

METHODOLOGY

This was a retrospective review of patient medical records who were admitted to the medical department of Hospital Sibul between January 2022 to December 2022 department with hyperthyroidism and hypothyroidism. Patient demographics, clinical and biochemical data were documented and analysed

RESULT

There was a total of 94 admissions during this period. The mean patient age was 57.2 years (14 to 91 years old) with a female preponderance (61%). Most of the patients were thyrotoxic, 64% while 36% had hypothyroidism. The most common indication for hospitalization was atrial fibrillation (AF) (33%). Cardiac disease was a complication in 52% of admissions, predominantly AF and heart failure. Other thyroid-related complications included stroke, hyponatremia, hypokalaemic periodic paralysis and agranulocytosis. 2 (2%) patients were admitted for thyroid storm. Approximately one-third of patients were newly diagnosed during the admission and 5 (5%) patients had previously defaulted follow-up and treatment.

CONCLUSION

This study shows that a large proportion of patients admitted had poorly controlled thyroid function with multiple complications. This highlights the need for improved education and access to diagnostic and treatment facilities in our local population.

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RETROSPECTIVE ANALYSIS AND EVALUATION OF SPECIALISED MULTIDISCIPLINARY THYROID EYE SERVICES IN A TERTIARY CENTRE IN MALAYSIA

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Tan Ying Jie,¹ Teh When Yee,² Tan Yi Shan,² Chai Huei Xian,³ Adlina Abdul Rahim,³ Noor Raffhati Adyani Abdullah³

¹Endocrinology Unit, Department of Internal Medicine, Hospital Sultanah Bahiyah, Kedah, Malaysia

²Department of Internal Medicine, Hospital Sultanah Bahiyah, Kedah, Malaysia

³Oculoplasty Unit, Department of Ophthalmology, Hospital Sultanah Bahiyah, Kedah, Malaysia

INTRODUCTION

Thyroid eye disease (TED) is one of the major extrathyroidal manifestations of Graves' disease encountered in a variety of clinical settings from primary to tertiary care. Failure to engage appropriate therapeutic options in a timely manner

may contribute to a suboptimal outcome. The American Thyroid Association and the European Group on Graves' Orbitopathy (EUGOGO) highlighted the paramount importance of specialised multidisciplinary clinics for the management of TED. In Malaysia, combined thyroid eye clinics are not readily accessible, and many patients with TED are managed outside multidisciplinary clinics.

METHODOLOGY

We conducted a retrospective evaluation on TED patients treated in our multidisciplinary thyroid eye clinics from March 2021 to March 2023. Data collected for all patients included demographics, endocrine thyroid data, thyroid eye clinical metrics, treatments, and outcomes with comparison between the first and final visits.

RESULTS

Out of 51 patients who attended the clinics, 60.8% (31/51) were female, 76.5% (31/51) were Malays. 23.5% (12/51) were current smokers, and 91.6% (11/12) received smoking cessation advice. Mild, moderate-severe and sight-threatening TED were seen in 35.3%, 47.1% and 17.6%, respectively. Biochemical euthyroidism was attained by 76.7% (33/48) compared to 23% (10/51) from the initial visit ($p=0.001$). Active TED was seen in 33% (17/51); none were active during the last visit ($p=0.001$). IV methylprednisolone was given in 23% (12/51) throughout their follow-up. Median cumulative IV methylprednisolone was 4250 mg \pm 3937.50. Second-line immunosuppressive therapy was given in 29.4% (15/51). Orbital decompressive surgery was done in 9.8% (5/51) as part of the management of active sight-threatening disease or as rehabilitation surgery. All patients with moderate-severe and sight-threatening disease received their treatment within seven days.

CONCLUSION

Specialised multidisciplinary TED clinics demonstrated favourable outcomes for patients to attain biochemical euthyroidism and improvement in overall TED care.

CASE

Our patient was a 73-year-old male diagnosed with recurrent transglottic squamous cell carcinoma (T2N0M0) and had total laryngectomy, total thyroidectomy and bilateral neck dissection done. Oral thyroxine replacement 100 mcg (1.3 mcg/kg/day) daily was started 3 days post operatively. Patient's post operative recovery was complicated with neck wound breakdown with suspicion of pharyngo-cutaneous fistula and was subsequently started on total parental nutrition by day 12 post operation. Patient was referred to endocrine team due to worsening hypothyroidism FT4 7.68 pmol/L (12.0-22.0) TSH 12.8 mIU/L (0.27-4.20). On examination, patient was conscious, alert, GCS full, BP 127/75 mmHg, pulse rate 86 beats per minute, on vacuum dressing over neck wound, reflexes normal, clinically asymptomatic of hypothyroidism. Patient was converted to per rectal administration of levothyroxine. Levothyroxine tablet was crushed and mix with 10 mls of water and 20 mls of lignocaine gel, pushed into rectum with nasogastric tube.

