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.

EP_A112

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.

EP_A113

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.

CASE

We report a 51-year-old male with acromegaly due to a GH-secreting pituitary macroadenoma with parasellar extension, diagnosed in 2014. As primary surgical therapy was not recommended, he received medical therapy, initially with monthly lanreotide depot injections and subsequently switched to pasireotide LAR for 7 years. Following tumor size reduction with medical therapy, he underwent trans-sphenoidal surgery followed by stereotactic radiotherapy for residual tumor. Despite multimodal intervention, growth hormone and insulin-like growth factor 1 levels were persistently mildly elevated and required combination medical therapy along with multiple hormone replacement therapies with thyroxine, hydrocortisone, and testosterone for panhypopituitarism. Both hypertension and diabetes were well controlled on treatment.

In December 2025, he presented with sudden, severe central chest pain and rapidly progressive left lower limb weakness. Imaging studies with computed tomography aortography and lower limb angiogram detected an Extensive Type A Aortic Dissection with entry point proximal to the origin of the coronary arteries, extending to the right common carotid, internal and external carotid arteries, and distally into the left common iliac, proximal internal and external iliac arteries, which were completely thrombosed.

He underwent emergency aortic dissection repair with hemi-aortic arch replacement of the ascending aorta and repair of perforated right coronary sinus wall, with two vessel CABG and lower limb femoral-femoral bypass. Postoperatively, he required prolonged ventilation and intensive care unit care due to multiple complications: pericardial and pleural effusions, repeated left lower limb thrombosis requiring left popliteal embolectomy, and embolic stroke of the right internal carotid artery and posterior cerebral artery with subsequent hemorrhagic transformation. He continued to recover well with intensive physiotherapy and acupuncture and is now able to ambulate independently.

CONCLUSION

Cardiovascular surveillance with regular echocardiogram and specific monitoring for aortic dilatation is important in uncontrolled acromegaly. Consideration for surgical intervention in selected cases may be necessary to prevent acute dissection.

EP_A114

INSULINOMA IN PREGNANCY PRESENTING WITH RECURRENT HYPOGLYCEMIA: DIAGNOSTIC CHALLENGES, MULTIDISCIPLINARY MANAGEMENT, AND THERAPEUTIC DILEMMAS

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INTRODUCTION

Insulinoma during pregnancy is exceedingly rare, with fewer than 30 cases reported worldwide. Diagnosis is often delayed due to overlapping physiological and gestational symptoms, posing significant risks to both mother and fetus.

CASE

We report a case of a 36-year-old G4P2 + 1 female presenting at 7 weeks' gestation with recurrent symptomatic hypoglycemia initially suspected due to poor oral intake. She returned at 12 weeks with persistent neuroglycopenic symptoms and weight loss. Biochemical evaluation demonstrated inappropriately non-suppressed insulin and C-peptide levels during hypoglycemia, raising suspicion for endogenous hyperinsulinemia. Imaging with magnetic resonance imaging identified a 2.3 × 2.5 cm pancreatic lesion consistent with insulinoma.

A multidisciplinary team (MDT) approach involving Internal Medicine, Endocrinology, Obstetrics and Gynecology (Maternal-Fetal Medicine), Hepatobiliary Surgery, and Radiology guided management. Due to concerns regarding surgical and ablative risks during pregnancy, medical therapy with octreotide was initiated, achieving partial glycemic control. The pregnancy was complicated by fetal growth restriction, necessitating delivery at 34 weeks.

Postpartum, the patient underwent endoscopic ultrasound-guided radiofrequency ablation (EUS-RFA), requiring two sessions before achieving glycemic stabilization.

CONCLUSION

This case highlights the diagnostic challenges of insulinoma in pregnancy and underscores the importance of MDT-guided individualized management. It also illustrates the limitations of EUS-RFA and medical therapy, particularly in larger tumors, and raises important considerations regarding fetal outcomes.