Adult E-Poster

hypertriglyceridemia with a serum triglyceride (TG) of 11.7 mmol/L. Other secondary causes of hypertriglyceridemia, including hyperglycemia, hypothyroidism, alcohol or dietary fat, were excluded from biochemistry and clinical history. The lipid profiles of first-degree relatives were unremarkable.

She was started on high-dose omega-3 fish oil, a very low-carbohydrate diet and fenofibrate 145 mg every other day along with immunosuppression therapy for SLE. Her serum TG dropped markedly to 4.1 mmol/L within 3 weeks. However, she had transient bradycardia leading to temporary cessation of fenofibrate and hydroxychloroquine, and her serum TG rebounded to 16.5 mmol/L. After ruling out other causes of bradycardia, fenofibrate was resumed without recurrence of bradycardia, followed by normalization of the TG level. Fundoscopic examination two months later showed resolution of lipaemic retinalis. She completed six cycles of cyclophosphamide with steroid tapering, and her serum TG remained normal at 0.5 mmol/L.

CONCLUSION

This case highlights lipaemia retinalis secondary to severe hypertriglyceridemia as a rare manifestation in newly diagnosed SLE. Early recognition, aggressive lipid-lowering therapy, along with immunosuppressive treatment for the underlying SLE led to rapid triglyceride reduction with complete resolution of lipemia retinalis.

EP_A045

WEIGHT REBOUND POST GLP-1 RA CESSATION: THE IMPORTANCE OF GRADUAL TAPERING AND PATIENT EDUCATION

https://doi.org/10.15605/jafes.040.S1.053

Nurafiza MA,[1] Ooi Chuan Ng,[2] Jolyn Rumetta Susinadan[3]

[1]*Klinik Kesihatan Bangi, Selangor, Malaysia*
[2]*Universiti Putra Malaysia, Serdang, Selangor, Malaysia*
[3]*Klinik Kesihatan Senawang, Seremban, Malaysia*

INTRODUCTION/BACKGROUND

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) have demonstrated significant efficacy in weight management. However, abrupt discontinuation often leads to an uncontrollable appetite rebound and subsequent weight regain. This phenomenon underscores the need for structured tapering protocols and comprehensive patient education to ensure sustainable weight management post-therapy cessation.

CASE

A 54-year-old female with obesity (BMI 33.8) was initiated on subcutaneous Saxenda (liraglutide) for weight management. She successfully escalated to a 3 mg daily dose, tolerating mild gastrointestinal side effects. Despite an initial weight reduction (94.5 kg >92.4 kg), she discontinued treatment due to injection site reactions. Three months post-discontinuation, her weight increased to 96.7 kg (BMI 35.95) with increased appetite and dietary non-compliance. Upon restarting therapy, a gradual dose escalation was advised to minimize adverse effects and improve adherence. The patient also received structured education on medication tapering, dietary modifications, and lifestyle interventions.

CONCLUSION

This case highlights the challenges of abrupt GLP-1 RA discontinuation and the subsequent weight rebound. A strategic tapering plan is essential to mitigate appetite dysregulation and sustain weight loss. Moreover, patient education on the physiological impact of cessation, proper injection techniques, and behavioral strategies is crucial in optimizing long-term obesity management outcomes. Health practitioners must emphasize these aspects to ensure adherence and enhance treatment success.

EP_A046

FROM PANIC DISORDER TO CARCINOID SYNDROME IN AN EXPECTING MOTHER

https://doi.org/10.15605/jafes.040.S1.054

Jean Mun Cheah, Jia Miao Tan, Dorothy Maria, Siew Hui Foo

Endocrine Unit, Department of Medicine, Hospital Selayang, Selangor, Malaysia

INTRODUCTION/BACKGROUND

Carcinoid syndrome occurs in ~10% of neuroendocrine tumours (NET). It indicates advanced disease with liver metastasis associated with lower survival. However, it is often misdiagnosed as other gastrointestinal, respiratory or dermatologic conditions, with a median delay in diagnosis of 3.4 years because of its rarity.

CASE

We present a case of a 32-year-old female at 10 weeks gestation presenting with abdominal distension. Physical examination revealed hepatomegaly and a pansystolic murmur. Ultrasound showed an enlarged liver with multiple solid lesions. Liver biopsy confirmed a well-differentiated grade 2 NET. Further history revealed a 2-year history of progressive facial flushing and diarrhoea that had been diagnosed as panic attacks. Endoscopic ultrasound showed