

Paediatrics E-Poster

CONCLUSION

Osteopaenia of prematurity with nutritional deficiency is commonly observed in preterm infant. Nonetheless, the presence of severe rickets with inconsistent bone profile warrants further work-up for other alternative diagnoses, including VDDR1.

EP_P029

EXPLORING THE SPECTRUM OF HORMONAL DEFICIENCY IN PITUITARY STALK INTERRUPTION SYNDROME AND ITS OUTCOME WITH GROWTH HORMONE THERAPY: CASE SERIES FROM A TERTIARY PEDIATRIC ENDOCRINOLOGY CENTER IN MALAYSIA

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INTRODUCTION

Pituitary stalk interruption syndrome (PSIS) is a rare congenital condition characterized by either isolated or combined pituitary hormone deficiency. This paper presents 6 cases of pituitary stalk interruption syndrome diagnosed and managed in a tertiary Pediatric Endocrinology Center.

CASE

Analytical review of the medical records of patients followed up in Putrajaya Hospital, Malaysia from year 2017–2024 revealed 6 male patients with confirmed diagnosis of PSIS.

Among the cohort, 50% of them had significant perinatal events including severe neonatal jaundice, prolonged non-invasive ventilation support, sepsis or hypoxic events. A total of 17% were delivered via emergency caesarean section and the rest were born via unremarkable spontaneous vaginal delivery. Clinical presentation varied with 50% of patients presenting at birth with ambiguity of genitalia, another 50% of patients presented in adolescents with short stature and delayed puberty. Features of soft dysmorphism were observed in 67% of them. All patients have growth hormone deficiency, with 83% of them having additional pituitary hormone deficiency. Half of them have multiple pituitary hormone deficiencies. None of the patients in the cohort had clinical manifestations of diabetes insipidus. MRI imaging revealed absence of pituitary stalk on all patients. All patients who have been treated with growth hormone therapy showed improvement in height velocity with a mean of 10 (± 2.5) cm per year.

CONCLUSION

Children with PSIS often have a very broad spectrum of clinical and biochemical presentations. Screening and evaluation of the pituitary-hypothalamic hormone axis is critical to guide management. This clinical entity often presents with growth retardation and thus early diagnosis is critical to allow for timely management of these patients with growth hormone therapy.

EP_P030

A CASE SERIES OF POTENTIAL CONSEQUENCES FOLLOWING INTRAMUSCULAR INJECTIONS IN CHILDREN

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INTRODUCTION

Apart from regular vaccinations, there are limited instances where deep intramuscular (IM) injections are given to children. IM gonadotropin agonist (GnRHa) is used for the treatment of central precocious puberty (CPP). It is given deep IM at the upper outer quadrant of the buttock. We describe three cases to demonstrate complications of this procedure.

CASE

Case 1. An 8-year-old female was diagnosed with CPP at the age of 5 when she presented with breast development. She has been receiving 3-monthly IM GnRHa since then. In the clinic, parents informed that she had a 1-week history of upper respiratory tract infection. She was afebrile and was given an injection as usual. Patient came back a week later complaining of pain and swelling at injection site. After inspection, a diagnosis of sterile abscess was made. She was treated with local and oral antibiotics.

Case 2. An 8-year-3-month-old female was diagnosed with CPP at the age of 7 years and 5 months. She was due for her 3rd i.m GnRHa. She has been anxious about injection pain and needed comfort from parents/nurses at each visit. She insisted on more pain relief prophylaxis. She came back after 1 week with circular erythematous rash and blister formation around injection site. Diagnosis of superficial burn secondary to ethylchloride spray was made.