CASE
We reviewed the last 11 patients who were treated as presumed AIT in our institution who had an elevated fT4 >22 pmol/L and suppressed TSH <0.27 m IU/L at the time of diagnosis. All of them were treated with carbimazole whilst one was started with dexamethasone. However, when the heart rate, symptoms and signs of thyrotoxicosis as well as fT3 levels were analysed, 8 out of the 11 patients were deemed to have demonstrated harmless peripheral or physiological effects of amiodarone which did not require any active intervention. Only one out of the 8 patients had a heart rate above 70/minute at the time of diagnosis notwithstanding the fact they were on low doses of beta-blockers (2.5-5 mg of bisoprolol). Three out of the 8 patients had low fT3 whilst the remaining 5 had normal levels of fT3. Out of the 3 who had true AIT, two were treated as type 2 AIT and started on prednisolone whilst the third was treated as type 1 AIT and managed with carbimazole.

CONCLUSION
One of the pitfalls in managing AIT is the failure to recognise the peripheral effect of amiodarone which produces high T4 and suppressed TSH. Only by analysing the T3 level whilst assessing the heart rate and symptomatology will we be able to discern this phenomenon from that of AIT.

EP_A154

A UNIQUE ENCOUNTER OF PAPILLARY THYROID CANCER AND HODGKIN LYMPHOMA IN TANDEM

https://doi.org/10.15605/jafes.039.S1.165

Seetha Devi Subramanian,[1] Gerard Jason Mathews,[1] Nor Shaffinaz Yusoff Azmi Merican,[1] Nor Asmidar Abdul Aziz,[2] Shartiyah Ismail[1]
[1]Endocrinology Unit, Department of Medicine, Hospital Sultanah Bahiyah, Malaysia
[2]Hematology Unit, Department of Medicine, Hospital Sultanah Bahiyah, Malaysia

INTRODUCTION/BACKGROUND
Papillary thyroid carcinoma (PTC) comprises the largest proportion of differentiated thyroid carcinoma cases. A notably uncommon scenario involves the simultaneous manifestation of PTC and Hodgkin's lymphoma as distinct primary malignancies.

CASE
A 35-year-old female with no history of radiation exposure presented with painless neck swelling for one year. Thyroid ultrasonography revealed 2 hypoechoic lesions over the left lobe measuring 1.8 x 1.6 cm and 0.7 x 0.9 cm (TIRADS 4) and the right lobe measuring 0.4 x 0.4 cm (TIRADS 1) with multiple prominent cervical lymph nodes. Her thyroid profile was normal. Cervical lymph node biopsy was performed and result suggestive of metastatic papillary thyroid carcinoma. She subsequently underwent total thyroidectomy with modified radical neck dissection. Histopathological examination confirmed multifocal (>5 foci) classical variant papillary thyroid carcinoma, with the largest nodule measuring 17 mm, demonstrating lymphovascular involvement and regional nodal metastasis. According to American Thyroid Association (ATA) guidelines, this case was stratified as high recurrence risk. An unexpected diagnosis of nodular sclerosis classical Hodgkin lymphoma was made during lymph node dissection. Bone marrow assessment ruled out lymphomatous involvement and her computed tomography neck, thorax, abdomen, and pelvis revealed extensive bilateral supraclavicular mediastinal and abdominal lymphadenopathy. Therefore, stage 3 Hodgkin lymphoma was diagnosed. After six cycles of escalated BEACOPP chemotherapy for Hodgkin lymphoma, her positron emission tomography (PET) scan revealed no active lymphoma and resolved thyroid bed issues. She is on TSH suppression with 100 mcg of Levothyroxine daily and plans for radio-ablation therapy. Thyroid function, calcium, and parathyroid hormone levels are all normal.

CONCLUSION
This case highlights the rarity of synchronous papillary thyroid carcinoma and Hodgkin's lymphoma. Thorough investigations are crucial to confirm both pathologies and prioritizing treatment becomes essential. Meta-analysis shows that delaying radio-ablative iodine treatment does not impact long-term overall survival in differentiated thyroid cancer. Therefore, lymphoma treatment takes precedence in this case.

EP_A155

DELAYED-ONSET AMIODARONE-INDUCED THYROTOXICOSIS

https://doi.org/10.15605/jafes.039.S1.166

Abdul Rahim Mohd Othman, Hidayatil Alimi Keya Nordin, Noor Rafhati Adyani Abdullah
Endocrine Unit, Medical Department, Hospital Sultanah Bahiyah, Kedah, Malaysia

INTRODUCTION/BACKGROUND
Amiodarone is a commonly used antiarrhythmic drug for treatment of refractory tachyarrhythmias. However, its use can lead to development of amiodarone-induced thyrotoxicosis (AIT). AIT is classified into type 1, a form of iodine-induced hyperthyroidism, and type 2, which is a