## Adult E-Poster

via Congo red staining. Transthoracic echocardiography showed right atrial and right ventricular collapse, consistent with cardiac tamponade. Emergency pericardiocentesis was performed, and cytology of the pericardial fluid confirmed metastatic MTC.

Further laboratory evaluation revealed markedly elevated serum calcitonin and carcinoembryonic antigen (CEA), along with raised urinary levels of normetanephrine, metanephrine, and 3-methoxytyramine, suggesting a paraneoplastic neuroendocrine profile. Germline RET mutation analysis could not be performed due to resource limitations.

Given the presence of distant metastases and extensive locoregional disease, the patient was scheduled for systemic therapy with Cabozantinib with plans for total thyroidectomy following tumour debulking.

**CONCLUSION**

This case highlights a rare and aggressive presentation of medullary thyroid carcinoma (MTC), manifesting as cardiac tamponade — a life-threatening complication seldom associated with thyroid malignancies. The diagnosis was confirmed through cytological evaluation and supported by elevated tumour markers and imaging. This case underscores the importance of considering metastatic MTC in patients with unexplained pericardial effusion and systemic symptoms, especially in the presence of a suspicious thyroid lesion. Prompt recognition and multidisciplinary management are crucial in optimizing outcomes in such advanced and atypical presentations.

# EP_A169

## ECTOPIC ACTH SYNDROME SECONDARY TO METASTATIC NEUROENDOCRINE CARCINOMA FROM A PRIMARY MEDIASTINAL TUMOUR

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**INTRODUCTION/BACKGROUND**

We report a case of ectopic ACTH syndrome secondary to metastatic neuroendocrine neoplasm of the anterior mediastinum.

**CASE**

A 26-year-old male was diagnosed at age 23 to have ectopic ACTH syndrome secondary to neuroendocrine tumour of mediastinum, size 7 x 6 cm. Gallium-68 DOTATATE PET-CT revealed somatostatin receptor (SSTR) avid disease in mediastinum only, Krenning 3. He underwent surgical excision and achieved remission postoperatively. HPE reported ACTH-producing typical mediastinal carcinoid with nodal involvement, Ki67 ~ 10%, mitosis count 1 per 10 high power field, and metastatic typical carcinoid of the excised para-aortic lymph node. 6 months later, ACTH was noted to be increasing in trend although he was not Cushingoid clinically. FDG and Dotatate PET-CT scan revealed metastatic lymphadenopathy to the left supraclavicular fossa and mediastinum with low SSTR affinity (Krenning score 1 and 2). He was referred to the surgical and oncology team for further treatment. However, he opted for a second opinion in an overseas institution and started proton therapy and everolimus there, which was discontinued within weeks due to side effects.

He presented again a year later, not overtly Cushingoid, but he then developed more prominent Cushingoid signs and hypokalaemia within months. Biochemical investigation showed persistent disease with increasing ACTH. Ketoconazole was initiated. Dotatate and FDG PET-CT imaging revealed progressive metastatic lymphadenopathy involving cervical, supraclavicular, mediastinal and coeliac regions. The lesions had concordant FDG and Dotatate avidity but were more FDG-avid (Dotatate avidity Krenning 2). Multidisciplinary team discussion concluded a diagnosis of neuroendocrine carcinoma with progressive disease, thus requiring chemotherapy. He was referred to oncology team but remained undecided about proceeding further.

**CONCLUSION**

Neuroendocrine tumours can have heterogeneity in grade within a given lesion, in different sites, and over time. SSTR PET imaging aids in stratifying tumour differentiation thus guiding diagnostic and therapeutic decisions, as illustrated in this case.

# EP_A170

## THE MAN WITH MALIGNANT INSULINOMA: CHALLENGE IN MANAGEMENT

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**INTRODUCTION/BACKGROUND**

Insulinoma is an uncommon pancreatic neoplasm that results in excessive insulin production. Excessive insulin