



A case of recurrent hypoglycaemia

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Clinical—A 59-year-old female presented to diabetes clinic with a 1.5-year history of episodes of confusion and syncope with two random blood glucose measurements found to be <40 mg/dL (normal 70–99 mg/dL). A triple phase pancreatic protocol CT and abdominal MRI were negative.

Upper endoscopic ultrasound (EUS) was performed and a mass seen (Figure 1). Endoscopic fine needle biopsy obtained abnormal cells (Figure 2).

Figure 1. 7.5MHz Radial EUS image showing an 7mm hypoechoic lesion in the body of the pancreas (arrow)

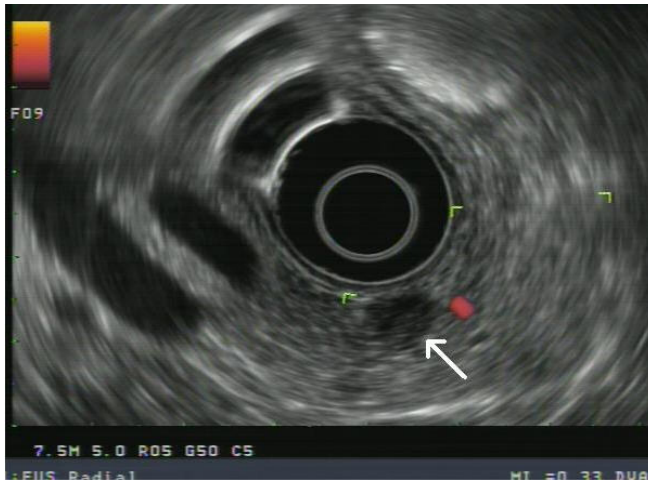
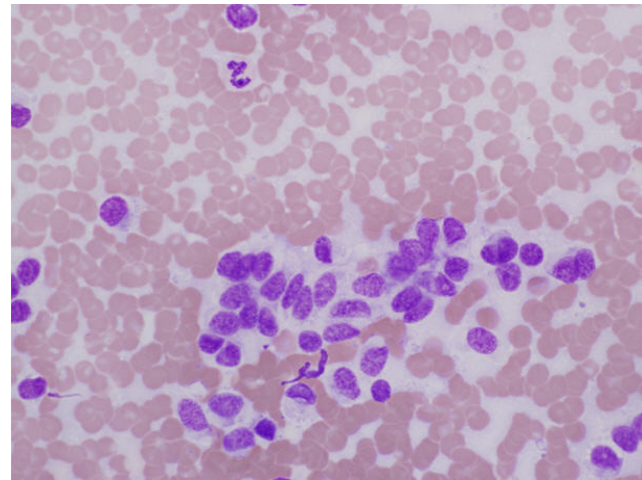


Figure 2. Cytologic specimen with a cluster of cells containing ovoid nuclei with a fine chromatin pattern (Romanovsky stain, ×600)



What is the diagnosis?

Answer—Insulinoma

Discussion—Insulinomas can be difficult to detect. Abdominal CT is considered the first line imaging study with sensitivity between 65–94%. MRI has a sensitivity of 85%. EUS is 82–94% sensitive for the detection of insulinomas.^{1–5} Compared to CT and MRI, EUS has a greater sensitivity for detecting tumours <3 cm.^{6,7} Insulinomas are often not seen on octreotide scans.⁸ This case serves to illustrate that if MRI and CT studies are negative but a high clinical suspicion persists, there is merit in performing EUS.

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