Pelvic ultrasound at 2 months showed the presence of a uterus and 2 ovaries. A β-hCG stimulation test performed exhibited a suboptimal response: serum testosterone increased to 1.2 nmol/L from a baseline of 0.7 nmol/L. The patient subsequently failed to turn up after a planned diagnostic laparoscopy was cancelled.

At the current presentation, the patient was short and thin. Female pubertal changes were present. The abdomen was distended with a firm rounded palpable mass measuring 20 x 15 cm. There were no findings of clitoromegaly nor palpable gonads.

Primary gonadal failure was evident from high serum gonadotropins and disproportionately low levels of oestrogen and testosterone. Abdomen CT showed a highly vascularised mass arising from the anterior abdomen with multiple septations of mixed cystic and solid components with calcifications; the uterus and two ovaries were seen. Laparotomy revealed a huge mass measuring 15 cm x 16 cm x 6 cm and two gonad-like structures with bridging Müllerian structures and abnormal-looking lymph nodes. Histopathology revealed dysgerminoma and gonadoblastoma of the huge mass and the gonads and metastatic changes in the lymph nodes. A PET scan showed metastasis to the right lung. The patient underwent chemotherapy subsequently.

CONCLUSION

DSD in Down Syndrome with Y chromosome is at high risk of gonadal tumour. Prevention and early detection are possible with the continuation of surveillance and meticulous assessments.

EP_P009

CO-INCIDENTAL FINDING OF SUPRATENTORIAL EPENDYMOMA IN PATIENT WITH GRAVES' DISEASE

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INTRODUCTION

Ependymomas are rare primary tumours of the cranial nervous system in children, which can be classified into supratentorial, infratentorial and spinal cord. They may present with neurological deficits or an increase in intracranial pressure symptoms based on their anatomical sites. Their symptoms may overlap with Graves' disease. It is postulated that the occurrence of Graves' disease might be due to alterations in the immunological response involving the hypothalamus-pituitary-thyroid axis that results in the formation of TSH antibodies.

CASE

A 10-year-old male who was previously well presented with lethargy, loss of appetite, recurrent vomiting and loss of weight for the past month. Clinically, he had bilateral exophthalmos, no ophthalmoplegia or lid lag, and a pulse rate of 120 beats/min.

His thyroid function test showed overt hyperthyroidism (TSH 0.60 m IU/L, T4 24.70 pmol/L). However, his thyrotropin receptor antibodies are still pending. Thyroid ultrasound was consistent with thyroiditis. He was started on thyroid storm treatment and his condition improved.

He presented again with reduced consciousness with a Glasgow coma scale of 10/15, unequal pupil and hyperreflexia of the left limbs. Urgent brain CT brain revealed a right cerebrum intra-axial tumour. He underwent tumour excision. Histopathology revealed a supratentorial ependymoma.

Post-operative Cranial MRI showed tumour size reduction measuring from 7.9 x 6.4 x 9.1 cm to a residual of 2.7 x 2.5 x 2.7 cm over the right parietal lobe. Carbimazole was continued and his clinical course was monitored.

CONCLUSION

This is a rare case of a co-incidental finding of supratentorial ependymoma with Graves' disease.

EP_P010

NEONATAL GOITER WITH AIRWAY AND OESOPHAGEAL COMPRESSION WHICH IMPROVED WITH L-THYROXINE AND A CONSERVATIVE APPROACH

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INTRODUCTION/BACKGROUND

Congenital goitre occurs rarely in neonates and it becomes an emergency when it causes significant airway compromise in newborns transitioning from foetal to postnatal life. neonatal goitre is closely related to thyroid status and could be either a transient or permanent genetic condition.

CASE

Foetal ultrasound in 2nd trimester detected an anterior neck mass with increased vascularity. At 38 weeks gestation,