PP-34

Severe Bacterial and Opportunistic Infections in Endogenous Cushing's Syndrome: A Case Series

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INTRODUCTION
Cushing's syndrome is a clinical condition characterised by elevated serum cortisol levels from either exogenous or endogenous glucocorticoids. Hypercortisolemia impairs immune function and increases host susceptibility to bacterial, viral and fungal infections. We report two cases of endogenous Cushing's that succumbed to severe bacterial and opportunistic infections.

CASE 1:
A 69-year-old lady with diabetes and hypertension presented with lower limb weakness, easy bruising and severe hypokalemic alkalosis. Biochemical investigations confirmed Cushing's as demonstrated by elevated 24-hour urine cortisol and non-suppressible cortisol after overnight and low dose dexamethasone suppression test. Adrenocorticotropic hormone (ACTH) was suppressed while dehydroepiandrosterone sulfate (DHEAS) and androstenedione were elevated. Magnetic resonance imaging of the abdomen revealed an adrenocortical carcinoma with liver and lung metastases. She required high doses of insulin, potassium and ketoconazole to control her disease. She developed severe Klebsiella pneumonia with aspergillosis and finally expired.

CASE 2:
A 59-year-old lady was diagnosed with ACTH-dependent Cushing's syndrome when she presented with weight gain, hirsutism and persistent hypokalemia. Initial workup revealed a mediastinal mass which was reported as a neuroendocrine tumour by biopsy. Biochemical investigations were consistent with Cushing's, with elevated serum ACTH. She was given ketoconazole and metyrapone and was subsequently admitted for hospital-acquired and opportunistic fungal pneumonia. She underwent removal of the mediastinal tumour. Post-surgery, her disease was still active with a residual tumour. Ketoconazole was restarted but she succumbed to Salmonella sepsis despite aggressive treatment.

CONCLUSION
Patient's with Cushing's syndrome are susceptible to severe and life-threatening infections. The diagnosis of infections is often made late because the signs and symptoms are often masked by hypercortisolemia. Treatment with anti-cortisol drugs often unmasks infections. Hence, there is a need for a high index of suspicion in order to diagnose opportunistic infections early.

PP-35

Treatment Modalities for Advanced Metastatic VIPoma: A Case Report

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INTRODUCTION
Pancreatic neuroendocrine tumors (pNET) secreting vasoactive intestinal peptide (VIP) are rare tumors, with an annual incidence of 1 per 10 million individuals. The diagnosis is made based on a combination of laboratory evaluation (serum VIP level), imaging findings [functional positron emission tomography-computed tomography (PET-CT)] and histological analysis. The first line of treatment is still surgical excision in benign and non-metastatic disease. However, there is no accepted standard management for patients with metastatic disease, which is seen in 60 to 80% of cases.

METHODOLOGY
We present a case that highlights the challenges in managing metastatic unresectable VIPoma. This is also the first case report in Malaysia using peptide receptor radionuclide therapy (PRRT) as the treatment for metastatic unresectable VIPoma.

RESULTS
We present a case of 62-year-old Chinese gentleman who presented with chronic diarrhoea since 2014. Initial investigation revealed a pancreatic mass at the tail of the pancreas measuring 6.5 cm x 5.2 cm. He underwent distal pancreatectomy and splenectomy. Histopathology report showed a grade 1 pNET with a Ki67 index of <2% and negative margins. He remained asymptomatic post-surgery until 2017, when surveillance CT scan showed a local recurrence at the body of pancreas measuring 2.0 cm x 2.2 cm with multicentric liver lesions, the largest of which measured 4.5 cm x 3.1 cm in segment VIII and 3.6. cm x 3.9 cm in segment IVa. Trans-arterial hepatic chemo-embolization was deemed unsuitable. Since March 2018, the patient had multiple hospitalisations for profuse watery diarrhoea, severe electrolyte imbalance and