She was diagnosed with hyponatremia and has routinely received sodium supplementation therapy. However, the patient's complaints have worsened over the past year. There is history of severe vaginal bleeding and shock during childbirth 22 years ago, which required a hysterectomy to be performed. Physical examination showed no abnormalities. Laboratory data showed severe hyponatremia with a serum sodium of 115 meq/L and low serum osmolality, but urine osmolality and urine sodium were elevated. Renal examination showed no abnormality. Thyroid function showed a low FT4 level at <0.4ng/dL (Reference Value [RV]: 0.7-1.48 ng/dL) and normal TSH at 1.882uIU/mL (RV: 0.35-4.94 uIU/mL). A low AM cortisol level of <1.0 mcg/dL (RV: 3.7 – 19.4 mcg/dL), normal adrenocorticotropic hormone (ACTH) level of 18.9pg/mL (RV: 7.2-63.3 pg/mL) suggested secondary adrenal insufficiency. She had low LH (6.6 mIU/mL), low FSH (11.7 mIU/mL) and low estradiol (5 pg/mL). The brain magnetic resonance imaging (MRI) confirmed the diagnosis of partial empty sella. Treatment with steroids and levothyroxine led to symptoms and laboratory resolution in a few months.

CONCLUSION

Empty sella syndrome is a rare pituitary condition that can be primary or secondary. It can potentially cause hypopituitarism that may be symptomatic or asymptomatic. This case emphasises the need for a comprehensive work-up of hyponatremia, awareness of secondary adrenal insufficiency, panhypopituitarism and recognition of the life-threatening potential of partial empty sella syndrome if left untreated.

EP_A094

AN UNUSUAL CASE PRESENTATION: MALIGNANT THYROID NODULE IN A PATIENT WITH LUNG ADENOCARCINOMA

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INTRODUCTION/BACKGROUND

Lung adenocarcinoma is a prevalent subtype of lung cancer known for its capacity to metastasize to various organs. In patients diagnosed with this cancer, thyroid nodules pose diagnostic challenges, as they may indicate metastasis or represent distinct conditions such as multinodular goiter or other thyroid malignancies. Notably, lung adenocarcinoma has a higher tendency to metastasize to the thyroid, with an incidence rate of 1-3%.

CASE

A 53-year-old female, undergoing chemotherapy for lung adenocarcinoma, presented to the Internal Medicine Clinic at RSUP M. Djamil Padang with a secondary thyroid nodule suspected to be metastatic. Other differential diagnoses were primary thyroid tumor and subclinical hyperthyroidism. Her history included a neck mass, hoarseness, pain while swallowing, weight loss, fatigue, and tremors. Physical examination revealed multiple nodules in the anterior neck with defined borders that moved during swallowing. Thyroid ultrasound indicated bilateral multinodular goiter (TIRADS III) without lymph node enlargement. Scintigraphy showed a cold nodule. Fine needle aspiration biopsy (FNAB) confirmed thyroid carcinoma consistent with metastasis from lung adenocarcinoma. The management plan included continuing chemotherapy and oncology consultation.

CONCLUSION

This case highlights the critical importance of early detection and management of secondary cancers to enhance patient outcomes and emphasizes the need for clinician awareness of thyroid metastasis in lung cancer, particularly lung adenocarcinoma.

EP_A095

POSTMENOPAUSAL VIRILIZATION: THE TELLTALE SIGN OF A RARE OVARIAN TUMOR

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INTRODUCTION/BACKGROUND

Postmenopausal virilization describes the occurrence of male secondary characteristics in a postmenopausal woman, contributed by excess androgen that originating from either the ovaries or adrenal glands. Relative androgen excess could be due to menopausal transition or polycystic ovarian syndrome. However, with virilizing symptoms, further investigation is warranted to look for ovarian hyperthecosis or androgen-secreting ovarian or adrenal tumors. Sertoli-Leydig cell tumors are considered significantly rare, accounting for less than 1% of all primary ovarian tumors. Diagnosis of these rare tumors can be challenging.

