

pancreatic abscess. She proceeded with image-guided drainage and started on empirical antibiotic coverage. Her symptoms improved after six days of drainage, and she was discharged well.

CONCLUSION

Hypertriglyceridemia-induced pancreatitis in pregnancy is associated with high maternal and foetal morbidity and mortality. A multidisciplinary approach, including an obstetrician, endocrinologist, surgeon and radiologist, is needed to provide the best supportive care for the patient to reduce triglyceride levels rapidly to ensure good outcomes.

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A COMPREHENSIVE 12-MONTH ANALYSIS: REAL-WORLD ASSESSMENT OF THE CARDIOVASCULAR RISK REDUCTION CLINIC (CRRIC) AT HOSPITAL PULAU PINANG, MALAYSIA

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INTRODUCTION/BACKGROUND

Atherosclerotic Cardiovascular Disease (ASCVD) remains the primary driver of cardiovascular disease (CVD)-related mortality, responsible for a staggering 80% of CVD-related deaths. The consistent association of low-density lipoprotein cholesterol (LDL-C) with CVD and coronary heart disease (CHD) underscores the potential of reducing LDL-C levels in mitigating atherosclerotic plaque progression and lowering ASCVD incidence. This has elevated lipid-lowering therapies (LLT) as pivotal interventions to curtail ASCVD-related mortality and morbidity.

METHODOLOGY

This single-arm, observational study, enrolled patients aged 18 years and above with established ASCVD or ASCVD-risk equivalent conditions and LDL-C levels exceeding 1.8 mmol/L.

RESULTS

A cohort of 58 patients, with a mean age of 57.5 (SD 11.0), predominantly male (86%), were included. Almost all patients had prior ASCVD (98.6%), 67.1% had a

history of cardiac surgery/intervention and 71.4% had multivessel disease. Hypertension was common (74.3%), followed by diabetes (35.7%). Only 4.3% had familial hypercholesterolemia. Most patients were Malay (41.4%) and Chinese (38.6%). Fifty-seven (81.4%) had follow-ups at month 6 and thirty-four patients (48.6%) followed up at month 12. Analysis of patients who returned for follow-up showed that compared to baseline, mean LDL-C reduced by 1.7 mmol/L (44.0%) at month 6 ($P < 0.0001$) and 1.20 mmol/L (38.3%) at month 12 ($P < 0.0001$). However, none of the patients attained LDL-C < 1.8 mmol/L and < 1.4 mmol/L at baseline, 52.6% and 44.1% achieved LDL-C < 1.8 mmol/L at month 6 ($P < 0.0001$) and month 12 ($P = 0.0003$), respectively. Similarly, 26.3% and 20.6% attained < 1.4 mmol/L at month 6 ($P = 0.0003$) and month 12 ($P = 0.023$) post-CRRIC, respectively.

CONCLUSION

This pilot study provides substantial real-world evidence supporting the effectiveness of the Cardiovascular Risk Reduction Clinic in reducing mean LDL-C levels within 12 months. The findings underscore the positive influence of physician-prescribed lipid-lowering therapy strategies and patient counselling on LDL-C management.

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NON-ISLET CELL TUMOR HYPOGLYCAEMIA IN A FRAIL ELDERLY PATIENT: A CASE REPORT

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INTRODUCTION/BACKGROUND

Non-islet cell tumor hypoglycemia (NICTH) is a rare paraneoplastic phenomenon, representing the second most common aetiology of spontaneous hypoglycemia in non-diabetic patients after insulinoma. It is seen in patients with extra-pancreatic tumors, usually of mesenchymal, vascular, or epithelial origin. The underlying mechanism involves tumor over secretion of incompletely processed insulin-like growth factor-2 (pro-IGF-2), leading to the activation of insulin receptors and thereby hypoinsulinaemic hypoglycaemia. We report an elderly female, who presented with recurrent spontaneous hypoglycaemia, following which subsequent workup confirmed the diagnosis of NICTH secondary to a left lung mitotic lesion.