

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.

EP_A072

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

<https://doi.org/10.15605/jafes.039.S1.083>

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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.

EP_A073

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

<https://doi.org/10.15605/jafes.039.S1.084>

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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.

CASE

An 86-year-old, non-diabetic female presented with early morning spontaneous hypoglycaemia of two years' duration. She was found by her family confused and was only able to regain full consciousness after taking sweet beverages or nutritional drinks. Her documented capillary blood glucose levels during these episodes confirmed that she had hypoglycemia. She denied weight change and altered bowel habits. She had a strong family history of malignancy, wherein five of her eight children had colorectal carcinoma. Supervised fasting test showed low C-peptide, undetectable serum insulin and low blood ketone when the concurrent blood glucose level was 1.1 mmol/L. Following glucagon challenge, her blood glucose rose to 3.3 mmol/L. Sulphonylurea screen was negative. Serum IGF-2 was not tested due to unavailability. A diagnosis of NICTH was made. CECT thorax revealed a large left lower lobe lung tumour, measuring 11.5 x 8.9 x 12.9 cm, which partially encased the left main bronchus and descending thoracic aorta. Due to her advanced age, she refused biopsy and surgery. Her hypoglycaemia was treated with raw cornstarch therapy before bed and at 3 am, as well as oral prednisolone 5 mg daily.

CONCLUSION

The possibility of NICTH should be considered in the evaluation of spontaneous hypoglycemia in an elderly non-diabetic patient. Glucocorticoids can be effective in ameliorating hypoglycemia in this setting when surgery is not feasible.

EP_A074

**ENDOSCOPIC ULTRASOUND (EUS)
AND EUS GUIDED RADIOFREQUENCY
ABLATION (RFA) AS A DIAGNOSTIC
AND THERAPEUTIC INNOVATION FOR
INSULINOMA: A CASE REPORT**

<https://doi.org/10.15605/jafes.039.S1.085>

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INTRODUCTION/BACKGROUND

Though rare in occurrence, insulinomas are the most common hormone-producing pancreatic neuroendocrine tumour (PNET) with a reported incidence of 4 cases per million per year. Surgical intervention has been the gold standard of treatment for insulinoma but an emerging

minimally-invasive method – endoscopic ultrasound (EUS) guided radio-frequency ablation (RFA) is increasing in use in the current management of insulinomas.

We present a case where EUS and EUS-guided RFA played a pivotal role in localising the lesion and serving as a therapeutic approach.

CASE

A 55-year-old female with underlying primary hypothyroidism, bronchial asthma, and class III obesity presented with refractory hypoglycaemia. Biochemical workup confirmed hyperinsulinaemic hypoglycaemia (plasma glucose 1.6 mmol/L, plasma insulin 107 pmol/L and serum c-peptide 1106 pmol/L). Initial imaging with computed tomography (CT) scan failed to localise any pancreatic lesion. Subsequent EUS discovered a hypochoic lesion at the pancreatic tail which was later histologically confirmed to be PNET. The patient was treated with subcutaneous octreotide and oral diazoxide, then underwent EUS-RFA rather than surgery due to high operative and anaesthetic risk. The procedure was uneventful however, she developed acute pancreatitis two weeks later. Following recovery from pancreatitis, she remained in euglycemic state for a few weeks before she developed a recurrence of hypoglycemia, albeit being less frequent and less severe (plasma glucose 1.9 mmol/L, plasma insulin 67.3 pmol/L and C peptide 1179 pmol/L). Repeat diagnostic and therapeutic EUS are planned for her.

CONCLUSION

EUS is a valuable tool as a diagnostic modality in localizing insulinoma. It can be an alternative therapeutic option to surgery, especially among high-risk patients.

EP_A075

**A RARE CASE OF HYPOVOLEMIC
HYPONATREMIA IN A PATIENT WITH
EXCESSIVE BILIARY TRACT LOSS**

<https://doi.org/10.15605/jafes.039.S1.086>

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INTRODUCTION/BACKGROUND

Hyponatremia is the most common electrolyte abnormality observed among inpatients in the hospital setting. Severe hyponatremia (defined as serum sodium <125 mmol/L) is associated with significant morbidity and mortality. Hypovolemic hyponatremia occurs in the context of extracellular fluid depletion. Therefore, accurate diagnosis