CONCLUSION

This is a case of uterine clear cell carcinoma arising from endometriosis complicated with hypercalcemia and highlights that hypercalcemia may be the sole sign of disease transformation, despite the well-established aggressive nature of the disease. It is then crucial to perform a timely and thorough assessment, followed by appropriate management.

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A GIANT PARATHYROID ADENOMA

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Meng Loong Mok,[1] Tharsini Sarvanandan,[1] Senthila Madiwana,[1] Wei Kei Wong,[1] Quan Hziung Lim,[1] Ying Guat Ooi,[1] Nicholas Ken Yoong Hee,[1] Sharmila Sunita Paramasivam,[1] Jeyakantha Ratnasingam,[1] Shireene Ratna Vethakkan,[1] Lee-Ling Lim[1,2,3]

[1]Department of Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
[2]Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Hong Kong SAR, China
[3]Asia Diabetes Foundation, Hong Kong SAR, China

INTRODUCTION/BACKGROUND

Giant parathyroid adenomas, defined as adenomas weighing >3.5 gm, are rare, comprising a small fraction of all parathyroid adenomas. We describe a patient who presented with a giant parathyroid adenoma and markedly elevated parathyroid hormone.

CASE

A 57-year-old male, with a family history of adrenal Cushing's syndrome and hyperthyroidism, was incidentally diagnosed with primary hyperparathyroidism during admission for cerebral infarction, with hypercalcemia (3.2 mmol/L), elevated intact parathyroid hormone (iPTH) (140.2 pmol/L), and vitamin D deficiency (46 nmol/L). He was treated with saline diuresis, subcutaneous denosumab 60 mg, and subcutaneous calcitonin 200 U BD, but defaulted to further workup.

Nine months later, he returned with altered sensorium, hypercalcemia (3.43 mmol/L) and elevated iPTH (448.9 pmol/L), the same treatment was given as in the previous admission. Ultrasound of the parathyroid showed an interior hypoechoic lesion measuring 2.0 x 2.6 x 3.2 cm. Tc-99m Sestamibi scan suggested a left inferior parathyroid lesion without an ectopic tissue. DXA scan showed osteoporotic changes in the distal third radius and femoral neck. KUB Ultrasound showed no renal calculi. One month later he was admitted for hypercalcemia and acute kidney injury, treated with saline diuresis and subcutaneous denosumab 120 mg, and eventually underwent left inferior parathyroidectomy with intraoperative iPTH monitoring. From his highest pre-operative iPTH at 828 pmol/L, a reduction to 236.7 pmol/L was seen at 10-minutes post-incision. Intra-op findings showed a large left inferior parathyroid tumour, measuring 3.5 x 2.7 x 2.0 cm, weighing 14 gm. Histopathology was consistent with parathyroid adenoma. He was started on calcitriol and calcium carbonate post-operatively and did not develop hungry bone syndrome.

CONCLUSION

In giant parathyroid adenomas, a disproportionate rise in serum iPTH may result from factors like vitamin D deficiency, chronic iPTH elevation, or resistance to physiological effects of PTH. Distinguishing them from parathyroid carcinoma is challenging due to shared high iPTH and calcium levels, though studies showed that giant parathyroid adenomas may be asymptomatic. Histopathological examination is essential for diagnosis, warranting early surgical removal.

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BONE HEALTH ASSESSMENT AMONG PROSTATE CANCER PATIENTS TREATED WITH ANDROGEN DEPRIVATION THERAPY IN A TERTIARY CENTRE IN MALAYSIA

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Tan Ying Jie,[1] Ch'ng Ling Sing,[2] Lee Fei Yee,[3] Noor Rafhati Adyani Abdullah[1]

[1]Endocrinology Unit, Department of Internal Medicine, Hospital Sultanah Bahiyah, Malaysia
[2]Urology Unit, Department of Internal Medicine, Hospital Sultanah Bahiyah, Malaysia
[3]Clinical Research Centre, Hospital Selayang, Malaysia

INTRODUCTION/BACKGROUND

Androgen deprivation therapy (ADT) is the cornerstone of treatment for castration-sensitive Prostate Cancer (PCa). However, the use of ADT can negatively impact bone health. This study aims to assess the prevalence of osteoporosis and osteopenia in men with PCa who have undergone ADT and identify any potential factors associated with osteoporosis among this population.

METHODOLOGY

This single-centre, cross-sectional study recruited 107 PCa patients treated with ADT at the Urology Unit, Hospital Sultanah Bahiyah from January 2020 to August 2023. Data collected included socio-demographics, comorbidities, treatment details and FRAX scores. Patients underwent Dual-energy X-ray absorptiometry (DEXA) scans and blood