

中文題目：一位疑似胰島素瘤病患之診斷

英文題目：The diagnosis of a patient suspected insulinoma

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Abstract:

A 65-year-old woman without previous history of gastric bypass was brought to the Metabolism OPD due to psychotic change recently. Her family thought the symptom was hypoglycemia related, because hypoglycemia (GLU-AC: about 50 mg/dl) was noted by the health exam about two years ago. For these days, she had the episodic symptoms of sleepy and general weakness. Symptoms were relieved by intaking food. There were no fever, no cold sweating, no palpitation, and no herbs or unknown medication intake. Laboratory study revealed hypoglycemia with non-suppressible insulin/C-peptide level (GLU-AC: 55 mg/dl, insulin:13.3 uIU/ml, C-peptide:1.93 ng/ml). MRI of abdomen revealed no pancreatic tumor. Thus, arterial stimulated venous sampling (ASVS) was arranged to localize the pancreatic lesion. Fig.1 showed 2-fold increase of insulin level in three selected arteries, suggesting noninsulinoma hyperinsulinemic hypoglycemia. Although angiogram showed a suspicious small nodule in the pancreatic head, Endoscopic ultrasound (EUS) revealed no evidence of nodules over the pancreas. Islet cell hyperplasia (nesideoblastosis) was finally diagnosed. Supportive treatment without surgical intervention was provided for this patient, and there was no refractory hypoglycemia till now.

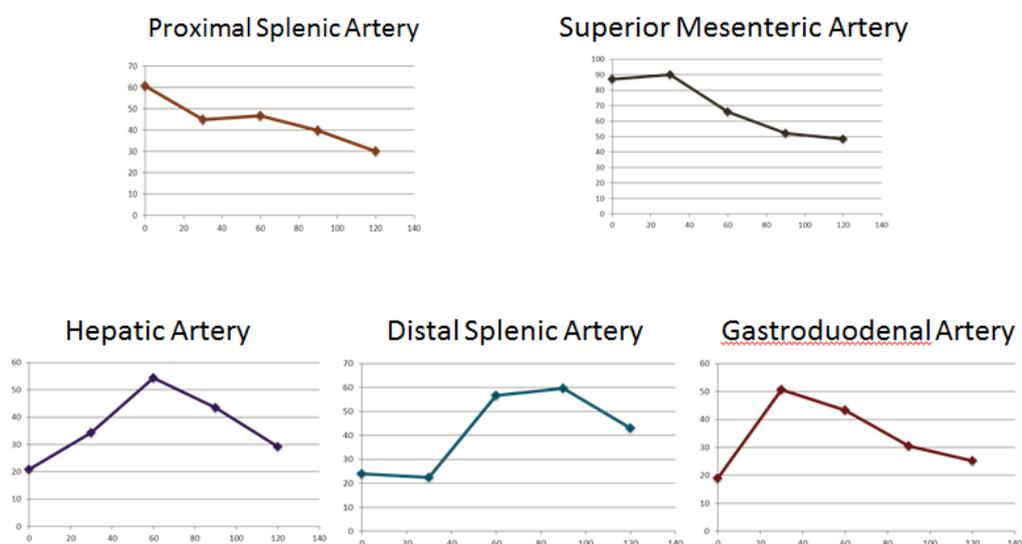


Fig. 1. Insulin level(uIU/ml) V.S. time(sec.)