

Turner syndrome and its profile: A single centre Malaysia study

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ABSTRACT

Introduction/Objectives: Early diagnosis of girls with Turner Syndrome (TS) facilitates management especially regarding puberty induction. The aim of this study was to determine the age and presenting complaint at the time of presentation to Paediatrics and Adolescent Gynaecology (PAG) Unit and to identify the karyotype and puberty induction treatment of girls with TS. **Methods:** Retrospective data was retrieved from medical records of 27 young women with TS aged 17 to 48-year-old within 2015 to 2019. The data include age at diagnosis, karyotype analysis, presenting complaints with its associated problems, hormonal profiles and puberty induction treatment. **Results:** The mean age of diagnosis was 17.6 (± 7.8) years with 45X (48.1%) as the main karyotype diagnosed. Primary amenorrhea (81.5%) was the commonest presenting complaint in PAG clinic. The associated medical problem detected in this study population was low bone mass (70.4%), diabetes (7.4%), heart problem (3.7%) and hearing problem (3.7%). Conjugated Equine Estrogen (CEE) (55.6%) was commonly used for puberty induction. Estrogen treatment dose that mostly induced bleeding was CEE 1.25 mg (33.3%) and the duration of treatment required to induce bleeding was 13 (± 15.8) months. **Conclusion:** Majority of young women with TS were diagnosed in PAG Unit late. Primary amenorrhea triggered evaluation for most patients and most young women require puberty induction for 1-2 years to induce vaginal bleeding. Efforts to improve the early diagnosis of TS and early age-appropriate pubertal induction remain important management targets to improve the quality of life in young women with TS.

The clinical side effects of tamoxifen and results of endometrial and eye surveillance among Malaysian women with breast cancer: A pilot study

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ABSTRACT

Introduction: Tamoxifen is an adjuvant hormonal therapy for breast cancer, now recommended to be extended from 5 years to 10 years. It reduces cancer recurrence and improves mortality rates. However, tamoxifen increases the incidences of endometrial and ophthalmology pathology. Tamoxifen can cause both abnormal vaginal discharge and uterine bleeding. **Objectives:** To describe the gynaecological and ophthalmological adverse effects of Tamoxifen in Malaysian breast cancer survivors in a tertiary centre, UKMMC. **Methods:** This pilot study involved 37 Malaysian Breast Cancer survivors on Tamoxifen therapy, who underwent gynaecological and ophthalmologic assessments in UKMMC from August 2020 up to May 2021. They were evaluated for abnormal gynaecological symptoms, ophthalmologic and gynaecological pathology assessed by pelvic ultrasonography. Those with endometrial thickness (ET) ≥ 8 mm had further evaluation to ascertain pathology. **Results:** The mean age (\pm SD) of participants was 48.4 (± 6.7) years. Thirty-two (86.5%) were on tamoxifen for < 5 years and 5 (13.5%) were on > 5 years. One (2.7%) had abnormal vaginal discharge and 1 (2.7%) had heavy menstrual bleeding. Oligo-amenorrhea was reported by 13 (68.42%) participants. The overall mean ET (\pm SD) was 8.38 mm (± 4.4), ranging from 4.0-23.7 mm; mean ET (\pm SD) for those < 5 years tamoxifen was 8.06 mm (± 4.52) whereas for those > 5 years was 10.4 mm (± 2.95). Endometrial malignancy was detected in a participant > 50 years old and on tamoxifen > 5 years. Abnormal endometrial pathology was significantly higher in those above 50 years and on longer than 5 years therapy ($p=0.025$). One (2.7%) who was on Tamoxifen > 5 years also had crystalline retinopathy. **Conclusions:** Patients on Tamoxifen therapy longer than 5 years and age 50 years above are recommended for gynaecological and ophthalmological surveillance. A larger study is required to confirm the findings of this pilot study.