Case 3. An 8-year-old female with underlying mild autism was started on GnRHa injections for CPP. At every clinic visit, she will cry, shout and throw tantrums which were attributed to injection anxiety. Parents and nurses had a lot of difficulty getting her ready for injections. On her last visit, the nurse who gave her the injection reported bite marks and bruises on her arm because the patient bit her.

CONCLUSION

Although rare, one should always take extra precautions when dealing with IM injections in children. Repeated procedures carry higher risk as mentioned in this case series.

EP_P031

PITUITARY HYPERPLASIA SECONDARY TO PRIMARY HYPOTHYROIDISM – A CASE REPORT

https://doi.org/10.15605/jafes.040.S1.261

Nurul Asyiqin Abdulla,[1] Mazidah Noordin,[1,2] Noor Shafina Mohd Nor[1,2,3]

[1]*Department of Paediatric, Hospital Al Sultan Abdullah UiTM, Puncak Alam, Malaysia*

[2]*Department of Paediatrics, Faculty of Medicine, Universiti Teknologi MARA (UiTM), Cawangan Selangor, Kampus Sungai Buloh, Malaysia*

[3]*Cardiovascular Advancement and Research Excellence Institute (CARE Institute), Universiti Teknologi MARA (UiTM), Selangor, Malaysia*

INTRODUCTION

Primary hypothyroidism in children can present insidiously and mimic other systemic conditions, including neurological symptoms. In rare cases, it may lead to pituitary hyperplasia due to lack of negative feedback on thyrotrophs. Timely recognition is essential to prevent complications and avoid unnecessary neurosurgical intervention.

CASE

We report a case of an 8-year-old female who presented with chronic headaches, cold intolerance, constipation and frontal scalp hair thinning. Symptoms were insidious, with persistent headaches noted since the age of six. Despite multiple outpatient visits, including private pediatric and ophthalmology consultations, no clear diagnosis was made. Ophthalmological evaluations were also normal.

Due to persistent symptoms, neuroimaging was done to exclude intracranial mass or raised intracranial pressure. MRI of the brain and pituitary revealed enlarged pituitary gland measuring 7.7 mm (AP) x 12.4 mm (width) x 9.7 mm (height), with normal posterior pituitary bright spot and pituitary stalk. Other surrounding structures were normal. Thyroid function test (TFT) performed revealed an elevated TSH of 150 mIU/L with low fT4 at 8.7 pmol/L, consistent with primary hypothyroidism. Anti-thyroid peroxidase (TPO) and thyroglobulin antibodies were positive, confirming Hashimoto's thyroiditis. Other pituitary hormones were normal. She was initiated on levothyroxine, and serial TFTs demonstrated gradual improvement. MRI features were consistent with pituitary hyperplasia secondary to long-standing hypothyroidism (PHPH), and no neurosurgical intervention was warranted. A repeat MRI scan performed 10 months after commencement of treatment showed normal study with a pituitary gland measuring 6.7 mm (AP) x 12.2 mm (width) x 5.7mm (height). Her latest TFT has normalised with TSH of 3.76 mIU/L and fT4 of 18.5pmol/L on levothyroxine 37.5 mcg *qd* Monday to Friday, and 50 mcg *qd* on weekends.

CONCLUSION

PHPH is an uncommon cause of pituitary enlargement in children. This case highlights the importance of comprehensive endocrine assessment in children with chronic headaches. Early diagnosis and thyroid hormone replacement can lead to complete resolution of symptoms and regression of pituitary enlargement, avoiding misdiagnosis and overtreatment.

EP_P032

AN UNCOMMON CAUSE OF PERSISTENT HYPERCALCAEMIA WITH NEPHROCALCINOSIS IN INFANCY

https://doi.org/10.15605/jafes.040.S1.262

Qun Yuan Goh, Sze Teik Teoh, Ming Jie Chuah

Hospital Sultanah Bahiyah, Kedah, Malaysia

INTRODUCTION

Hypercalcaemia with nephrocalcinosis in infants is commonly caused by excessive calcium or vitamin D supplementation, neonatal primary hyperparathyroidism, subcutaneous fat necrosis or various genetic disorders.

CASE

We present a 6-month-old Indian male infant who was born preterm at 33 weeks, via elective LSCS for poly-hydramnios with weight of 1.33 kg, length of 46 cm and head circumference of 27 cm. His mother had severe polyhydramnios, requiring amnioreduction thrice. Both parents were consanguineous. During his 3-month-stay at NICU, he had persistent hypercalcaemia with inter-mittent polyuria. Serum calcium ranged: 2.5-2.9 mmol/L,