

Adult E-Poster

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DEFYING THE PROGNOSIS: LONG-TERM SURVIVAL IN ADVANCED ADRENOCORTICAL CARCINOMA WITH MULTIMODAL THERAPY

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INTRODUCTION/BACKGROUND

Adrenocortical carcinoma (ACC) is a rare and aggressive malignancy with poor prognosis. Long-term survival is challenging due to high recurrence rates and limited treatment options. A multimodal treatment strategy includes incorporating surgical resection, systemic therapy and radiotherapy. Stereotactic body radiotherapy (SBRT), a highly precise form of radiation therapy, targets tumours effectively with minimal surrounding damage.

CASE

A 33-year-old Chinese female presented with a one-month history of low back pain and constitutional symptoms. The abdominal CT scan revealed a 15 x 15 cm left adrenal mass with inferior vena cava (IVC) thrombosis and lung metastases. She underwent extensive surgery with complete surgical resection of the adrenal tumour, including left adrenalectomy, IVC thrombectomy, splenectomy and lung metastasectomy. Histopathologic examination confirmed metastatic ACC with Ki-67 proliferation of 40%. One month post-operatively, mitotane was initiated and titrated to a maximum dose tolerable at 3 g daily. Sorafenib was trialed but discontinued after four months due to adverse effects. Seven months post-operation, the PET scan revealed FDG-avid in the right upper lobe lung nodule with active IVC thrombus. A multidisciplinary team deemed the thrombus inoperable. Hence, she underwent 10 cycles of SBRT. A repeated FDG PET scan 8 months later showed a right upper lobe nodule and IVC thrombus resolution. At 4- and 6-years post-surgery, the PET dotatate scan revealed a dotatate-avid lesion at the right upper and left upper lobes. Hence, we proceeded with a biopsy, and the HPE examination showed only benign findings. Subsequent FDG-PET/CT scans revealed FDG-avid hypermetabolic activity in the lungs, consistent with bronchiectasis and plate atelectasis, but no signs of local recurrence.

CONCLUSION

Despite the typically poor prognosis of advanced ACC, this patient achieved long-term survival beyond eight years through a comprehensive, individualised treatment strategy, including complete surgical resection, systemic therapy, targeted SBRT and close multidisciplinary follow-up. This case highlights the potential role of SBRT in managing ACC and underscores the importance of coordinated, patient-specific oncologic care.

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HYPOKALEMIA AS A HIDDEN CAUSE OF CUSHING DISEASE

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INTRODUCTION/BACKGROUND

Cushing disease is caused by an adrenocorticotropic hormone (ACTH)-secreting pituitary adenoma, and it comprises 70% of endogenous Cushing syndrome. Cushing disease is rare and is associated with high morbidity and mortality. The diagnosis is often delayed due to its manifestations of variable clinical features. Cortisol also has mineralocorticoid activity, and hypokalemia occurs when severe hypercortisolism occurs.

CASE

A 34-year-old female with a past medical history of type 2 diabetes mellitus, hypertension and polycystic ovarian syndrome. She was admitted for the first time 5 years ago for uncontrolled diabetes mellitus and complained of subacute onset of recurrent bilateral lower limb weakness and excessive weight gain. There was no history of neck trauma, gastrointestinal losses, thyrotoxic symptoms and treatment with corticosteroids. Physical examination revealed classical cushingoid features with truncal obesity, thin limbs, moon face, facial acne, dorsocervical fat pad and purplish abdominal striae. She was hypokalemic with serum potassium of 2.6-2.8 mmol/L and alkalotic with a bicarbonate level of 32 mmol/L. The thyroid function test and serum magnesium were normal. She received both enteral and parenteral potassium supplementation. Cushing syndrome was considered and further evaluation confirmed ACTH-dependent Cushing syndrome with a non-suppressed overnight dexamethasone test with raised serum cortisol, 24-hour urinary cortisol and ACTH. The pituitary MRI showed a microadenoma (8.2 x 9.4 x 8.3 mm). She was started on steroidogenesis inhibitors (ketoconazole) preoperatively. She underwent trans-