PP-M-05

METASTATIC GLUCAGONOMA PRESENTING AS NECROLYTIC MIGRATORY ERYTHEMA: A CASE REPORT

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Denise Joy Emmanuelle Lopez,[1] Gabriel Jasul Jr,[1] Angelica Ledesma-Cosico[2]
[1]*University of the Philippines - Philippine General Hospital*
[2]*Ospital ng Maynila Medical Center, Manila, Philippines*

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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Kristiana Margarette Romina
University of the East Ramon Magsaysay Memorial Medical Center, Inc., Quezon City, Philippines

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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Mark Anthony Sandoval and Franz Michael Magnaye
University of the Philippines - Philippine General Hospital

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.

RESULTS

Among the 14 patients included, the majority were females (71.43%) with a median age of onset at 48.14±14.7 years. Neuroglycopenic symptoms were the more common presentation rather than adrenergic symptoms. Fasting hypoglycemia was unanimously present. The median onset of hypoglycemia during a 72-hour fast was at 5 hours (IQR 9.06). Median serum insulin [41.8 μIU/mL (IQR 43.57)] was inappropriately normal in the presence of hypoglycemia. Median C-peptide was elevated [6.68 ng/mL (IQR 16.71)]. The use of any combination of diagnostic tests, such as abdominal CT scan, MRI, endoscopic ultrasound and intra-arterial calcium stimulation localized 92.9% of the tumors preoperatively. Intraoperatively, tumors were more commonly seen in the head of the pancreas (53.85%), with decreasing frequency in the body (23.08%), neck (15.38%) and tail (7.69%). Most tumors are solitary (85.71%), with a mean tumor largest dimension of 2.04 ± 0.7 cm. They are commonly benign (92.31%). Only one patient had multiple metastatic masses at presentation. Of the five specimens sent for Ki-67 staining, four were found to be moderate- to high-grade well-differentiated neuroendocrine tumors. All except one underwent surgery, due to the inability to localize the tumor preoperatively. Among the patients with known vital status (eight out of 14), six were alive without recurrence, while two had died related to insulinoma.

CONCLUSION

Although insulinoma remains a rare disease, it may present relatively more frequently in specialized centers. While some clinical characteristics were comparable to other cohorts, there were some distinctive features in our setting.

KEYWORDS

insulinoma, pancreatic neoplasms

PP-M-08

PROBLEM DIAGNOSIS AND MANAGEMENT OF BUERGER'S DISEASE WITH COMPLICATIONS OF DISUSE ATROPHY

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Ida Bagus Aditya Nugraha,[1] Wira Gotera,[1] Gayatri Saraswati[2]

[1]*Division of Endocrinology and Metabolism, Professor Ngoerah Hospital, Denpasar, Bali, Indonesia*

[2]*Faculty of Medicine, Udayana University, Professor Ngoerah Hospital, Denpasar, Bali, Indonesia*

CASE

Thromboangiitis obliterans or Buerger's disease is a non-atherosclerotic segmental inflammatory disease that affects small- and medium-sized arteries and veins. Cigarette consumption or exposure is still considered the main cause of its occurrence and progression. There is no consensus or specific markers that can be used in the diagnosis of this disease. The diagnosis is generally made based on clinical criteria and by exclusion of other causes of vascular occlusion. Management includes conservative, interventional, and surgical therapy. Effective treatment modalities for Buerger's disease are still limited. A 36-year-old female presented with a one-year history of blackish wounds on her feet. The patient was given medical and surgical therapy with fairly good responses. Buerger's disease can cause disability due to blood vessel occlusion, resulting in tissue damage requiring amputation. This contributes to the immense financial and social burden of the condition.

KEYWORDS

Buerger's disease, diagnosis, management, disuse atrophy

PP-M-09

FAHR'S DISEASE: A CASE REPORT

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Arobe Shiek Goling II

Amai Pakpak Medical Center, Marawi City, Lanao del Sur, Philippines

CASE

Fahr's Disease is a rare degenerative disorder characterized clinically by multiple neurological and psychiatric symptoms including cognitive impairment, movement disorders and seizure. It is due to abnormal deposition of calcium in areas of the brain parenchyma that control movement, including the basal ganglia and the cerebral cortex. It is a rare disorder with a documented prevalence of <1/1,000,000, with a higher incidence reported among males and a typical age of onset in the 3rd and 5th decade of life. We present the case of two females, age 19 and 43 years, who presented with generalized tonic-clonic seizures. Plain cranial CT scans both revealed bilateral calcifications in the brain parenchyma, including basal ganglia, corona radiata, gray-white matter junction and cerebellar folia. There were no masses, infarcts or hemorrhages. The patients were treated with calcium, calcitriol and anti-convulsant and advised regular follow-up.

KEYWORDS

Fahr's disease, seizure, hypocalcemia, calcium