a clearly identifiable parathyroid adenoma, it is imperative to employ a combination of imaging techniques to identify any possible ectopic focus, which yields the maximum benefit. Following localization, surgical resection continues to be the preferred mode of treatment for achieving a permanent cure.

## EP_A092

### COMPLEX SCENARIO OF MEN 1 WITH ECTOPIC PARATHYROID GLAND: A CASE REPORT

https://doi.org/10.15605/jafes.039.S1.103

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**INTRODUCTION/BACKGROUND**
In the context of Multiple Endocrine Neoplasm 1 (MEN1), primary hyperparathyroidism (PHPT) is the most prevalent form of endocrinopathy and is often the earliest endocrine manifestation among patients. It represents 2–4% of all forms of PHPT. Ectopic parathyroid adenomas (EPTA) account for a significant proportion, approximately 22% of PHPT cases. To mitigate the adverse effects of PHPT in MEN1 patients, the optimal course of treatment is parathyroidectomy. We present a complex case of MEN1 that involves an ectopic parathyroid gland.

**CASE**
A 54-year-old female presented with symptomatic hypercalcemia with a serum calcium of 3.63 mmol/L (2.1-2.55) along with multiple duodenal ulcers and a Hb of 8.7g/dL (12-15) in 2008. Clinical diagnosis of Multiple Endocrine Neoplasia 1 was made, as validated by primary hyperparathyroidism, microprolactinoma and non-functioning pancreatic neuroendocrine tumour grade 1. She underwent total parathyroidectomy in July 2008 with a right inferior auto-transplantation into the sternocleidomastoid muscle. Histopathological analysis confirmed parathyroid hyperplasia in all 4 glands. Ten years later, she exhibited an increasing trend of serum calcium 2.57-2.63 mmol/L and iPTH (7.05->12.89->14.4 pmol/L) (1.58-6). Neck ultrasonography revealed a well-defined elongated hypoechoic structure within the right sternocleidomastoid muscle measuring 0.2 x 0.4 x 0.9 cm (AP x W x CC). Parathyroid scintigraphy Tc99M Sestamibi with SPECT-CT demonstrated the presence of an ectopic parathyroid adenoma measuring 0.7 x 0.9 cm at the right upper paratracheal/suprasternal region. Subsequently, she underwent exploratory parathyroidectomy with the removal of the right auto-transplant parathyroid gland and right thymus. Histopathological analysis was consistent with parathyroid hyperplasia and ectopic parathyroid accordingly. Postoperatively she remained hypercalcaemic 2.7 mmol/L with non-suppressible iPTH 27.46 pmol/L. Levels of 25-OH (D) were insufficient at 40.72 nmol/L. Further localization studies were contemplated. However, 4D CT assessment was not done due to her deteriorating renal function. She was given oral cholecalciferol 1000 IU daily and cabergoline 1 mg daily.

**CONCLUSION**
Despite significant progress in imaging technologies and surgical techniques, the management of EPTA remains a challenging task in clinical practice. Specialized multidisciplinary input is crucial in managing such cases.

## EP_A093

### A MORE SINISTER CAUSE OF LOWER BACK PAIN IN THE THIRD TRIMESTER: A CASE REPORT OF PREGNANCY AND LACTATION-ASSOCIATED OSTEOPOROSIS

https://doi.org/10.15605/jafes.039.S1.104

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**INTRODUCTION/BACKGROUND**
Pregnancy and lactation-associated osteoporosis (PLO) is a rare but painful condition that tends to occur during the third trimester or postpartum period, with an incidence of 0.4 cases/100,000 women and 70% of those affected are primiparous. The main symptom is severe lower back pain as this condition often causes vertebral fractures which can be multiple.

**CASE**
We present a case of a 28-year-old female with an underlying right coronary artery fistula and endometriosis. She is para 1 and delivered her child in December 2022. During this pregnancy, she had a history of severe back pain during the third trimester. There was no history of falls or any neurological deficits. She gave a history of coccyx fracture following a fall eight years ago but recovered uneventfully. She breastfed her baby for five months post-partum and her back pain persisted during this period which prompted further investigations for her. She did not consume any steroids and there were no signs and symptoms to suggest Cushing's Syndrome.