

**PP-09**

**The Incidence of Dyslipidemia and Diabetes Mellitus Type 2 among People Living with Human Immunodeficiency Virus Using the First Line Highly Active Antiretro-Viral Therapy for at Least Twelve Months in Southern Philippines HIV-AIDS Core Team Hub**

<https://doi.org/10.15605/jafes.034.S21>

**Michelle Angeli L, Jessie O, Larrisa Lara T**

*Internal Medicine Department, Southern Philippines Medical Center, Davao City, Philippines*

**INTRODUCTION**

The introduction of highly active antiretroviral therapy has improved the survival rate of people living with HIV. However co-morbid conditions such as cardiovascular disease have emerged. Risk factors identified include dyslipidemia and toxicity from ART. Some of the metabolic complications of chronic use of HAART include Diabetes mellitus type 2 (DM type 2) and dyslipidemia.

**METHODOLOGY**

This study is a retrospective analytical study. All patients with HIV enrolled in SPMC HACT treatment hub who are on first line HAART and who have given their verbal consent were included. Data were gathered through a chart review from the medical records.

**RESULTS**

A total of 146 patients were included. The incidence of dyslipidemia is 67.1% and DM type 2 is 2.7%. Majority of the participants are male with average age of 30 years old and normal BMI. 28% are smokers and 30% are alcoholic beverage drinkers with normal kidney and liver function test screening. 12 months after HAART, a significant increase was noted in triglyceride levels by 0.78 mg/dl, LDL levels by 0.46 mg/dl and FBS levels by 0.18 mg/dl. The odds ratio of the different first line combination HAART to dyslipidemia and DM type 2 is highest with Lamivudine+ Tenofovir+Nevirapine.

**CONCLUSION**

Diabetes Mellitus type 2 and dyslipidemia have an increasing incidence in people living with HIV on 1st line HAART. Therefore, regular monitoring and proper management of these diseases is recommended.

**PP-10**

**Adrenal Venous Sampling Success Rate and Concordance with Imaging: A Single Center Experience in Malaysia**

<https://doi.org/10.15605/jafes.034.S22>

**Eunice Yi Chwen Lau,<sup>1</sup> Azraai Bahari Nasruddin,<sup>1</sup> Ridzuan bin Abdul Rahim<sup>2</sup>**

<sup>1</sup>*Department of Medicine, Hospital Putrajaya, Malaysia*

<sup>2</sup>*Radiology Department, National Cancer Institute, Malaysia*

**INTRODUCTION**

The two most common subtypes of primary aldosteronism are aldosterone producing adenoma and bilateral adrenal hyperplasia. These require specific therapeutic approach consisting of either unilateral adrenalectomy or lifelong mineralocorticoid receptor antagonists. Adrenal venous sampling (AVS) is the gold standard for subtype diagnosis. However, it is technically challenging and has limited availability.

**METHODOLOGY**

This study describes the success rate at our centre, with implementation of the intraprocedural Quick Cortisol Assay (QCA). A total of 60 AVS procedures were performed by two radiologists consecutively at Institut Kanser Negara from January 2016 to February of 2019.

**RESULTS**

The overall success rate was 72% (43/60). The success rate of cases performed prior to QCA was 60% (9/15) compared to 79% (11/14) with use of QCA. Subsequent successful cannulation rates improved to 86% (12/14) despite discontinuation of QCA use with the same radiologist. Introduction of a different radiologist in 2018 resulted in success rates of 64% (9/14) without use of QCA. The most common cause of failure was inability to cannulate the right adrenal vein (76%, 13/17). Concordance rates between AVS and imaging findings were 79% (34/43) while discordance rates were 9% (4/43). The remaining patients had non-specific findings. The use of AVS potentially changed management in 23% (10/43) of patients.

**CONCLUSION**

This illustrates the benefit of QCA in improving the success rates and operator learning curve. The concordance rates were relatively high between AVS and imaging for our centre with most imaging findings showing unilateral lesion with concordant lateralization.