diabetes insipidus, anterior pituitary hormone deficiency, and headache. Its presence should be suspected when a pituitary tumour involves the posterior pituitary, especially in an elderly patient.

EP_A054

METYRAPONE AS A BRIDGING THERAPY IN FLORID CUSHING'S DISEASE PATIENT PRIOR TO PITUITARY ADENOMECTOMY

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INTRODUCTION/BACKGROUND
Florid Cushing's disease gives rise to high morbidity and mortality due to its metabolic abnormalities and the risk of infection. Preoperative medical therapy with steroidogenesis inhibitors such as metyrapone, an 11β-hydroxylase inhibitor, may be considered if surgery is delayed or rapid reduction of cortisol is needed in patients with severe Cushing's who have potentially life-threatening metabolic, infectious or thromboembolic cardiovascular complications.

CASE
We describe a 31-year-old female who presented with lethargy and a short history of body acne, proximal muscle weakness, and hair loss for a month. She had missed her menses for two months. Upon examination, she was hypertensive (BP 190/112 mmHg), BMI was 26 kg/m^2. She had hirsutism, hyperpigmentation over her lips, knuckles, and nail folds, facial and body acnes, alopecia, proximal muscle weakness, acanthosis nigricans, dorsocervical and supraclavicular fat pads and purplish striae over her abdomen.

Initial blood results revealed severe hypokalaemia (1.9 mmol/l), metabolic alkalosis (HCO3 41.3 mmol/l), HbA1c 9.2% and transaminitis (ALT 324 U/L, AST 130 U/L) which precludes initiation of ketoconazole. ODST was not suppressed with a cortisol level of 1406 nmol/l, and HDDST showed 50% reduction of cortisol from baseline (baseline 1059 nmol/l, post 530 nmol/l). 24-hour urine cortisol was markedly elevated at 10,352 nmol/day. ACTH level was raised at 38.4 pmol/L. Pituitary MRI demonstrated a bulky left pituitary gland measuring 0.6 cm x 0.7 cm x 0.4 cm. CT TAP showed no evidence of a suspicious lesion/mass suggestive of ectopic Cushing's. She initially required high doses of basal-bolus insulin and potassium replacement together with four antihypertensives. We commenced her on Metyrapone 250 mg TDS and this was titrated to 500 mg TDS based on serial cortisol levels. We attained a cortisol level of 531 nmol/l with better control of her blood pressure and glucose level prior to pituitary adenomectomy with TSS.

CONCLUSION
This case illustrates the effectiveness of metyrapone in achieving normal biochemical clinical parameters pre-operatively before undergoing pituitary surgery.

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UNCOMMON CAUSE OF SECONDARY EMPTY SELLA SYNDROME

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INTRODUCTION/BACKGROUND
The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has led to detrimental outcomes worldwide, leading to millions of deaths. SARS-CoV-2 vaccines are a critical step for many countries in battling with this infection. Recently, there are increasing cases of endocrinopathy, including hypophysitis, associated with SARS-CoV-2 vaccination.

CASE
We describe a patient with hypophysitis as a sequalae of COVID-19 vaccination.

A 48-year-old male, with a history of pulmonary tuberculosis who completed treatment in 2016, presented with fever, chills, postural hypotension and left upper limb weakness. The symptoms appeared 2 weeks after his 1st dose of SARS-CoV-2 vaccination.

He was initially treated as acute disseminated encephalomyelitis (ADEM) and meningoencephalitis. During admission, he developed septic shock with multiorgan involvement. He remained hypotensive despite improvement of septic parameters. Hence, short synacthen test was done which revealed inadequate cortisol response.

Inpatient cerebrospinal fluid (CSF) investigations were normal. Cranial MRI showed asymmetrical white matter hyperdensities; possible aetiology included infectious and inflammatory causes. He was discharged well with oral hydrocortisone 10 mg bd.