PP-M-05

METASTATIC GLUCAGONOMA PRESENTING AS NECROLYTIC MIGRATORY ERYTHEMA: A CASE REPORT

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CASE
A 68-year-old Filipino male presented with a two-month history of generalized pruritic erythematous plaques associated with epigastric pain, progressive weight loss and angular cheilosis. Skin biopsy revealed necrolytic migratory erythema. Abdominal CT imaging showed a 2.0 x 2.5 x 3.7 cm pancreatic tail mass with hepatic nodules suggestive of metastasis. Other workups showed anemia, elevated HbA1c, and normal liver function tests. Plasma glucagon was >2.5 times the upper limit of normal. He was diagnosed with metastatic glucagonoma and given octreotide LAR 30 mg monthly. Surgery was not done due to the presence of liver metastasis and poor nutritional status. After 14 months of octreotide, improvement of skin lesions and no progression of the pancreatic tail mass on CT imaging were noted. Prompt recognition of necrolytic migratory erythema allows earlier diagnosis of glucagonoma. In patients with unresectable disease, somatostatin analogs may be used to delay progression.

KEYWORDS
glucagonoma, neuroendocrine tumor, octreotide

PP-M-06

CASE REPORT ON PARATHYROID CARCINOMA: THE RISK OF LOCO-REGIONAL DISEASE PROGRESSION AND THE ROLE OF RADIATION AND MEDICAL THERAPY POST-OPERATIVELY

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CASE
Parathyroid carcinoma is an extremely rare endocrine neoplasm, accounting for less than 1% of patients with primary hyperparathyroidism. The infrequency of this disease poses a challenge to the clinician as to the appropriate management after surgical resection. We present the case of a 63-year-old Filipino female with primary hyperparathyroidism, multinodular goiter and chronic kidney disease stage 4 who underwent total thyroidectomy with excision of a parathyroid mass. Pathological diagnosis revealed a 3-cm and 2.8-cm multifocal GATA3-positive parathyroid carcinoma with capsule invasion. Adjuvant radiation therapy was offered but the patient opted for observation and close monitoring. Eight months postoperatively, her calcium and intact parathyroid hormone levels were normal without the need for bisphosphonates, calcimimetics or denosumab. In this report, we review the risk for loco-regional disease progression and the role of radiation and medical therapy in the post-operative care of patients with parathyroid carcinoma.

KEYWORDS
parathyroid carcinoma, radiation therapy, loco-regional disease progression, calcimimetics

PP-M-07

CLINICAL FEATURES, MANAGEMENT AND OUTCOMES OF PATIENTS WITH INSULINOMA: A 14-YEAR SINGLE-CENTER EXPERIENCE IN THE PHILIPPINES

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INTRODUCTION
This study determined the clinical, biochemical, imaging and histopathologic features and subsequent management and outcomes of patients with insulinoma in a tertiary hospital within 14 years.

METHODOLOGY
In a retrospective review of medical records from 2007 to 2021, 14 patients diagnosed with insulinoma were identified and their pertinent clinical profiles, management, and outcomes were retrieved. Vital status was determined by phone call using the provided contact information after obtaining verbal consent. Descriptive statistics were performed to summarize data.