0439: ANDROGEN INSENSITIVITY SYNDROME IN A 75 YEAR OLD PATIENT WHO PRESENTED WITH BILATERAL INGUINAL HERNIA


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Androgen insensitivity syndrome is an X—linked disorder characterised by defects in androgen receptor gene resulting in end organ resistance to testosterone. Although the patient’s karyotype is 46 XY, they are phenotypically female. Diagnosis is usually made in the second decade when they present with amenorrhea and/or inguinal hernia and the treatment recommended is bilateral gonadectomy followed by hormone replacement after puberty, due to the risk of malignancy.

Our patient presented in her 8th decade with swelling in both the groin for one year. The swelling was reducible manually and there was no history suggestive of irreducibility, obstruction or strangulation. She had not attained menarche, had been married for 50 years and had no children.

Physical examination revealed firm swelling in both the groin apart from the inguinal hernia. Her karyotype was 46XY. She underwent bilateral inguinal meshplasty with bilateral orchidectomy. Postoperative histopathology revealed testicular tissue with Leydig cell hyperplasia and no evidence of malignancy.

Although androgen insensitivity syndrome is a congenital disorder, cases can be diagnosed in old age also. The diagnosis of testicular feminization syndrome can be considered in female patients who present with inguinal hernia and primary amenorrhea, irrespective of the age.

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0476: POST-THYROIDECTOMY HYPOCALCAEMIA MANAGEMENT: KEEPING IT SAFE AND SIMPLE

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Aim: Hypocalcaemia is a very common complication in patients that have undergone thyroid surgery. The treatment of which is often confusing to the junior doctor managing the post-operative ENT ward. This project aims to find the percentage of patients post total thyroidectomy that develop hypocalcaemia and to deliver a simple protocol to manage hypocalcaemia in the event of an emergency or an out of hours blood result.

Method: This was a retrospective study in which all total thyroidectomies performed at RSUH over the past year were included. Pre and post op adjusted calcium levels were compared to check for any drop in levels. Duration of hospital admission was also looked into.

Result: A total of 34 total thyroidectomies were performed over 1 year at RSUH, of which 12 developed hypocalcaemia. As there was no clear protocol to follow in the department, a simple step-by-step flow chart to assist in the management of hypocalcaemia post thyroid surgery has been produced in accordance with the British National Formulary, The British Thyroid Association and the Society of Endocrinology guidelines.

Conclusion: 35% of total thyroidectomies performed developed hypocalcaemia. These required oral supplementation, a delay in which led to prolonged medical treatment and hospital admissions.

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0617: INDETERMINATE ADRENAL NODULES – ARE INTERNATIONAL GUIDELINES BEING FOLLOWED?

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Aim: To evaluate the current follow-up of non-functional adrenal nodules with particular reference to the follow up of indeterminate nodules.

Method: 118 patients with an adrenal mass were identified and were determined if suitable for the study based on the radiological diagnosis and hormonal status of the nodule over a five and half year period. The outcomes of these were obtained from the Sunrise Enterprise System.

Result: There were 153 non-functioning nodules from our complete dataset; on initial diagnosis 93 nodules were adenomas and 49 nodules were classed as indeterminate. Of 118 patients identified, 101 underwent follow-up and their initial diagnosis remains the same throughout follow-up.

Conclusion: The results have shown that the majority of non-functional adrenal incidentalomas are diagnosed at presentation or at the first follow-up scan and their initial diagnosis remains the same throughout follow-up. Any nodules that had a change in diagnosis did so in the first 6-month follow-up period. Therefore, we have found a 6-month follow-up period to be appropriate for the follow-up of these nodules and any follow-up after this time does not provide any additional benefit.

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0710: SUCCESSFUL LOCALISATION OF RECURRENT THYROID CANCER IN RE-OPERATIVE NECK SURGERY USING INTRA-OPERATIVE ULTRASONOGRAPHY

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Aim: Differentiated thyroid carcinoma is the most common endocrine malignancy. Cervical metastases occur in up to fifty per cent of cases. High-resolution ultrasonography (USG) is a sensitive imaging method used to...