

(56%) were due to infection, mostly pneumonia, followed by 22% (5 subjects) due to undiagnosed hyperthyroidism and 17% (4 subjects) were due to defaulted treatment. There were two mortalities (8.7%). Both mortalities required intubation and presented with pulmonary oedema on arrival, and had Burch and Wartofsky scores of 50 and 60 respectively. Mortality rate for thyroid storm in 2023 was 8.7%.

CONCLUSION

Death from thyroid storm is not as common as in the past owing to its prompt recognition and aggressive treatment in an intensive care unit, but mortality is still approximately 10-25%. Early detection and understanding of hyperthyroidism symptoms among the public are critically important. Analysing the outcomes of thyroid storms at Hospital Teluk Intan highlights the need for increased public education to prevent future deaths caused by thyroid storms.

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SOMEBODY CALL 9-1-1: HYPOTHYROIDISM MIMICKING WELLENS SYNDROME

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INTRODUCTION/BACKGROUND

Wellens syndrome is characterized by a distinctive pattern of electrocardiographic (ECG) pattern, specifically deep symmetrical inverted T-waves or biphasic T-waves in leads V2-V3. This condition is highly indicative of critical stenosis in the left anterior descending artery (LAD) which poses a significant risk of mortality, hence its nickname "widow maker."

CASE

A 38-year-old police officer was under Endocrine clinic follow-up for Graves' disease. He underwent radioactive iodine (RAI) treatment in June 2022 and subsequently did not require thyroxine replacement for 1 year as he was clinically and biochemically euthyroid. During a clinic review in August 2023, he reported symptoms of cold intolerance, weight gain and reduced effort tolerance which hindered his ability to do his daily work. Blood investigation showed a free T4 of 7 pmol/L, and TSH was 13.6 m IU/L. The patient was diagnosed with overt hypothyroidism and was given thyroxine replacement.

Electrocardiogram (ECG) done revealed deep symmetrical T-wave inversions in leads V2-V5, indicative of Wellens Type B pattern, which carries a 97% specificity for LAD occlusion. The patient was referred to cardiology service and underwent an early coronary angiogram, which surprisingly revealed normal coronaries. Additionally, he did not exhibit any features of common Wellen mimics such as pulmonary embolism, pancreatitis, heart failure or acute stroke. He denied consuming alcohol or using any illegal stimulant substances. Blood analysis done revealed normal electrolytes. Patient was initiated on treatment with 12.5 mcg of L-Thyroxine tablets daily, with the dose topped up every 4 to 6 weeks. Upon subsequent clinic reviews, patient's initial symptoms have resolved, enabling him to resume his job without any difficulties.

CONCLUSION

This case highlights overt hypothyroidism as a mimicker of Wellens Syndrome. After promptly excluding critical coronary artery disease, it is imperative to evaluate and treat other potential causes of Wellens Syndrome or its mimics.

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AUTOIMMUNE/INFLAMMATORY SYNDROME INDUCED BY ADJUVANTS (ASIA): POST-VACCINATION SUBACUTE THYROIDITIS

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INTRODUCTION/BACKGROUND

Autoimmune/inflammatory syndrome induced by adjuvants (ASIA), also known as Shoenfeld's syndrome, encompasses a spectrum of autoimmune conditions and responses triggered by exposure to substances with adjuvant activity such as vaccines.

CASE

A healthy 43-year-old male with no known medical illness or family history of thyroid disorder developed painful thyroiditis after receiving his influenza vaccination. He undergoes regular health checkups, which have consistently shown normal results, including previous thyroid function tests (TFT). Patient received his influenza vaccine (Vaxigrip tetra) and developed left sided neck pain and severe thyrotoxicosis symptoms after 1 week. Blood investigation done showed free T4 25 pmol/L, TSH <0.01 m IU/L and a raised CRP. Physical examination revealed a tender diffuse