Abstract

Insulinoma is a very rare neuroendocrine tumour arising from beta cells of pancreatic islets of Langerhans. It is a classic cause for pancreatogenic hyperinsulinism can present with vague and varied manifestations. Rarely neuroglycopenic symptoms predominate and can be misdiagnosed as a neuropsychiatric disorder or refractory epilepsy. We report a case of insulinoma presented with recurrent hypoglycemic attacks manifested as seizures, which were undiagnosed for 2 years.

32 years old female presented with hypoglycemic seizure attacks with predominant neuroglycopenic symptoms ongoing for 2 years. Diagnostic evaluation revealed fasting hypoglycemia, and high fasting insulin and C-Peptide level. CECT abdomen revealed poorly enhancing focal area in the pancreatic head region measuring 11 * 10 cm in size with peripheral calcifications. She underwent spleen preserving central pancreatectomy which was uncomplicated and pathological assessment revealed multifocal insulinoma without regional metastasis. Following 1 week of surgery the patient back with similar hypoglycemic symptoms and this time underwent Calcium arterial stimulation and hepatic venous sampling which localized an occult insulinoma which was not visible during radiological assessment. The repeat surgery was not entertained due to surgical morbidity and the patient was started on diazoxide therapy and relevant dietary modifications.

Diagnosis of occult insulinomas remain a clinical challenge. Selective arterial calcium stimulation and venous sampling is a reliable procedure for the positive diagnosis of insulinoma and worth to be considered prior to a surgical intervention.