

## Abstract

Hypoglycaemia is common among in patients with diabetes. In a seemingly well non diabetic individual, the main causes for hypoglycaemia are insulinoma, NIPHS, post gastric bypass surgeries, insulin autoimmune hypoglycaemia, factitious or surreptitious use of insulin/ secretagogue drugs etc. Here we present 65-year-old non diabetic male with non-Insulinoma Pancreatogenous Hypoglycemia Syndrome (NIPHS) characterized by endogenous hyperinsulinaemic hypoglycemia. Diagnosis was made by several biochemical tests and imaging modalities. Hypoglycaemia, high serum Insulin level and high C-peptide level with normal contrast-enhanced CT (CECT) and MRI abdomen and pelvis are seen in NIPHS. Selective arterial calcium stimulation test (SACST) into all arteries except gastroduodenal artery, showed more than 2-fold increase in insulin levels compactible with NIPHS. Patient was managed with dietary modifications and started on verapamil 40mg twice daily and diazoxide 100mg twice daily. Good response to the treatment seen with reduction of hypoglycaemic symptoms to level one. He was arranged regular follow-up at endocrine clinic.