Adult E-Poster

CASE
We report a case of a 68-year-old woman of Indian ethnicity who first presented to us at 60 years old in 2017 with postmenopausal hirsutism. Treatment with co-cyprindiol (Diane-35) for a year and spironolactone did not alleviate her symptoms but instead worsened them with other virilizing symptoms such as deepening of voice, breast atrophy and androgenic alopecia. Testosterone levels were persistently elevated [43.757 nmol/L (December 2016) – 48 nmol/L (July 2017) - >52 nmol/L (October 2019)]. Computed tomography imaging done in 2020 showed an enlarged right ovary. She was referred to Gynecology and was given one dose of Leuprorelin (Lucrin) on 11/7/2020, with the intention to assess ovarian suppression; however, elevated testosterone levels persisted at >52 nmol/L. The patient eventually underwent total abdominal hysterectomy with bilateral salpingo-oophrectomy (TAHBSO) in May 2021 and histopathology revealed a right ovarian Sertoli-Leydig cell tumor. Post-operation testosterone levels showed rapid reduction to normal at 0.3 nmol/L and remained normal at <0.1 nmol/L in September 2021.

CONCLUSION
This case emphasizes the importance of thorough evaluation in women with postmenopausal virilization, which can be the only sign of rare ovarian tumors. Additionally, this condition can be distressing to patients and affect their quality of life, especially social interactions. The delay in her diagnosis and surgery highlights the need to increase awareness of this condition among clinicians.

EP_A096

MALIGNANT STRUMA OVARII IN A PATIENT WITH GRAVES' DISEASE: A CASE REPORT

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INTRODUCTION/BACKGROUND
Malignant struma ovarii (MSO) is a rare ovarian teratoma containing malignant thyroid tissue, accounting for <5% of all struma ovarii cases. Papillary carcinoma is the most common histological subtype, followed by follicular carcinoma. Diagnosis may be challenging, especially when coexisting with thyroid nodules or autoimmune thyroid diseases such as Graves' disease, due to overlapping histologic and functional features.

CASE
A 58-year-old female with longstanding hyperthyroidism due to Graves' disease presented with an abdominal mass measuring 15 × 10 × 9 cm. Laparotomy in September 2023 revealed a right ovarian tumor. Histopathology showed adenomatous struma with focal atypia. Immunohistochemistry revealed BRAF V600E positivity with partial CD56 and CK19 expression, and negative HBME1 and cyclin D1. Although non-classical, this staining pattern can be observed in thyroid carcinoma with oncocytic or clear cell features.

Thyroid ultrasound showed a bilateral multinodular goiter with a TIRADS 4 nodule; FNAB was benign. A thyroid scan revealed diffusely increased uptake (55.3%), and elevated TRAb (4.43 IU/L), consistent with Graves' disease. Total thyroidectomy in June 2024 revealed adenomatous struma with chronic inflammation and no malignancy, likely representing a degenerating nodule in the context of treated Graves' disease.

This case highlights the complexity of diagnosing MSO in the setting of autoimmune thyroid disease. Total thyroidectomy was performed to exclude primary thyroid carcinoma and to support future surveillance or radioactive iodine therapy.

CONCLUSION
MSO should be considered when ovarian tumors contain thyroid tissue with atypia. In patients with Graves' disease, degenerating thyroid nodules may mimic malignancy. A multidisciplinary approach using imaging, histopathology, immunohistochemistry, and autoantibody testing is essential for accurate diagnosis and long-term management.

EP_A097

ALPHA LIPOIC ACID-INDUCED INSULIN AUTOIMMUNE SYNDROME (IAS): A REPORT OF TWO CASES

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INTRODUCTION/BACKGROUND
Insulin Autoimmune Syndrome (IAS) is a rare cause of hypoglycemia. Alpha-lipoic acid (ALA), found in Bionerv (Vitamin B supplement), induces IAS by modifying insulin structure, leading to insulin autoantibody (IAA) production in genetically susceptible individuals. Most cases are self-limiting. We present two IAS cases, emphasizing diagnostic and management challenges.