

A case of Malignant Insulinoma with hepatic metastasis

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Background: Malignant insulinoma is very rare endocrine tumor with a variable clinical course. Here, a case of a malignant insulinoma with hepatic metastasis, and presented abruptly is reported.

Case: A 71-year-old man presented with mental change. He had dizziness and headache for more than 2 months. And he recently showed delirious features for several times. He had evaluated cerebrovascular diseases, the result was nonspecific finding. On the morning of the hospitalization day, he showed a change of consciousness. In laboratory test results, Glucose <40mg/dL, Insulin 64.4 uU/mL, C-peptide 15.83 ng/mL, Proinsulin 2269.0 pmol/L, Insulin Ab 4.9 %, Insulin receptor Ab (-). Abdomen pelvis CT showed pancreatic mass(4.06cm) with multiple retroperitoneal and mesenteric lymphadenopathies and hepatic metastases and peritoneal seeding. Chest CT showed well enhanced nodules 0.9 cm in the prevascular space and enhanced enhanced nodules 1 cm in the left anterior chest wall suspected of metastasis. In liver biopsy, we could see form trabeculae, cords, indicating hepatocellular carcinoma or metastatic neuro-endocrine cell tumor. Immunohistochemistry showed positive for markers of neuroendocrine differentiation including cytokeratin CD56, synaptophysin and chromogranin. Because of multiple metastasis of tumor, the insulinoma was considered nonresectable. Patient was treated with increasing doses of diazoxide (200 mg twice daily), dexamethasone (4 mg twice daily) and subcutaneous octreotide (300 mg thrice daily). Despite using multiple conventional medical therapies for glycemic control (diazoxide, octreotide, steroid) hypoglycemia persisted and required frequent admissions to receive intravenous dextrose infusion. Since his hopeless condition, He received supportive care, and was expired due to septic shock and multiple organ failure on hospitalization day 164.

Conclusion: The diagnosis was based on symptoms, radiological and pathological findings. In this case, because of multiple metastasis, surgery wasn't first choice. In conclusion, although the probability is not high, it would be important to suspect and evaluate insulinoma in patients with delirious mental status.

