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

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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

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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

at 28 weeks of gestation. During her third trimester, she required basal bolus insulin regimen with adjustment of acarbose dose. Throughout the pregnancy, the patient's blood glucose and fetal well-being were closely monitored and her glucose levels remained well-controlled. She delivered at 37 weeks of gestation, and both mother and baby were discharged in good health.

CONCLUSION

Acarbose may be a valuable addition to the treatment plan for pregnant women experiencing postprandial hypoglycemia, particularly when conventional treatments such as insulin therapy and dietary modification are inadequate. Although further research is needed to establish the safety and efficacy of acarbose in pregnancy, this case suggests that acarbose could be an effective and safe option for managing postprandial hypoglycemia in diabetic pregnancies.

EP_A110

UNMASKING ATYPICAL FEMORAL FRACTURES IN OSTEOPOROSIS: A CASE SERIES OF HIGH-RISK PATIENTS

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INTRODUCTION/BACKGROUND

Atypical femoral fractures (AFFs) are rare but serious complications associated with long-term antiresorptive therapy for osteoporosis. These fractures often occur in the femoral diaphysis, particularly in the subtrochanteric or mid-shaft regions, and may arise without trauma or with minimal trauma. Corticosteroid use and other comorbidities, such as chronic inflammation, further increase the risk of AFFs in susceptible individuals.

CASE

We report three cases of AFFs in female patients aged 61 to 75 years. The mean duration of bisphosphonate use prior to AFF was 5 years and 8 months. Two out of three patients had a history of chronic glucocorticoid use and one had rheumatoid arthritis who was on methotrexate. Only one patient had prodromal thigh pain. All patients presented with complete AFF and one patient with contralateral incomplete AFF. Most complete AFFs were sustained from a simple fall while one case was atraumatic. All complete AFFs were treated with intramedullary nailing and recovered well postoperatively. The patient with contralateral incomplete AFF was counselled for prophylactic surgical intervention which she declined. Anti-osteoporotic treatment was switched from bisphosphonate to anabolic agents following surgery.

CONCLUSION

Early recognition of AFFs and proactive intervention can prevent further fractures. Clinicians should consider drug holidays or switching therapies for patients on long-term bisphosphonates, especially those with additional risk factors, to optimize bone health.

EP_A111

CULTURAL SILENCE: UNVEILING PITUITARY APOPLEXY IN A MAN WITH CHRONIC ERECTILE DYSFUNCTION AND COEXISTING PROSTATIC ABSCESS

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INTRODUCTION/BACKGROUND

Pituitary apoplexy is an endocrine emergency caused by hemorrhage or infarction within a pituitary tumor, resulting in acute pituitary dysfunction. Triggers can include major surgeries, angiography, intracranial hypertension, or distant infections. In this case, fever and signs of increased intracranial pressure revealed a previously undiagnosed pituitary macroadenoma, initially presenting as chronic erectile dysfunction, which ultimately led to a diagnosis of pituitary apoplexy.

CASE

A 43-year-old male with obstructive sleep apnoea presented with acute fever, vomiting, headache, postural dizziness, and lethargy. He had long standing erectile dysfunction, previously uninvestigated. Initially treated for gastroenteritis, he was drowsy (Glasgow Coma Scale, GCS: Eye 3, Verbal 4, Motor 6), with left temporal hemianopia but no signs of meningism or focal neurological deficits.

Laboratory tests showed leukocytosis (12 × 10^9/L) predominantly neutrophilia, elevated C-reactive protein (105 mg/L), hyponatremia (125 mmol/L), hypokalemia (3 mmol/L) and negative blood cultures. Abdominal ultrasonography revealed a small prostatic abscess. Neuroimaging (CT brain and MRI pituitary) confirmed a pituitary macroadenoma (2.0 × 2.9 × 3.7 cm) with hemorrhagic apoplexy compressing the optic chiasm. Hormonal evaluation showed secondary hypogonadism, hypocortisolism, and hypothyroidism.