUND

Appendiceal neuroendocrine tumour (ANET) is the commonest appendiceal tumour found in 0.2–0.7% of surgical resections for suspected appendicitis. Peak incidence is at age 40–50 years with slight female preponderance. If diagnosed at a lower stage, survival is extremely good; local disease has 5-year survival rate (5-YSR) of between 95–100% and regional disease has between 85–100% 5-YSR. However, cases with distant metastasis present with relatively poor survival figures with 5-YSR less than 25%.

We report a rare case of a patient with ANET with involvement of the base of the appendix needing further anatomical and functional imaging and right hemicolectomy.

CASE

A 45-year-old female presented with acute right iliac fossa pain of less than 24 hours of duration with vomiting which led to a diagnosis of presumed appendicitis. She underwent laparoscopic appendectomy and intraoperatively was found to have adhesions with the abdominal wall and the appendix was only mildly inflamed. Histologic examination confirmed neuroendocrine tumour of the