

heart rate along with his temperature normalized. He was eventually weaned off inotropic support. Repeat TFTs after 6 days showed T4 of 11.1 pmol/L and TSH of 9 m IU/L.

CONCLUSION

In this case, the presence of TB meningoencephalitis obscured the diagnosis of severe hypothyroidism, resulting in treatment delay. In cases with high clinical suspicion of myxoedema coma, stress doses of hydrocortisone and thyroxine replacement are vital even prior to laboratory confirmation to enhance survival.

EP_A163

CLINICAL AUDIT ON REFLEX-FREE T3 TESTING AT HOSPITAL PUTRAJAYA, MALAYSIA

<https://doi.org/10.15605/jafes.039.S1.174>

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INTRODUCTION

Reflex-free T3 (fT3) testing has long been used to optimize the use of laboratory tests in Hospital Putrajaya. It involves the automatic addition of fT3 reflexively when the TSH level is below the normal range and free T4 (fT4) is within normal limits. Excessive reflex testing can lead to an added economic burden. The objective of this audit was to determine the usefulness of reflex fT3 testing using different TSH cut-offs.

METHODOLOGY

Previously, fT3 was performed automatically when TSH was below the normal limits (<0.38 m IU/L) with normal fT4 (7.9 to 14.4 pmol/L). A new workflow was implemented in March where reflex fT3 was only done when TSH is <0.1 m IU/L with normal fT4. This reflex testing is only applied to adults above 18 years old. Patients who underwent reflex fT3 testing three weeks before (Group 1) and after (Group 2) implementation of the new workflow were identified. Patients who would have had reflex fT3 testing with the old workflow but not in the new workflow (TSH 0.1 - 0.37 m IU/L with normal fT4) were also identified (Group 3). Data on patient characteristics were retrospectively collected and analysed.

RESULT

There were 105 patients in Group 1, 66 in Group 2 and 41 in Group 3. The new TSH cut-off of <0.1 resulted in a 38% reduction in reflex fT3 testing. Only 9 (4.25%) out of the 212 patients in the 3 groups had clinical necessity for fT3 testing. The fT3 result changed management in only 6 cases. The other 3 cases were planned for follow-up with repeat tests as clinically euthyroid.

CONCLUSION

Reflex fT3 testing was unnecessary in a large number of cases. The usefulness of reflex fT3 testing in this cohort was very low. Hence, reflex fT3 testing is being discontinued at our centre. Further evaluation is needed to determine strategies that can optimise the ordering of fT3 tests.

EP_A164

WHEN THIONAMIDES ARE CONTRAINDICATED: OUTCOME OF CHOLESTYRAMINE THERAPY IN HYPERTHYROID PATIENTS: A SINGLE TERTIARY CENTRE EXPERIENCE

<https://doi.org/10.15605/jafes.039.S1.175>

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INTRODUCTION

Cholestyramine, a bile acid sequestrant, binds to thyroid hormones in the intestine and enhances their clearance. Thionamides are the mainstay in the treatment of hyperthyroidism, however, this may not be an option in the presence of profound hepatitis and agranulocytosis. Here, we aim to assess the efficacy and tolerability of cholestyramine therapy in patients with hyperthyroidism where thionamides are contraindicated.

METHODOLOGY

A one-year retrospective review of patients with hyperthyroidism who were treated with cholestyramine was performed from April 2023 to April 2024.

RESULT

A total of 10 patient medical records (8 females and 2 males) were reviewed. The mean age was 51.7 years old and the median duration of hyperthyroidism was 7.5 years. Graves' disease was the underlying aetiology in 7 cases, and the rest was a toxic multinodular goitre. Six of our patients already had atrial fibrillation, with four of them