CONCLUSION
This case highlights a rare presentation of SIR with prominent dermatological manifestations mimicking acromegaly. This phenotype of insulin-mediated pseudo-acromegaly is thought to arise from a selective post-receptor insulin signaling defect, where metabolic pathways are impaired while mitogenic signaling remains relatively intact. Recognizing these atypical dermatologic clues is vital for early identification of insulin resistance syndromes, enabling timely diagnosis and appropriate intervention.

EP_A117

MASQUERADING INSULINOMA: A RARE CASE OF ENDOCRINE TUMOR AND COMPLEX CLINICAL PRESENTATION

https://doi.org/10.15605/jafes.040.S1.125

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INTRODUCTION/BACKGROUND
Recurrent hypoglycemia poses a diagnostic challenge, particularly when multiple endocrine disorders are present. Adrenal insufficiency, characterized by deficient cortisol production, impairs glucose homeostasis by reducing gluconeogenesis and increasing insulin sensitivity. Insulinoma, a rare pancreatic β-cell tumor, causes unregulated insulin secretion, leading to symptomatic hypoglycemia. Diagnosis relies on Whipple's triad and specific biochemical markers, including elevated insulin, C-peptide, and proinsulin levels during fasting. The concurrent presence of insulinoma and adrenal insufficiency is rare and requires a high index of suspicion.

CASE
A 54-year-old male with type 2 diabetes (on metformin), obstructive sleep apnea, and a history of traditional medicine use presented with recurrent dizziness and documented hypoglycemia. Examination and electrolytes were unremarkable. A short Synacthen test showed an inadequate cortisol response, confirming adrenal insufficiency. He was started on oral hydrocortisone, with subsequent stabilization of glucose levels and was discharged.

Three months later, he presented again with symptomatic hypoglycemia (as low as 1.2 mmol/L) despite compliance with medications. Biochemical tests revealed elevated insulin (296 pmol/L) and C-peptide (2,595 pmol/L), suggesting endogenous hyperinsulinemia. A 72-hour fast confirmed persistent hypoglycemia with inappropriately high insulin and C-peptide levels. CT imaging showed a distal pancreatic lesion consistent with insulinoma and he then underwent distal pancreatectomy. Hypoglycemia resolved after surgery. He remains stable on hydrocortisone (10 mg three times daily).

Cortisol deficiency initially explained the patient's hypoglycemia, which improved with steroid therapy. However, persistent episodes prompted further workup, revealing an insulinoma. Surgical removal resulted in resolution, confirming the dual etiology of his hypoglycemia.

CONCLUSION
This case highlights the rare coexistence of insulinoma and adrenal insufficiency. Cortisol deficiency can obscure insulinoma symptoms, emphasizing the need for a thorough and systematic diagnostic approach to recurrent hypoglycemia.

EP_A118

GROWTH RETARDATION THERAPY IN PATIENTS WITH MARFAN SYNDROME: A CASE REPORT AND LITERATURE REVIEW

https://doi.org/10.15605/jafes.040.S1.126

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INTRODUCTION/BACKGROUND
Marfan syndrome is an autosomal dominant disorder affecting connective tissues, with an incidence of 2-3 per 100,000 individuals. It involves mutations of the gene coding for fibrillin-1, and is characterized by ocular, cardiovascular, and skeletal manifestations. Excessive linear growth and tall stature are common features, which may lead to aortic dilatation, scoliosis, and social adjustment problems. Hence, height control treatment is considered in some patients.

CASE
We report the case of a 15-year-old male who was referred to the Endocrine clinic for possible growth-reductive therapy. His height was 198 cm (97th percentile) and his weight was 69.5 kg (50th percentile). He experienced rapid growth starting at age 7; however, he did not receive any treatment for height reduction. Physical examination revealed a high-arched palate, a systolic murmur at the mitral area, arachnodactyly, and mild upper thoracic scoliosis. An echocardiogram showed mild dilation of the left atrium and left ventricle, mild to moderate mitral regurgitation, and mitral valve prolapse. His aortic root was not dilated.

He maintains a normal social life, although he occasionally feels excluded due to limitations on physical activities resulting from loose ligaments. A review of available