

include diffuse heterogeneity, focal hypoechogenicity, decreased vascularity, as well as nodular lesions which can be mistaken for malignancy.

CONCLUSION

TFT measurement prior to TKI initiation is recommended, with repeat tests every 6 weeks for the first 6 months, every 3–6 months for a year, then biennial screening beyond the first 18 months of therapy. Recognition of sonographic patterns of subacute thyroiditis is important to avoid unnecessary procedures or increased patient anxiety.

EP_A178

THERAPEUTIC PLASMA EXCHANGE IN THREE SCENARIOS COMPLICATING HYPERTHYROIDISM: A RETROSPECTIVE CASE SERIES

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MZ Azim Anuar,¹ Elliyyin Katiman,² Sadanah Aqashiah Mazlan,³ Hazwani Aziz²

¹Department of Internal Medicine, Hospital Kajang, Selangor, Malaysia

²Department of Internal Medicine/Endocrinology, Hospital Kajang, Selangor, Malaysia

³Department of Internal Medicine/Nephrology, Hospital Kajang, Selangor, Malaysia

INTRODUCTION/BACKGROUND

Therapeutic plasma exchange (TPE) represents a viable option for managing thyroid storms when conventional therapies prove inadequate. Despite its utility, the precise indications for TPE have not been well established. Herein, we present our experience with three cases, elucidating treatment responses through changes in free T4 levels, which ultimately facilitated rapid clinical improvement. We describe the clinical presentations and laboratory profiles of three young patients (aged 17–27 years) admitted to Hospital Kajang for hyperthyroidism.

CASE 1

A 17-year-old female, presented with a severe thyroid storm complicated by hepatic encephalopathy and cardiomyopathy requiring mechanical ventilation. On day 3, TPE was initiated along with conventional therapy, which resulted in a 78% reduction in free T4 levels by day 4, with subsequent recovery by day 6.

CASE 2

A 27-year-old female with carbimazole-induced agranulocytosis and had an inadequate response to second-line antithyroid drugs, underwent four cycles of TPE as preoperative optimization for total thyroidectomy,

achieving a 43% reduction in free T4 levels within 5 days, facilitating a successful surgical outcome.

CASE 3

An 18-year-old male, following a trivial fall resulting in a left femoral neck fracture, developed a severe thyroid storm. The urgency for joint surgery prompted four cycles of plasmapheresis, culminating in a 54% reduction in free T4 levels within 3 days, allowing for successful surgery by day 8.

All patients were discharged well without complications.

CONCLUSION

The action of TPE results primarily from plasma removal of cytokines, circulating autoantibodies, thyroid hormones, and their bound proteins. Our cases underscore the potential efficacy of plasmapheresis in hyperthyroidism management. They exemplify its effectiveness in diverse scenarios: managing severe, complicated thyroid storm; bridging to total thyroidectomy in carbimazole-induced agranulocytosis and failing conventional therapy; and urgently ameliorating thyroid storm before a joint-preserving procedure for a femoral neck fracture.

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GRAVES' DISEASE PRESENTING WITH SUPERIOR MESENTERIC ARTERY SYNDROME

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Mohd Idris Diah, Wong Kwong Hui, Tee Hwee Ching, Ho Jin Hui

Endocrinology Unit, Department of Medicine, Hospital Queen Elizabeth II, Sabah, Malaysia

INTRODUCTION/BACKGROUND

Superior Mesenteric Artery (SMA) syndrome is a rare manifestation of small bowel obstruction caused by compression of the third portion of the duodenum between the SMA and aorta. It is associated with extreme weight loss due to malnutrition/malabsorption, hypermetabolism or cachexia-causing conditions such as malignancy.

We report a case of SMA syndrome due to acute weight loss secondary to undiagnosed Graves' disease.

CASE

A 63-year-old female with a medical history of schizophrenia in remission, presented to the emergency department with a two-week history of persistent postprandial vomiting and upper abdominal pain. She had a history of unintentional weight loss of approximately 11 kg over 3 months.