However, many patients fast due to religious convictions, creating a gap between clinical guidelines and patient practice. This study evaluates the clinical outcomes and safety of fasting in this population.

METHODOLOGY

A single-centre retrospective cohort study was conducted at Hospital Putrajaya. We included adults with permanent AVP-D on desmopressin therapy for more than 1 year who fasted during Ramadan 2025. Data were extracted from electronic medical records and patient consultations. Primary outcomes included hospitalization rates, dehydration symptoms, and desmopressin dose adjustments.

RESULTS

Of the 43 patients (mean age 42.4 ± 15.28 years; 53.5% female), 27 successfully fasted for a mean of 27.6 ± 6.56 days. Pre-Ramadan counseling was documented in only 55.8% of cases. While 25.9% of participants experienced dehydration symptoms (thirst, dizziness), and 22.2% broke their fast for safety reasons, there were no hospitalizations. None of the patients required additional desmopressin dose adjustments. Most patients (66.7%) maintained twice-daily desmopressin dosing (Sahur and Iftar). Anterior pituitary deficiencies were present in 70.3% of the cohort.

CONCLUSION

Despite being classified as very high risk, many AVP-D patients safely complete Ramadan fasting without severe adverse events. However, the high rate of dehydration symptoms and the significant gap in pre-Ramadan counseling (44.2% un-counseled) highlight the need for structured clinical reviews 4–6 weeks prior to Ramadan to optimize hydration and dosing.

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A CASE SERIES OF CARCINOID SYNDROME: A SINGLE-CENTRE EXPERIENCE

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INTRODUCTION

Carcinoid syndrome is a hormonal complication accompanying neuroendocrine tumors (NETs) and is defined by chronic diarrhea and/or flushing in the presence of systemically elevated levels of serotonin or its metabolite 5-hydroxyindolacetic acid. The condition is often diagnosed late because of nonspecific symptoms, and many patients present with metastatic disease. This was a retrospective review of patients with carcinoid syndrome who were followed up at the Endocrine Clinic, Putrajaya Hospital, up to date.

CASE

Three women aged between 30 and 40 years were diagnosed with carcinoid syndrome secondary to metastatic NETs. Two cases were diagnosed before and during their pregnancies, resulting in one successful pregnancy while another required termination of pregnancy. All patients presented with symptomatic disease, predominantly flushing and chronic diarrhea and abdominal distension, leading to the diagnosis within the same year to as long as a decade after symptomatology. All were found to have extensive liver and nodal metastases at diagnosis. Liver biopsy showed tumor grade 1 in two of the cases, while the case with tumor grade 2 exhibited an aggressive disease course with carcinoid heart disease and bone metastases. None were amenable to surgery. Somatostatin analogues (SSAs) were the mainstay of treatment, administered every 2–4 weeks and titrated according to clinical response. Cytotoxic chemotherapy and bone-targeted agent were given for the case with rapid disease progression and skeletal-related event. Somatostatin analogue radiolabeled peptide therapy (PRRT) was reserved for symptom control in progressive disease refractory to first-line SSAs, after assessment with PET-Ga68 DOTATATE imaging.

CONCLUSION

This case series highlights delayed diagnosis and advanced presentation due to its nonspecific symptoms. The occurrence in young women, including during pregnancy, underscores the complexity of management and the need for individualized multidisciplinary care, with somatostatin analogues, systemic therapy, and PRRT playing key roles in symptoms control and disease progression.

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AORTIC DISSECTION: A RARE COMPLICATION IN ACROMEGALY

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INTRODUCTION

Aortic root dilatation is not uncommon in acromegaly as a result of persistent growth hormone (GH) excess, causing degenerative changes in the aortic wall. Acute and extensive aortic dissection is rare and a potentially fatal complication.