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 radiofrequency 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

BD was started. Close monitoring of transaminases was done. One week later, during clinic review, she was well and her ALT improved to 136 U/L with AST 71 U/L, ALP 63 U/L, and total bilirubin level 12 umol/L.

CONCLUSION

According to the American Thyroid Association (ATA), patients with transaminases >5 times the ULN should reconsider before initiating ATDs. However, ATDs can be cautiously trialed in such patients with transaminitis, provided liver function is closely monitored. In such circumstances, methimazole is recommended over PTU due to reduced hepatotoxicity risk.

EP_A034

A MULTIPRONGED APPROACH TO ACHIEVE SIGNIFICANT LDL CHOLESTEROL REDUCTION: A CASE FROM A METABOLIC CLINIC

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INTRODUCTION/BACKGROUND

Lowering low-density lipoprotein cholesterol (LDL-C) is crucial in reducing cardiovascular disease (CVD) risk, especially in patients with metabolic syndrome and obesity. While statins remain the primary pharmacological intervention, a comprehensive approach incorporating lifestyle changes and adjunctive therapies can yield remarkable results. This case highlights the successful application of a multipronged strategy in a metabolic obesity clinic.

CASE

A 38-year-old Malay female with obesity, type 2 diabetes mellitus (T2DM), dyslipidemia, and fatty liver was followed up for lipid management. Upon her initial visit to the metabolic obesity clinic two years ago, her LDL-C was markedly elevated at 5.7 mmol/L. She was started on atorvastatin 20 mg nightly alongside lifestyle modifications.

To further improve metabolic control, Contrave (naltrexone-bupropion) was introduced initially for weight management but was sequentially switched to Rybelsus (oral semaglutide) over the past year. A structured dietary approach, including a low-calorie diet with reduced refined carbohydrates and increased fiber intake, was implemented along with gradual exercise initiation.

Over two years, her LDL-C dropped dramatically from 5.7 mmol/L to 1.6 mmol/L. Concurrently, triglycerides improved, HDL-C increased, and her HbA1c decreased from 7.2% to 5.6%. She also achieved clinically significant weight loss, from 91 kg to 86 kg. This comprehensive intervention led to substantial cardiometabolic benefits.

CONCLUSION

This case demonstrates that a multipronged approach integrating statins, novel glucose-lowering agents and lifestyle modifications can achieve exceptional LDL-C reduction and broader metabolic improvements. Clinicians should consider a patient-centered, holistic strategy to optimize lipid control and long-term cardiovascular outcomes.

EP_A035

FAHR'S SYNDROME SECONDARY TO NON-SYNDROMIC PRIMARY HYPOPARATHYROIDISM

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INTRODUCTION/BACKGROUND

Fahr's syndrome is a rare neurological disorder characterized by abnormal calcium deposits in the brain, particularly in the basal ganglia. The aetiology can be primary or secondary, with endocrinopathies being the most common cause. We report a case of Fahr's syndrome in which the patient developed seizures and ECG changes due to severe hypocalcemia.

CASE

A 29-year-old female with underlying type 2 diabetes, psoriasis, and cognitive delays presented with an episode of generalized tonic-clonic seizure along with perioral numbness, skin redness and peeling for one week. Medical records showed her corrected calcium was less than 1.9 mmol/L for over a decade. There was no history of neck surgery or radiation, nor similar conditions in her family. She had no dysmorphic features but was septic with a capillary glucose of 29.5 mmol/L. ECG revealed prolonged QT interval of 516 Msec. Laboratory results showed profound hypocalcemia of 1.28 mmol/L, hypomagnesemia