

## Adult E-Poster

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