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

https://doi.org/10.15605/jafes.038.AFES.126

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

https://doi.org/10.15605/jafes.038.AFES.127

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