risk of pancreatitis. Her triglyceride levels decreased to 16.8 mmol/L but then plateaued. Insulin was discontinued, and a low-carbohydrate, low-fat diet with intermittent fasting (from lunch until the next day's breakfast) was initiated. This led to a reduction in her triglyceride level to 9.01 mmol/L within three days.

Both patients were discharged with premixed insulin, rosuvastatin, omega-3 fatty acid supplementation and additional fenofibrate for Case 1 only, as Case 2 has CKD stage 4.

CONCLUSION

These cases highlight the importance of individualized treatment strategies in managing very severe non-familial HTG. While insulin infusion and dietary interventions were effective in both patients, the choice of therapy should be guided by clinical context.

EP_A108

INTERPRETING THYROID HORMONE LEVELS IN A PATIENT WITH GRAVES' DISEASE ON ENOXAPARIN

https://doi.org/10.15605/jafes.040.S1.116

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INTRODUCTION/BACKGROUND

Enoxaparin, a low molecular-weight heparin, can interfere with free T4 measurements by displacing thyroid hormones from their binding proteins, potentially giving rise to misleading results. Diagnosis becomes particularly challenging in Graves' disease when this interference occurs, as fluctuating thyroid function caused by shifting TSH receptor antibodies is rare in this condition.

CASE

We report a 38-year-old Malay female who was diagnosed with Grave's disease in May 2024 and treated with carbimazole. Five months later, she was readmitted for dyspnea and hypoxia and diagnosed with a severe pulmonary embolism. Treatment included thrombolysis with alteplase, followed by anticoagulation therapy using enoxaparin.

Upon admission, her anti-thyroid therapy was withheld due to subclinical hypothyroidism, as evidenced by a slightly low free T4 (12.8 pmol/L) and elevated TSH (6.65 iU/L). During her prolonged hospital stay, reassessment revealed discordant thyroid hormone levels, with both free T4 and TSH being elevated, coinciding with the development of hypothyroid symptoms. Assay interference was ruled out through thyroid function tests performed in other laboratories. While anti-TSH receptor antibody was positive, anti-thyroid peroxidase antibody was normal. A multidisciplinary discussion between physicians and biochemical pathologists concluded that the discordant thyroid function test results were likely due to enoxaparin-induced interference (falsely elevated free T4) in the context of her underlying hypothyroid state (elevated TSH). Oral levothyroxine was initiated. Subsequently, her pulmonary embolism treatment was switched to oral rivaroxaban, and further thyroid function tests showed normal free T4 and TSH levels, corresponding to a clinically euthyroid state.

CONCLUSION

This case emphasizes that when managing Graves' disease with low molecular-weight heparin, clinicians should be aware of potential laboratory interference when interpreting discordant thyroid function test results.

EP_A109

ACARBOSE: AN UNEXPECTED ALLY IN MANAGING REACTIVE HYPOGLYCEMIA IN PREGNANCY

https://doi.org/10.15605/jafes.040.S1.117

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INTRODUCTION/BACKGROUND

Reactive hypoglycemia, or postprandial hypoglycemia, which can occur during pregnancy due to physiological changes such as altered insulin sensitivity and heightened metabolic needs, presents unique management considerations. Acarbose, an alpha-glucosidase inhibitor, offers a potential therapeutic strategy by slowing the digestion and absorption of carbohydrates, thereby helping to regulate postprandial glucose levels and prevent hypoglycemic episodes in pregnant women.

CASE

We present the case of a 25-year-old pregnant female diagnosed with overt diabetes mellitus at 10 weeks of gestation via oral glucose tolerance test (OGTT). Initially she was started with insulin and metformin, however despite dietary adjustments and titration of medications, she experienced recurrent hypoglycemic episodes. These episodes occurred 1-2 hours after meals and were refractory to conventional management. Acarbose was then initiated