discordance between androgen excess and normal adrenal imaging, despite absent ovarian tissue, suggested an extra-adrenal androgen-secreting steroid cell tumor. A second histopathology review and multidisciplinary discussion with radiology, gynecologic oncology, and pathology teams were undertaken. As the disease was deemed inoperable, repeat retroperitoneal lesion biopsy confirmed metastatic steroid cell tumor and guided palliative chemotherapy. She was subsequently referred to gynecologic oncology for systemic chemotherapy.

CONCLUSION

Extra-adrenal steroid cell tumors, though rare, should be considered in patients with hyperandrogenism long after bilateral oophorectomy, especially when adrenal imaging is normal. Multidisciplinary evaluation and repeat biopsy are often crucial for establishing the diagnosis and guiding treatment.

EP_A083

SEVERE HYPERTRIGLYCERIDEMIA-INDUCED ACUTE PANCREATITIS IN PREGNANCY: A CASE REPORT AND REVIEW OF MANAGEMENT

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INTRODUCTION

Severe hypertriglyceridemia during pregnancy is a rare yet potentially life-threatening disorder. It is frequently linked to acute pancreatitis and poses considerable risks for both maternal and fetal morbidity.

CASE

We report a 35-year-old G4P3 female at 33 + 6 weeks gestation with underlying type 2 diabetes mellitus who presented with acute abdominal pain, nausea, vomiting, and poor oral intake, initially mistaken for preterm labor and sepsis. Further evaluation revealed profound hypertriglyceridemia (triglycerides 79.1 mmol/L) with markedly elevated total cholesterol (>32 mmol/L) and raised serum amylase, consistent with hypertriglyceridemia-induced acute pancreatitis. She was managed in a multidisciplinary setting with intravenous insulin infusion, dextrose supplementation, aggressive fluid resuscitation, and empiric antibiotics. Due to clinical deterioration and ongoing risk of maternal complications, she underwent emergency lower segment caesarean section and exploratory laparotomy at 34 weeks of gestation. Intraoperative findings included inflammatory intra-abdominal fluid and a bulky pancreas, supporting the diagnosis. Rapid biochemical improvement was observed following treatment, with triglyceride levels decreasing by approximately 70% within 24 hours (79.1–24.0 mmol/L) and achieving >90% reduction over 10 days. Postpartum management included initiation of omega-3 fatty acids, fibrate, and statin therapy, resulting in sustained lipid control. Ophthalmologic examination demonstrated lipemia retinalis, further confirming severe dyslipidemia.

CONCLUSION

This case highlights the importance of early recognition of severe hypertriglyceridemia in pregnancy, particularly in patients with metabolic risk factors such as diabetes. Prompt initiation of insulin therapy can achieve rapid triglyceride reduction and may obviate the need for plasmapheresis in selected cases. Delivery should be considered in the setting of maternal instability. Long-term lipid management postpartum is essential for preventing recurrence and reducing future metabolic risk. A multidisciplinary approach remains critical in optimizing both maternal and fetal outcomes in this rare but serious condition.

EP_A084

SEVERE PREMATURE CORONARY ARTERY DISEASE IN HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA WITH MARKED LIPID REDUCTION AFTER INCLISIRAN THERAPY

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INTRODUCTION

Homozygous familial hypercholesterolemia (HoFH) is a rare inherited disorder characterized by markedly elevated low-density lipoprotein cholesterol (LDL-C) from birth, childhood xanthomas, and accelerated atherosclerotic cardiovascular disease. Achieving LDL-C targets remains difficult despite statins, ezetimibe, and lipoprotein apheresis, especially in patients with treatment interruption, poor adherence, or limited access to specialized lipid services. We report a female with genetically confirmed HoFH who developed severe premature coronary artery disease and showed marked lipid reduction after inclisiran therapy.

CASE

A 28-year-old Malay female with LDL receptor mutation-confirmed HoFH, diagnosed at age 7, had a strong family history of premature cardiovascular death. She underwent biweekly lipoprotein apheresis from ages 8 to 15 years, but later defaulted on follow-up. During pregnancy in 2021, weekly then biweekly apheresis was reintroduced for severe hypercholesterolemia, but she disengaged postpartum. In 2025, she re-presented with exertional