

PP-24**Comparison of Lipid Profiles of Patients with Pulmonary Tuberculosis (TB) with and without Human Immunodeficiency Virus (HIV)**

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INTRODUCTION

Pulmonary tuberculosis (TB) can co-occur with Human Immunodeficiency Virus (HIV). The inflammatory condition that accompany the infection causes the release of free radicals and Reactive Oxygen Species (ROS) which can affect the lipid profile through increase of lipid peroxidase. Previous studies showed that low serum triglycerides were found in TB and HIV-positive patients compared to the control group. Hypocholesterolemia encourages the development of TB while hypercholesterolemia leads to protection against TB with Mtb. This condition needs to be considered because it can affect the prognosis of HIV coinfecting TB. The purpose of this study is to compare lipid profiles in patients with TB with and without infection with HIV.

METHODOLOGY

This is a comparative analytic study. Data were taken from medical records. The population of this study were all patients with pulmonary TB with and without HIV infection in Haji Adam Malik Medan General Hospital on January 2014 to October 2018 with 72 samples for each group. Simple random sampling method was used. Data were analyzed using independent t test and Mann-Whitney U test.

RESULTS

We found that triglyceride levels were significantly higher in TB-HIV group ($p < 0,05$) compared to TB group. The Zidovudin+Lamivudin+Efaviren regimen caused an increase in lipid profiles compared to other regimens. There were no significant differences in LDL, HDL and total cholesterol between the two groups.

CONCLUSION

The triglyceride levels in pulmonary TB-HIV patients are higher than pulmonary TB patients without HIV.

PP-25**Radioiodine Therapy as an Effective Convenient Modality of Treatment for Thyrotoxicosis: An Attempt to Settle the Dust Once and For All!**

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INTRODUCTION

Thyrotoxicosis when treated inadequately with oral antithyroid drugs for longer than a decade may result in premature cardiovascular morbidity and mortality. In this respect, radioactive iodine therapy (RAI) has been used for more than seven decades in order to achieve lifelong remission. However not all patients become euthyroid or hypothyroid following a single dose of RAI. In view of a recent publication showing a dismal result of RAI therapy (a meager 50% success rate) in a local tertiary institution, we have embarked on a similar quest in order to address this issue once and for all.

METHODOLOGY

Participants were identified from the list of patients who underwent RAI therapy for thyrotoxicosis in our institution from January 2013 to April 2018. All of the patients were referred for RAI following failure of conventional antithyroid therapy to induce lifelong remission. Patients' characteristics, clinical outcomes and laboratory results were retrieved from the medical and laboratory records. Descriptive statistics were used to describe the data. Relationships were explored with appropriate statistics with significant findings established at $p < 0.05$.

RESULTS

A total of 168 patients were identified. The mean age was 44.81 ± 15.7 years; 73% ($n=123$) were females. 73% ($n=119$) had Graves' disease and 23% had multinodular goitre ($n=39$). Majority (88%) had a single course of RAI, whereas 12% needed a second course. The dose used was 15 mCi in 46% and 12 mCi in 48% of cases. Five (3%) patients were lost to follow-up following first RAI. Overall 85% ($n=142$) of patients achieved remission as defined by hypothyroid or euthyroid state without any further intervention beyond 6 months of RAI.