discontinued at 28 weeks of gestation (FT4 11.25 pmol/L; TSH 0.11 mIU/L). She underwent emergency hysterectomy at 28 weeks of gestation due to TTTS progression to stage 4.

CONCLUSION

GTT in twin pregnancies typically resolve by the end of the first trimester. A sustained FT4 increase should raise suspicion for TTTS. ATDs should be considered due to the risk of TTTS-associated maternal hyperthyroidism, as it may persist until successful FLA.

EP_A090

WHEN LIGHTNING STRIKES TWICE: A CASE OF METACHRONOUS INVASIVE BREAST CARCINOMA AND PAPILLARY THYROID CARCINOMA IN A FEMALE FILIPINO PATIENT

https://doi.org/10.15605/jafes.040.S1.098

Sara Jane J. Labbay and Gabriel V. Jasul
Division of Endocrinology, Diabetes, and Metabolism, Philippine General Hospital

INTRODUCTION/BACKGROUND

Triple-negative invasive ductal carcinoma is a more aggressive type of breast cancer that poses therapeutic challenges. Papillary thyroid carcinoma is generally indolent but has shown aggressive behaviour among Filipinos. As primary carcinomas, both tend to have a good prognosis with early detection and management. However, failure to anticipate a secondary malignancy, when one occurs after the other, can turn a treatable journey into a devastating outcome.

CASE

A 45-year-old female presented with a movable left breast lump 3 years ago. Biopsy confirmed invasive ductal carcinoma with a negative ER/PR/HER2 on immunohistochemistry. She eventually underwent a modified radical mastectomy of the left breast and staged as 2B (T2N1M0) due to the absence of lympho-vascular space invasion and distant metastasis. She completed eight cycles of adjuvant chemotherapy with Doxorubicin and Cyclophosphamide. Post-chemotherapy surveillance confirmed the absence of metastasis. A 2 x 2 cm thyroid nodule was detected on the left anterior neck two years later during routine follow-up. Ultrasound revealed a lobulated solid hypoechoic wider-than-tall nodule in the superior pole of the left lobe (TI-RADS 5). The patient was clinically and biochemically euthyroid. Ultrasound-guided fine needle biopsy identified the presence of Papillary Thyroid Carcinoma (Bethesda Category VI). As such, the patient underwent a total thyroidectomy. Final histopathologic studies confirmed a classic subtype of Papillary Thyroid Carcinoma (ATA Low Risk) without lymphatic, perineural, extrathyroidal invasion and regional lymph node metastasis. Post-operative high-dose radioactive iodine was administered to eliminate any residual thyroid tissue. She was then maintained on levothyroxine suppression and continuously monitored for tumour recurrence.

CONCLUSION

As better understanding of tumorigenesis has revolutionised cancer screening and management, the metachronous coexistence of breast and thyroid carcinoma highlights the importance of multidisciplinary care and vigilant screening for secondary malignancies. Overexpression of estrogen and progesterone, together with shared environmental and genetic factors in breast cancer, have been shown to promote thyroid tumorigenesis and progression.

EP_A091

EXPERIENCE OF CINACALCET TREATMENT DURING PREGNANCY IN PRIMARY HYPERPARATHYROIDISM

https://doi.org/10.15605/jafes.040.S1.099

Munir Johari, Elliyyin Katiman, Hazwani Aziz
Endocrinology Unit, Medical Department, Hospital Kajang, Selangor, Malaysia

INTRODUCTION/BACKGROUND

Primary hyperparathyroidism (PHPT) in pregnancy is rare but associated with high maternal (68.6%) and foetal (80%) complications, including pre-eclampsia, miscarriage and intrauterine growth restriction. The risks are directly related to the severity of the disease and the serum calcium level. We describe two cases with differing clinical outcomes based on the timing of diagnosis and intervention.

CASE

A 30-year-old gravida 3, para 2, presented with maternal tachycardia at 27 weeks of gestation. On work-up, the patient was incidentally found to have hypercalcaemia. ECG showed a shortened QTc. Biochemically, her calcium was 2.99 mmol/L (Reference Value [RV]:2.2-2.7 mmol/L), phosphate 0.7 mmol/L (RV: 0.8-1.45 mmol/L) and intact PTH level of 12.3pmol/L (RV: 1.58-6.03), suggestive of parathyroid (PTH) dependent hypercalcaemia. Ultrasound showed an enlarged right parathyroid gland. Despite IV hydration, hypercalcaemia persisted, leading to cinacalcet initiation at 29 weeks. At 30 weeks, calcium was highest at 3.05 mmol/L. She was treated with subcutaneous salmon calcitonin (5 mg/kg/dose), which was given twice daily, and cinacalcet was titrated up to 75 mg/day. Her calcium

decreased to 2.44 mmol/L after six doses of calcitonin. Eventually, she delivered vaginally at 38 weeks with no complications; the neonate weighed 2.58 kg.

