

**CASE 2**

A 58-year-old female presented with a 7-year history of toxic multinodular goitre before her referral to our centre. She had been receiving fluctuating doses of carbimazole and her TFT remained uncontrolled. She also had retrosternal thyroid extension with mass effect. Her TFT remained uncontrolled despite carbimazole 25 mg/day, and coupled with compressive symptoms, navigated us towards definitive surgical intervention. Timely Lugol's iodine treatment optimized her TFT preoperatively and she successfully underwent total thyroidectomy.

**CONCLUSION**

Both cases highlighted the difficulty in managing thyrotoxicosis and surgical intervention was the best definitive treatment. Perioperative preparation is often challenging requiring multimodal approach to lower free T4 to acceptable levels prior to definitive thyroidectomy.

**EP\_A146**


---

**GAZE BEYOND THE BOUNDARIES:  
TRANSCENDING THE HURDLES IN  
MANAGING GRAVES OPHTHALMOPATHY  
IN A DISTRICT HOSPITAL SETTING**

<https://doi.org/10.15605/jafes.039.S1.157>

**Surendran Marimuthu, Nor Izzati Mohd Zuki, Noor Fariha Mohd Tubillah, Teoh Aik Tatt**

*Hospital Baling, Kedah, Malaysia*

**INTRODUCTION/BACKGROUND**

Graves ophthalmopathy (GO) is an autoimmune condition characterized by inflammation and tissue expansion within the orbit. The pathogenesis of GO involves complex interactions between autoantibodies, inflammatory mediators, and orbital fibroblasts. GO affects both the soft tissues and the extraocular muscles, leading to a range of ocular manifestations, including proptosis, eyelid retraction, diplopia, and in severe cases, vision loss.

**CASE**

An 18-year-old female, a passive smoker with no significant medical history, presented to a district hospital with sudden onset of exophthalmos, eye discomfort, and double vision persisting for three weeks. She has a strong family history of thyroid disease. Physical examination revealed the patient to be in a state of thyroid storm and a clinical activity score (CAS) of 3. The ophthalmologic evaluation revealed bilateral proptosis, conjunctival injection, and restricted extraocular movements consistent with GO. Laboratory investigations confirmed hyperthyroidism. Orbital CT demonstrated enlargement of the extraocular muscles and expansion of orbital fat, further supporting the diagnosis of GO. The

patient was promptly initiated on treatment for thyroid storm, including antithyroid medications and supportive care to stabilize thyroid function. Systemic corticosteroids and lubricating eye drops were administered to alleviate ocular symptoms. With aggressive medical management, the patient's thyroid storm resolved, and ocular symptoms showed significant improvement throughout treatment.

**CONCLUSION**

This case highlights the importance of considering GO in the differential diagnosis of patients presenting with exophthalmos and ocular symptoms, especially when complicated by thyroid storm. Early recognition and collaborative management are essential for optimizing outcomes in such cases.

**EP\_A147**


---

**OUTCOME OF THYROID STORM CASES  
IN 2023 AT HOSPITAL TELUK INTAN,  
MALAYSIA**

<https://doi.org/10.15605/jafes.039.S1.158>

**Ahmad Affan Hassannuddin, Choon Peng Sun,  
Nalini Panerselvam**

*Hospital Teluk Intan, Malaysia*

**INTRODUCTION/BACKGROUND**

Thyroid storm, also known as thyrotoxic crisis, is an acute, life-threatening condition induced by the excessive release of thyroid hormones in individuals with thyrotoxicosis that present with systemic involvement. Thyroid storm mortality is estimated to be 8 to 25% despite modern advancements in its treatment and supportive measures. It is now an uncommon condition because of earlier diagnosis and treatment of thyrotoxicosis. Thyroid storm is commonly associated with Graves' disease, but it may occur in patients with toxic nodular goitre or any other cause of thyrotoxicosis. Thyroid storm may be precipitated by a number of factors including intercurrent illness, especially infections.

**METHODOLOGY**

This is a retrospective audit which included all patients who were admitted for thyroid storm from January 2023 to December 2023. The data was collected from clinical notes and electronic medical records.

**RESULTS**

A total of 23 subjects were included in this audit, which predominantly were female at 87%. Median age of the study population is 40 with the youngest subject aged 13 and the oldest was aged 64. The mean Burch and Wartofsky score was 47. For identifiable causes of storm, 13 out of 23 subjects