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Androgen and Cortisol Secreting Adrenocortical Oncocytoma with Uncertain Malignant Potential

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INTRODUCTION

Adrenal oncocytic tumours are a rare variant of adrenocortical tumours and consist of oncocytic cells which are abundant in granular eosinophilic cytoplasm. It is usually found incidentally as most are benign and nonfunctional.

We report a case of androgen and cortisol secreting adrenal oncocytic tumour of uncertain malignant potential in a young lady.

CASE

An 18-year-old lady with prior history of bronchial asthma presented with 4 months history of irregular menstruation and was subsequently amenorrhoeic for a year. She had increased facial hair as well as hair growth over her lower limbs during that period. In addition, she also noticed she had deepening of her voice. On examination she had moonlike facies with acne. There was no abdominal striae and genital examination revealed clitoromegaly. Her laboratory examination showed features consistent with hyperandrogenism with raised testosterone 13.7 nmol/L (0.42-7), dehydroepiandrosterone sulfate 65.7 umol/L (4.7-6.7) and she had non-suppressed serum cortisol level with an overnight dexamethasone suppression test of 204 nmol/L. CT abdomen showed a large left heterogenous isodense adrenal tumour with scattered areas of fluid attenuation measuring 10 x 10 x 8.3cm with smooth margins and no calcification. She underwent an uneventful open left adrenalectomy and biopsy results reported an oncocytic adrenal cortical neoplasm with uncertain malignant potential with low mitotic activity and Ki67 proliferative index of less than 5%. Post-surgery she was started on hydrocortisone replacement which was gradually tapered off and follow-up FDG-PET scan was unremarkable.

CONCLUSION

Adrenal oncocytic tumours with uncertain malignant potential are a rare entity and its long term behaviour is unknown. Due to its malignant potential, close patient surveillance is required in order to detect recurrence.

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A Rare Case of Multiple Endocrine Neoplasia 1

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INTRODUCTION

Multiple endocrine neoplasia type 1 (MEN-1) is a rare condition with an incidence of 1 in 30,000. It is commonly familial but sporadic forms may occur rarely. The syndrome is diagnosed by the presence of overproduction of hormones that involve either the parathyroid, pituitary and gastroenteropancreatic (GEP) tract. The parathyroid gland is the main endocrine organ that is involved in approximately 90% of patients with insulinoma accounting for only 10%.

CASE

We report a case of a 59-year-old male who presented with a five-month history of recurrent hypoglycemia and weight gain. The patient presented with Whipple's triad and underwent a 72-hour fasting protocol which revealed high insulin and C-peptide levels. Computed tomography (CT) scan of the abdomen revealed a mass in the tail of the pancreas. Further work-up revealed increased intact parathyroid hormone with normal calcium level and normal pituitary gland.

Patient underwent distal pancreatectomy and histopathology confirmed insulinoma. Postoperatively, there was resolution of hypoglycemia. As for the asymptomatic hyperparathyroidism, the patient will undergo yearly screening for signs of hypercalcemia.

CONCLUSION

Hypoglycemia which is commonly encountered in the daily practice of physicians may be easily managed but beyond its simplicity it could reveal a rare syndrome commonly missed. It is important that when we are presented with a single endocrine problem, we should work up for a larger entity as missed diagnosis can have serious clinical implications.