

JCHS

Journal of Clinical and Health Sciences

#2
2026

SUPPLEMENTARY ISSUE

Malaysian Obesity Society
MYOS



ND **2 NATIONAL OBESITY SCIENTIFIC CONFERENCE**

ABSTRACT BOOK

11th - 12th April 2026
**Connexion Conference &
Event Centre,**
Kuala Lumpur, Malaysia

Theme
**Obesity as a Treatable
Chronic Disease:
Science, Strategy,
and Success**

Issue **September 2026** | Volume **11** Issue **02 (Supplementary)**
eISSN 0127-984x
jchs-medicine.uitm.edu.my



**UNIVERSITI
TEKNOLOGI
MARA**

PD-39

The Weight Beyond the Scale: Obesity, Steroids, And A Hidden Endocrine Cascade

Abdul Karim Zaki Ismail, Razlina Abdul Rahman, Nani Draman

Universiti Sains Malaysia, Kubang Kerian, Kelantan

Corresponding Author email: drkarimzaki@moh.gov.my

Introduction:

This study explores the intricate clinical intersection of morbid obesity, unsupervised glucocorticoid use, and the dramatic unmasking of latent autoimmune dysfunction within a primary care framework.

Case Presentation:

A longitudinal evaluation was conducted on a 38-year-old man with a BMI of 46.2 kg/m² and poorly controlled metabolic syndrome who presented with progressive weight gain secondary to a five-year history of daily, over the counter dexamethasone use for chronic gout pain. Initial physical findings revealed iatrogenic Cushing syndrome, characterized by pathognomonic purple striae, moon facies, and a neck circumference of 44 cm. Investigations confirmed profound hypothalamic-pituitary-adrenal (HPA) axis suppression with a morning cortisol of 60 nmol/L and a suboptimal peak cortisol response of 170 nmol/L. Remarkably, supervised steroid cessation released an "immunological brake," triggering a thyrotoxic state that unmasked Graves' disease confirmed by a suppressed TSH (<0.005 mIU/L), elevated T4 (45.8 nmol/L), and positive TSH receptor antibodies (4.13 U/L) which had been clinically silent during long-term glucocorticoid exposure. Concurrent polysomnography confirmed moderate obstructive sleep apnoea, further exacerbating his metabolic instability and chronic exhaustion. Management utilized a comprehensive biopsychosocial framework: combining carbimazole for thyrotoxicosis, SGLT2-inhibitor therapy for glycemic control, and CPAP for sleep-disordered breathing. Critically, targeted counseling addressed the patient's role as the sole breadwinner for nine dependents, leading to a family-initiated home business that alleviated financial stress and secured treatment adherence. The intervention yielded exceptional success, including a 23 kg weight reduction to 105 kg, normalization of the thyroid and adrenal axes (peak cortisol 465 nmol/L), and restored psychosocial dignity.

Conclusion:

This case demonstrates the pivotal role of the Family Medicine Specialist in navigating complex multimorbidity through patient-centered, multidisciplinary care.