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?
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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References: