CR49 Insulinoma as a rare cause of hypoglycemia - a case report

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DOI: https://doi.org/10.26800/LV-145-supl2-CR49

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KEYWORDS: hypoglycemia; insulinoma; neuroendocrine tumor

INTRODUCTION/OBJECTIVES: Insulinoma is a rare neuroendocrine tumor originating from pancreatic β- cells. Hypoglycemia is seen in patients with diabetes treated with insulin and sulfonylureas, alcohol abuse, and starvation. Severe spontaneous hypoglycemia is uncommon and can be caused by this rare tumor.
CASE PRESENTATION: A 28-year-old female patient presents with dizziness, weakness, and frequent loss of awareness for three months. The neurological exam was normal, but low glucose levels (1.6-1.7 mmol/L) were detected. In the hospital, the 72h-fasting test stopped at 48h with a glucose level of 1.8mmol/L and insulin of 9.8 mU/I, indicating inadequate physiological suppression of the endogenous insulin. Based on hypoglycemia and endogenous hyperinsulinemia, insulinoma was suspected. Endoscopic ultrasound showed normal echostructure of the pancreas. MRI scan revealed a round-shaped focal lesion measuring 1.5x1 cm at the distal part of the pancreatic head, within the parenchyma that was inconclusive for the tumor or physiological feature of the pancreas. Therefore, a selective intra-arterial stimulation with calcium gluconate, alongside hepatic venous sampling was conducted. Standard pancreatic arteriography followed by selective catheterization of the gastroduodenal, splenic, and superior mesenteric arteries were performed. Peak insulin level obtained from the gastroduodenal artery established the precise tumor location for complete surgical excision. The pathological finding confirmed the diagnosis of insulinoma.
CONCLUSION: Early diagnosis and precise localization of insulinoma are crucial to minimize the risk of unsuccessful surgical resection and to prevent long-term complications associated with hypoglycemia. This case highlights the importance of considering insulinoma as a potential cause of hypoglycemia and utilizing appropriate diagnostic tools for tumor localization.

CR50 Intraocular tuberculosis – case report

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DOI: https://doi.org/10.26800/LV-145-supl2-CR50

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KEYWORDS: eye evisceration; ocular tuberculosis; uveitis

INTRODUCTION/OBJECTIVES: Tuberculosis (TB) is a chronic granulomatous infection caused by Mycobacterium tuberculosis. If the affected organ is the eye, the clinical picture is pleomorphic, but it is most often presented with endophthalmitis, iridocyclitis, chorioretinitis, and periphlebitis of the retina.
CASE PRESENTATION: We present a 44 years old cachectic man, with a history of pulmonary TB. He was admitted to the hospital due to left-sided endophthalmitis. Upon arrival, the patient had left eye amaurosis, with elevated eye pressure, mixed conjunctival injection, numerous precipitates on the corneal endothelium, hypopyon, and pupillary seclusion. An extensive work-up was performed in order to confirm the etiology of uveitis. Local and general antimicrobial and corticosteroid therapy and systemic antifungals were introduced without response. A computerized tomography scan of the left orbit showed an enlarged eyeball, with inflammatory thickening of all eye membranes, and the tumor process was ruled out. Ultrasound of the left eye confirmed exudative inflammation, chorioretinal thickening, and suspected shallow retinal detachment. Anaerobic, aerobic, and fungal blood cultures were negative. Due to worsening the condition, evisceration of the left eyeball was performed. Pathohistological findings confirmed the reactivation of pulmonary TB and its dissemination in the eye.
CONCLUSION: Ocular tuberculosis is an infrequent cause of uveitis. But tuberculosis should also be included as a possible cause in the differential diagnosis of uveitis. This applies mainly to patients with a positive history of active or relapsing pulmonary tuberculosis who have no improvement in clinical findings with antimicrobial and steroid therapy.