Patient was initially started on 2.6 mcg/kg/day per rectal thyroxine and subsequently increased to 4 mcg/kg/day 5 days later due to the lack of adequate biochemical response. Thyroid function normalized after 3 weeks of therapy, with FT4 18.4 pmol/L (12.0-22.0) TSH 2.80 mIU/L (0.27-4.20).

CONCLUSION

In conclusion, per rectal administration of levothyroxine can be a useful, safe, and effective alternative to oral levothyroxine in conditions precluding oral administration. We should advocate for increased availability of rectal levothyroxine preparations worldwide.

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A CASE OF TRIPTORELIN-INDUCED THYROIDITIS

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Marisa Khatijah Borhan,¹ Shirenee Ratna Vethakkan,¹ Jeyakantha Ratnasingam,² Lee-Ling Lim,² Sharmila Sunita Paramshivam²

¹University Malaya Medical Centre, Kuala Lumpur, Malaysia

²Medical Department, Hospital Sultanah Aminah, Johor Bahru, Malaysia

INTRODUCTION/BACKGROUND

Gonadotrophin-releasing hormone agonists (GnRHa) therapy has been associated with thyroid dysfunction, including thyroiditis. Triptorelin, a GnRHa, is used as androgen deprivation therapy (ADT) in men with prostate cancer. We present a case of triptorelin-induced thyroiditis in a patient with locally advanced prostate cancer.

CASE

An 83-year-old male with underlying stable prostate cancer presented with an acute transient episode of abnormal behaviour. After completed radiotherapy, he was on 3-monthly SC leuprorelin before recently changing to 3-monthly SC triptorelin. He had received the second dose of SC triptorelin 4 weeks prior to presentation. A plain brain CT ruled out a space-occupying lesion. His renal profile, serum calcium, glucose and dementia workup were normal, except for a deranged TFT [suppressed TSH (0.01 mIU/L, N:0.55-4.78), high fT4 (55.1 pmol/L, N:11.5-22.7), high fT3 (13.0 pmol/L, N:3.5-6.5)]. Baseline TFT taken two years ago was normal. He had no fever, neck pain, dysphagia, respiratory or thyrotoxicosis symptoms. He denied any family history of thyroid disease, recent vaccination, or supplement use, including biotin. He was clinically euthyroid, and there was no evidence of Graves' ophthalmopathy, tremor, atrial fibrillation, or a goiter. Serum anti-TPO antibody was raised (67.2 iu/mL, N<35.0). Lumbar puncture findings were normal and the cerebrospinal fluid anti-TPO antibody was not detected. Technetium-99m uptake scan reported reduced uptake in both thyroid lobes, suggestive of thyroiditis. Hence, a diagnosis of triptorelin-induced thyroiditis was made. Upon discharge, his behaviour normalized and his TFT improved (TSH 0.02 mIU/L, fT4 32.3 pmol/L, fT3 6.7 pmol/L) without antithyroid drugs or glucocorticoids. During clinic review two months after he completed ADT, he was clinically euthyroid and his TFT had normalized (TSH 1.96m IU/L, fT4 12.0 pmol/L).

CONCLUSION

Patients with thyroid autoimmunity are more susceptible to thyroid dysfunction after GnRHa administration, probably due to GnRHa immunostimulatory actions, emphasizing need for TFT monitoring during GnRHa treatment. Those with persistent thyroid dysfunction after discontinuation of GnRHa therapy may require treatment.

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ONE-YEAR AUDIT OF PATIENTS ADMITTED WITH THYROID DISORDERS TO THE MEDICAL DEPARTMENT, SIBU HOSPITAL

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Lau Pei Ying, Lai Shu Xian, Eunice Lau Yi Chwen
Sibu Hospital, Malaysia

INTRODUCTION

The prevalence of thyroid disorders in Malaysia is around 3.4%. It is the second most common endocrine disorder after diabetes. Organ dysfunction related to thyroid disorders such as hyperthyroidism and hypothyroidism may result in significant morbidity and mortality.