

Adult E-Poster

of metabolic-dysfunction associated steatotic liver disease, proteinuria due to diabetic kidney disease, and oligomenorrhea.

She had a well-defined muscular appearance in her limbs with prominent veins, raising suspicion of partial lipodystrophy. Fat loss was noted in the trunk, hips, and gluteal regions, contrasting with fat accumulation in the face, neck, and viscera. Mild acanthosis nigricans were present, but there was no significant hirsutism.

She denied antiretroviral therapy use and autoimmune features were absent. While her family history was unremarkable for diabetes or consanguinity, her mother had died from renal failure at the age of 40. She acknowledged a distinct body habitus compared to her siblings.

Whole-exome sequencing confirmed the presence of a heterozygous pathogenic p.Arg482Trp variant in the LMNA gene, diagnostic of autosomal dominant FPLD type 2. Her management included increased insulin doses and the addition of pioglitazone to enhance adiponectin levels and insulin sensitivity.

CONCLUSION

This case highlights the need to consider lipodystrophy syndromes in young patients with severe insulin resistance and atypical fat distribution. Early diagnosis enables targeted therapy and better metabolic control.

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DORSAL PANCREATIC AGENESIS PRESENTING AS NEW-ONSET TYPE 3C DIABETES IN A YOUNG MALAYSIAN ADULT: A CASE REPORT

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INTRODUCTION/BACKGROUND

Type 3C diabetes mellitus (DM), secondary to exocrine pancreatic disease, is uncommon. Dorsal pancreatic agenesis (DPA), a rare congenital absence of part of the pancreas, can lead to both exocrine insufficiency and DM. We present a unique case of new-onset Type 3C DM due to DPA in a young Malaysian adult.

CASE

A 26-year-old Malaysian male with no known medical illness presented with a 6-month history of worsening loose

stools, significant 15 kg weight loss, increased hunger, foot numbness, and blurred vision. His initial blood glucose was very high (58.7 mmol/L), leading to a diagnosis of new-onset DM. However, his weight loss and diarrhea were atypical. Tests for viral hepatitis, HIV, and diabetes autoantibodies were negative. Colonoscopy was normal. A CT scan of the abdomen revealed findings suggestive of DPA. Consequently, a diagnosis of Type 3C DM secondary to DPA and likely exocrine pancreatic insufficiency-related diarrhea was made. He was started on insulin, and his gastrointestinal symptoms improved moderately with diet and lifestyle changes.

DPA is a rare cause of DM, especially in young adults. The absence of typical autoimmune markers and the presence of significant exocrine symptoms were key in identifying this unusual etiology. The development of diabetes in DPA is thought to be due to reduced pancreatic beta-cell mass. This case highlights the importance of considering rare causes like DPA in atypical diabetes presentations. Thorough evaluation, including imaging, is crucial for accurate diagnosis and management. While insulin therapy was initiated, dietary modifications provided some relief for his gastrointestinal issues.

CONCLUSION

This case demonstrates a rare instance of Type 3C DM secondary to DPA in a young Malaysian adult. It emphasizes the need for awareness of such unusual associations in young patients with new-onset diabetes and unexplained gastrointestinal symptoms. Further research on DPA-related diabetes in Malaysia is warranted.

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CASE REPORT: BEYOND THE TOXICOLOGY SCREEN: RECOGNIZING THYROID STORM IN A PATIENT INITIALLY SUSPECTED OF SUBSTANCE-INDUCED CARDIOMYOPATHY

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INTRODUCTION/BACKGROUND

Thyroid storm is a life-threatening endocrine emergency characterized by exaggerated hyperthyroidism. Its diverse clinical manifestations can sometimes mimic other acute conditions, leading to diagnostic challenges. We present a unique case of a young adult with thyroid storm whose initial presentation strongly suggested substance-induced cardiomyopathy.