A 33-year-old primigravida developed hypertension at 22 weeks, progressing to preeclampsia with pulmonary oedema and blurred vision at 27 weeks, requiring emergency caesarean section. The neonate weighed 980 g; placental histology showed vascular malperfusion and retroplacental haematoma. Hypertension persisted post-delivery. Retrospectively, there was an unrecognised hypercalcaemia detected from 26 weeks gestation. Postpartum laboratory showed calcium 3.04 mmol/L, phosphate 0.67 mmol/L and intact PTH 20.3 pmol/L. Ultrasound and Tc-99m Sestamibi confirmed a left inferior parathyroid adenoma. She underwent a left parathyroidectomy, and she was immediately weaned off antihypertensives.

CONCLUSION

PHPT in pregnancy poses significant maternal and foetal risks. Medical therapy options are limited during pregnancy. Early recognition and tailored management are crucial to minimise maternal and foetal complications.

EP_A092

WHEN THE CURE BITES BACK: A CASE REPORT ON CARBIMAZOLE-INDUCED MYOSITIS

https://doi.org/10.15605/jafes.040.S1.100

Saieehwaran Menon, Xin Yi Ooi, Sue Wen Lim, Hui Chin Wong, Sy Liang Yong

Endocrine Unit, Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

INTRODUCTION/BACKGROUND

Musculoskeletal complaints, including myositis, are common in thyroid disorders. However, it is a rare and non-classical side effect of antithyroid drugs.

CASE

A 35-year-old male with Graves' disease was admitted for symptomatic thyrotoxicosis despite treatment with high-dose carbimazole, lithium and dexamethasone for direct observed therapy (DOTS). On examination, he exhibited signs of thyrotoxicosis, including tremors, sweaty palms, proptosis and a large goitre. Thyroid function tests revealed overt thyrotoxicosis (TSH <0.001 mIU/L, T4 122.5 pmol/L). He responded well to DOTS on the same treatment, with T4 decreasing to 27 pmol/L by Day 10 of admission. However, he developed severe proximal muscle aches on day 10. Laboratory investigation revealed an elevated creatinine kinase (CK) level of 5662 IU/L. A diagnosis of carbimazole-induced myositis was made, prompting the discontinuation of carbimazole and initiation of intravenous hydration and cholestyramine while continuing lithium and steroids. The myositis improved, but there was a rebound in his thyrotoxicosis (T4 52pmol/L), prompting a trial of propylthiouracil, which led to a flare of the myositis (CK 1328 IU/). He was planned for urgent total thyroidectomy then and was started on Lugol's iodine.

Myalgia and elevated CK levels are rare but recognised manifestations of hyperthyroidism. These can be due to direct effects of thyrotoxicosis on skeletal muscle, thyrotoxic hypokalemic periodic paralysis and drug-induced myositis by carbimazole and propylthiouracil. The pathophysiology of drug-induced myositis may be due to the abrupt decrease in circulating thyroid hormones, leading to a relative hypothyroid state in the peripheral tissues and resulting in myositis. Thioamides may also have a direct toxic effect on myocytes and trigger a local immune response at myocytes, leading to myositis.

CONCLUSION

This case highlights myositis as a rare side effect of anti-thyroid drugs and can cause significant morbidity. Early recognition and close monitoring are essential for managing this condition.

EP_A093

A RARE CASE OF HYPONATREMIA AS A LEADING SIGN OF EMPTY SELLA SYNDROME

https://doi.org/10.15605/jafes.040.S1.101

Yuni Rahmawati and Tri Juli Edi Tarigan

Division of Endocrinology, Metabolic and Diabetes, Internal Medicine Department, Faculty of Medicine, University of Indonesia

INTRODUCTION/BACKGROUND

Hyponatremia is a common electrolyte disturbance that can be life-threatening. Careful evaluation of hyponatremia may reveal significant underlying conditions and may lead to the diagnosis of a rare multiple hormone deficiency, with detrimental consequences for the patient if left untreated. We present an interesting case of a patient who presented with symptoms of chronic hyponatremia, and the results of the examination led us to the discovery of partial empty sella syndrome as the aetiology.

CASE

A 61-year-old female presented with a six-year history of general weakness, nausea, vomiting and cold intolerance.