Adult E-Poster

initiated. His laboratory tests showed a low random cortisol level of 21 nmol/L and an elevated ACTH level of 143 pmol/L (reference range: 1.6–13.9 pmol/L), confirming PAI. A Computed Tomography (CT) scan of the adrenal glands revealed bilateral adrenal enlargement with peripheral enhancement and central necrosis, consistent with adrenal TB. Anti-TB treatment was continued, and hydrocortisone was gradually tapered to 20 mg in the morning and 10 mg in the evening. He required a higher maintenance dose due to concurrent rifampicin therapy.

CONCLUSION

This case highlights the importance of early recognition of adrenal insufficiency in TB patients. Delayed-onset PAI can occur despite ongoing therapy, necessitating a high index of suspicion and prompt glucocorticoid replacement to prevent adrenal crisis. Additionally, clinicians should be mindful of rifampicin-induced glucocorticoid metabolism, which often necessitates higher maintenance doses of glucocorticoids in affected patients.

EP_A057

CONFRONTING THE ELUSIVE GIANT: A RARE CASE OF GIANT CYSTIC PARATHYROID ADENOMA

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INTRODUCTION/BACKGROUND

Giant cystic parathyroid adenomas are an uncommon cause of primary hyperparathyroidism and may result in severe hypercalcemia. Due to their cystic nature, they can evade detection by conventional imaging such as Sestamibi scans, posing diagnostic challenges. We report a case of a 60-year-old female with a giant cystic parathyroid adenoma, where conventional imaging failed to identify the lesion.

CASE

A 60-year-old female with hypertension and stage 4 chronic kidney disease presented with a three-month history of diffuse goitre and asymptomatic hypercalcemia (corrected calcium 3.11–3.77 mmol/L). Investigations showed elevated iPTH (160.3 pmol/L), low phosphate (0.75 mmol/L), low vitamin D (33.25 nmol/L), with normal thyroid function. Neck ultrasound detected a benign thyroid nodule (TIRADS 1), but no parathyroid lesion. A Sestamibi scan was negative for hyperfunctioning or ectopic parathyroid tissue and showed only cystic changes in the thyroid.

Due to persistent hypercalcemia, CT imaging was performed and revealed a large cystic mass on the left neck (4.2 × 6.2 × 10.8 cm), suggestive of a cystic parathyroid adenoma. The patient had osteopenia and required multiple pamidronate infusions. She underwent a left parathyroidectomy, during which a large cystic parathyroid tumor was removed. Postoperative calcium levels normalized, and histopathology confirmed cystic parathyroid adenoma.

Sestamibi scans may not detect cystic parathyroid adenomas due to poor radiotracer uptake in cystic tissue. CT imaging played a key role in identifying the lesion in this case. Awareness of false-negative imaging results is essential to avoid delayed treatment and complications.

CONCLUSION

Negative Sestamibi scans do not exclude parathyroid pathologies, particularly in the presence of cystic adenomas. Clinicians should maintain a high index of suspicion and use complementary imaging modalities to avoid delays in treatment.

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A RARE CASE OF ECTOPIC LINGUAL THYROID WITH SUBCLINICAL HYPOTHYROIDISM

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INTRODUCTION

Ectopic thyroid tissue may be found in locations other than the anterior neck region, and lingual thyroid accounts for 90% of the ectopic cases. It is an embryological aberration where the thyroid gland fails to descend from the foramen cecum to the lower part of the neck. Individuals with lingual thyroid are usually asymptomatic, but local obstructive symptoms may develop. Subclinical hypothyroidism is a common manifestation in patients with an ectopic lingual thyroid without a co-existing orthotopic thyroid gland. We present a case of ectopic lingual thyroid with subclinical hypothyroidism.

METHODOLOGY

A 68-year-old female presented with progressive voice changes for many years, associated with intermittent shortness of breath upon lying flat. Physical examination and transnasal scope showed a mass at the base of the tongue pushing on the epiglottis with oedematous bilateral arytenoids. Tracheostomy, direct laryngoscopy and tele-