

## Adult E-Poster

He was admitted for triglyceride lowering with IV insulin infusion and started on a low-calorie diabetic diet. Medications included Dapagliflozin 10 mg OD, Metformin 1 g BD, Rosuvastatin 40 mg ON, fenofibrate 145 mg ON and Omega-3 fatty acids 3600 mg/day. At one-month follow-up, lipid levels improved (TC 3.81 mmol/L, TG 8.95 mmol/L, HDL 0.8 mmol/L), though LDL remained invalid. He is planned for PCSK9 inhibitor initiation and was referred to dermatology for xanthomas. Genetic testing is also scheduled.

### CONCLUSION

Early recognition and management of severe hypertriglyceridemia is vital to reduce risks of acute pancreatitis as well as long-term cardiovascular complications.

## EP\_A032

### MULTIMODAL MANAGEMENT OF METASTATIC INSULINOMA: A CASE REPORT

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### INTRODUCTION/BACKGROUND

Pancreatic neuroendocrine tumors (pNETs) are rare, with insulinomas being the most common functional variant. Malignant insulinomas, constituting only about 10% of cases, pose significant management challenges due to refractory hypoglycemia and limited treatment options.

### CASE

We present a case of a 58-year-old male with metastatic insulinoma who required a multifaceted approach to control severe, recurrent hypoglycemia. Initial investigations revealed a pancreatic head tumor with liver metastases. Despite medical therapy with diazoxide, octreotide and verapamil, the patient remained dependent on dextrose infusions. Multidisciplinary input guided the initiation of sequential local and systemic therapies, including radio-frequency ablation (RFA), transarterial chemoembolization (TACE), and peptide receptor radionuclide therapy (PRRT). These interventions improved glycemic stability, allowing for eventual weaning off dextrose infusions. He was subsequently initiated on capecitabine and temozolomide for systemic disease control.

Malignant insulinomas necessitate an individualized, multimodal approach. In this case, aggressive local tumor control strategies in combination with systemic therapies successfully mitigated hypoglycemic episodes and

improved the patient's quality of life. This report highlights the importance of early multidisciplinary intervention in optimizing outcomes for metastatic insulinoma patients.

### CONCLUSION

Metastatic insulinoma remains a rare but highly morbid entity. A comprehensive, multimodal strategy integrating medical, interventional, and systemic therapies is essential to manage refractory hypoglycemia and tumor progression. This case underscores the need for early referral to specialized centers for optimal patient outcomes.

## EP\_A033

### INITIATION OF CARBIMAZOLE WHEN BASELINE LIVER TRANSAMINASES ARE 3 TO 5 TIMES OF UPPER LIMIT OF NORMAL: A DIRE CLINICAL JUDGEMENT OR AN EVIDENCE-BASED PRACTICE

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### INTRODUCTION

Antithyroid drugs (ATDs) are the first-line treatment options for hyperthyroidism. ATDs are generally avoided when transaminases are >3-5 times the upper limit of normal. We present a case of carbimazole initiation despite transaminitis of almost 5 times the upper limit of normal (ULN).

### CASE

A 69-year-old female with underlying hypertension presented with a 2-week history of worsening palpitations, poor oral intake, lethargy and vomiting. Upon review, her vital signs were stable except for a heart rate of 160 beats/min. Physical examination demonstrated warm peripheries and fine tremors. ECG revealed atrial fibrillation. IV Propranolol 1 mg was given, and the rhythm reverted to sinus. Initial blood tests showed overt hyperthyroidism, FT4 >78 pmol/L and suppressed TSH <0.005 uIU/ml. Her baseline transaminases were elevated at ALT 231 U/L (5-49 U/L), AST 162 U/L (4-39 U/L), with normal serum ALP and total bilirubin. Since liver transaminases were raised, ATD was not started, but Lugol's iodine 10 drops thrice daily and Propranolol 40 mg TDS were given. Hepatobiliary ultrasound showed fatty liver disease, while neck ultrasound showed features of Graves' disease. Static ALT readings of 203 U/L and 237 U/L were recorded later. Lugol's iodine was discontinued, and T carbimazole 10 mg