

CR-D-49

POST-OPERATIVE HYPERGLYCEMIA IN A NON-DIABETIC PATIENT WITH OPERATIVE HYSTEROSCOPY INTRAVASCULAR ABSORPTION SYNDROME (OHIAS)

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INTRODUCTION

Operative hysteroscopic intravascular absorption syndrome (OHIAS) is an uncommon condition arising from excessive fluid overboard from distending medium intravasation during hysteroscopy. This causes acute hyponatremia, pulmonary edema and other metabolic disturbances. This case aims to report the uncommon presentation of hyperglycemia in a non-diabetic patient after hysteroscopy using 5% dextrose water (D5W) as distending fluid.

CASE

Clinical examination and laboratories were employed to arrive at a diagnosis and therapeutic plan.

CONCLUSION

The patient's hyperglycemia was a response to the use of D5W as distending medium, with consequent volume expansion and dilutional hyponatremia. Vigilance is imperative not only in monitoring fluid overload and serum electrolytes, but also to the glycemic status of the patient.

KEY WORDS

hysteroscopy, hyperglycemia, irrigating fluid

CR-D-50

A CASE REPORT ON GIANT INSULINOMA

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INTRODUCTION

Insulinomas are rare pancreatic islet cell tumors with an incidence of 1 case per 250,000 person-years. The clinical manifestation of an insulinoma is fasting hypoglycemia with neuroglycopenic symptoms that may or may not be preceded by sympathoadrenal symptoms. Tumors are usually very small, with 80% being less than 2 cm in diameter. Giant Insulinomas (>9 cm in diameter) are rare.

CASE

A 56-year-old, female without diabetes came in for repeated episodes of hypoglycemia. Biochemical work-up showed an elevated serum insulin of 34.57 (4.50-20.0 uIU/ml) and C-peptide at 12.93 (1.37-11.8 ng/ml) during a supervised fast (RBS 55 mg/dl). Computed Tomography of the whole abdomen with contrast noted a large (12 cm) pancreatic tail mass. Distal pancreatectomy with en bloc splenectomy was done and histopathology revealed a well differentiated neuroendocrine tumor. She remained euglycemic postoperatively.

CONCLUSION

Insulinoma is a rare neuroendocrine tumor, usually benign, but can be life threatening and cause hypoglycemic accidents. Surgical resection remains the treatment of choice with a highly favorable outcome even among giant insulinomas. Medical options are reserved for unresectable or metastatic tumors. Long term follow-up is important to detect recurrence.

KEY WORDS

non-diabetic, hypoglycemia, benign insulin-secreting tumor, giant insulinoma