

Malaysian Family Physician

www.e-mfp.org

Official Journal of the Academy of Family Physicians of Malaysia
and Family Medicine Specialist Association of Malaysia

Organised by



Hosted by



CARING THROUGH CHANGE: THE EVOLVING ROLE OF PRIMARY CARE PROFESSIONALS

**28th Family Medicine
Scientific Conference 2026**

4 September - 7 September 2026 • Pahang, Malaysia



2026 Volume 21 Supplement 2
PP2089/12/2012 (031677)

ISSN :

1985-207X (Print)

1985-2274 (Electronic)



Clinical Case Report / Case Series_43

When Stroke Is Not Stroke: Diabetic Striatopathy Presenting as Hemichorea in Primary Care

#FMSC2026-196

Nurul Nadiah Yusof¹, Mohd Aizuddin¹, Mohd Daud Che Yusof², Shahirah Ibrahim²

¹International Islamic University Malaysia, Family Medicine, Kuantan, Malaysia; ²Ministry of Health, Klinik Kesihatan Baserah, Kuantan, Malaysia

Introduction: Diabetic striatopathy is a rare but reversible neurological manifestation of poorly controlled diabetes mellitus characterized by hemichorea and basal ganglia abnormalities on neuroimaging. Due to its stroke-like presentation, delayed recognition may result in diagnostic uncertainty and prolonged morbidity.

Case Presentation: We report a 61-year-old Malay woman with longstanding uncontrolled Type 2 Diabetes Mellitus, hypertension, hypertensive cardiomyopathy, and hyperlipidaemia who had defaulted follow-up for two years. She presented with progressively worsening involuntary dance-like movements involving the left upper and lower limbs associated with facial twitching for two weeks. The abnormal movements were non-suppressible, improved during sleep, and significantly impaired daily functioning. Initial neurological assessment raised suspicion of acute stroke; however, computed tomography of the brain was unremarkable. Laboratory investigations revealed severe hyperglycaemia with HbA1c of 17.4%, random blood glucose of 13.1 mmol/L, and negative ketonuria.

Discussion: She was diagnosed with left hemichorea secondary to metabolic causes and initially treated with clonazepam with no response despite improving glycaemic control. In view of persistent symptoms, early magnetic resonance imaging was arranged, demonstrating T1-weighted hyperintensity in the right basal ganglia, consistent with non-ketotic hyperglycemic hemichorea syndrome, also known as diabetic striatopathy. Risperidone was initiated, followed by adjunctive topiramate in collaboration with the neuromedical team, resulting in marked clinical improvement within one month alongside intensive diabetic optimisation.

Conclusion: This case highlights the importance of recognising diabetic striatopathy as a reversible stroke mimic in primary care. Early recognition, timely neuroimaging, multidisciplinary management, and aggressive glycaemic optimisation are essential to prevent prolonged disability and achieve favourable functional recovery.

Keywords: Hemichorea, Hyperglycemia, Diabetes Mellitus Type II

Clinical Case Report / Case Series_44

An Unexpected Leak: Dose-Dependent Urinary Incontinence Associated with Sertraline Use

#FMSC2026-199

Ahmed Hatimi Rashidi¹, Mohd Arif Ahmad², Amirul Mohd Sallehuddin Mannan³, Hanisah Shafie⁴

¹Pejabat Kesihatan Daerah Hulu Langat, Klinik Kesihatan Ampang, Ampang, Malaysia; ²PKD Hulu Langat, Klinik Kesihatan Kajang, Kajang, Malaysia; ³PKD Kuala Langat, Klinik Kesihatan Telok Datok, Banting, Malaysia; ⁴PKD Petaling, Klinik Kesihatan Seksyen 19, Shah Alam, Shah Alam, Malaysia

Introduction: Urinary incontinence is a rare but underrecognised adverse effect of selective serotonin reuptake inhibitors (SSRIs). Sertraline has been implicated in several case reports, yet clinician awareness remains limited.

Case Presentation: A man in his 20s with stable retroviral disease on HAART and persistent depressive disorder on sertraline presented with a one-year history of almost daily involuntary urinary leakage. Episodes occurred during sleep and daytime sitting, without dysuria, haematuria, frequency, neurological symptoms, or constitutional features. Symptoms emerged following dose escalation to 175 mg and persisted despite reduction to 100 mg and later 75 mg. Examination, urinalysis, and blood glucose testing were unremarkable. The patient self-discontinued sertraline, after which incontinence resolved completely. Mood remained stable, supported by psychosocial improvements.

Discussion: A clear temporal association between dose escalation and symptom onset, persistence despite dose reduction, and complete resolution upon cessation supports a probable adverse drug reaction per the Naranjo Adverse Drug Reaction Probability Scale. No alternative urological, neurological, or metabolic cause was identified, with antiretroviral and HIV-related causes excluded. Sertraline likely contributes to detrusor overactivity through serotonergic modulation of M3 muscarinic and 5-HT₄ receptor pathways, disrupting the normal storage-voiding balance.

Conclusion: Sertraline should be considered a potential reversible cause of new-onset urinary incontinence in young adults, particularly following dose escalation. Although uncommon, this adverse effect may significantly impair quality of life and contribute to considerable patient distress. Clinicians should therefore maintain a high index of suspicion, perform a thorough medication review, and recognise the condition early to facilitate timely intervention and prevent unnecessary investigations and prolonged morbidity.

Keywords: Sertraline, Urinary Incontinence; Adverse Drug Reaction

Clinical Case Report / Case Series_45

From Arm Swelling to Breast Cancer Diagnosis: A Primary Care Challenge

#FMSC2026-221

Jia Min Leong¹, Ezra Binti Mohammad¹, Charinderjit Singh Verik²

¹Klinik Kesihatan Tengkena, Primary Care, Melaka, Malaysia;

²Hospital Melaka, Surgical, Melaka, Malaysia

Introduction: Breast cancer remains the commonest cancer among Malaysian women with almost half of the cases detected at advanced stages. Factors such as poor health literacy, lack of awareness and inadequate screening contribute to delayed presentation. Breast cancer may present atypically to outpatient clinics, especially in areas with low educational background.

Case Presentation: We reported a case of a 48-year-old lady with no comorbidity, working as restaurant waiter complaining solely of right upper limb swelling and facial puffiness over the past three weeks. Initial differential diagnosis includes occupational-related shoulder ligamentous injury, nephrotic syndrome and primary lymphedema. Patient was given appointment for baseline