CASE

An 86-year-old, non-diabetic female presented with early morning spontaneous hypoglycaemia of two years' duration. She was found by her family confused and was only able to regain full consciousness after taking sweet beverages or nutritional drinks. Her documented capillary blood glucose levels during these episodes confirmed that she had hypoglycemia. She denied weight change and altered bowel habits. She had a strong family history of malignancy, wherein five of her eight children had colorectal carcinoma. Supervised fasting test showed low C-peptide, undetectable serum insulin and low blood ketone when the concurrent blood glucose level was 1.1 mmol/L. Following glucagon challenge, her blood glucose rose to 3.3 mmol/L. Sulphonylurea screen was negative. Serum IGF-2 was not tested due to unavailability. A diagnosis of NICTH was made. CECT thorax revealed a large left lower lobe lung tumour, measuring 11.5 x 8.9 x 12.9 cm, which partially encased the left main bronchus and descending thoracic aorta. Due to her advanced age, she refused biopsy and surgery. Her hypoglycaemia was treated with raw cornstarch therapy before bed and at 3 am, as well as oral prednisolone 5 mg daily.

CONCLUSION

The possibility of NICTH should be considered in the evaluation of spontaneous hypoglycemia in an elderly non-diabetic patient. Glucocorticoids can be effective in ameliorating hypoglycemia in this setting when surgery is not feasible.

EP_A074

ENDOSCOPIC ULTRASOUND (EUS) AND EUS GUIDED RADIOFREQUENCY ABLATION (RFA) AS A DIAGNOSTIC AND THERAPEUTIC INNOVATION FOR INSULINOMA: A CASE REPORT

https://doi.org/10.15605/jafes.039.S1.085

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INTRODUCTION/BACKGROUND

Though rare in occurrence, insulinomas are the most common hormone-producing pancreatic neuroendocrine tumour (PNET) with a reported incidence of 4 cases per million per year. Surgical intervention has been the gold standard of treatment for insulinoma but an emerging minimally-invasive method – endoscopic ultrasound (EUS) guided radio-frequency ablation (RFA) is increasing in use in the current management of insulinomas.

We present a case where EUS and EUS-guided RFA played a pivotal role in localising the lesion and serving as a therapeutic approach.

CASE

A 55-year-old female with underlying primary hypothyroidism, bronchial asthma, and class III obesity presented with refractory hypoglycaemia. Biochemical workup confirmed hyperinsulinaemic hypoglycaemia (plasma glucose 1.6 mmol/L, plasma insulin 107 pmol/L and serum c-peptide 1106 pmol/L). Initial imaging with computed tomography (CT) scan failed to localise any pancreatic lesion. Subsequent EUS discovered a hypoechoic lesion at the pancreatic tail which was later histologically confirmed to be PNET. The patient was treated with subcutaneous octreotide and oral diaxozide, then underwent EUS-RFA rather than surgery due to high operative and anaesthetic risk. The procedure was uneventful however, she developed acute pancreatitis two weeks later. Following recovery from pancreatitis, she remained in euglycemic state for a few weeks before she developed a recurrence of hypoglycemia, albeit being less frequent and less severe (plasma glucose 1.9 mmol/L, plasma insulin 67.3 pmol/L and C peptide 1179 pmol/L). Repeat diagnostic and therapeutic EUS are planned for her.

CONCLUSION

EUS is a valuable tool as a diagnostic modality in localizing insulinoma. It can be an alternative therapeutic option to surgery, especially among high-risk patients.

EP_A075

A RARE CASE OF HYPOVOLEMIC HYPONATREMIA IN A PATIENT WITH EXCESSIVE BILIARY TRACT LOSS

https://doi.org/10.15605/jafes.039.S1.086

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INTRODUCTION/BACKGROUND

Hyponatremia is the most common electrolyte abnormality observed among inpatients in the hospital setting. Severe hyponatremia (defined as serum sodium <125 mmol/L) is associated with significant morbidity and mortality. Hypovolemic hyponatremia occurs in the context of extracellular fluid depletion. Therefore, accurate diagnosis