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An interesting combined case of the insulinoma with primary hyperparathyroidism

Introduction: Insulinomas are rare. Most of them are small and measure less than 2 centimeters in diameter. Insulinomas also tend to affect women more than men. They most commonly develop in people who are between ages 40 and 60. It is also very seldom combined with other endocrine tumors.

Case Study: Case study begins with 17-year-old female patient with 1-2-year history of disease of GI-tract attended our clinic. She complained about weakness, abdominal pain and bloatedness with abdominal distension, especially before meal, sweating accompanied with syncope. All biochemical parameters were normal. It was performed MRI of abdomen and was revealed the giant tumor 3x4 cm of the pancreas. Than occurred hypoglycemia and due to this reason, she was consulted by endocrinologist. It was suspected the diagnose of the insulinoma. Other systemic as well GI-diseases were excluded. But due to the parathormone elevation was primary hyperparathyroidism verified. We performed laparoscopic enucleation of pancreatic insulinoma. All the above mentioned abdominal symptoms relived after the operation. Peristalsis returned after 12 hours. The patient took meal the next day after the operation without any pathological symptoms. The hypoglycemia was normalized. The patient was additionally operated due to the parathyroid glands.

Summary & Conclusions: Six months passed after the surgery and the patient tolerated this period well. Our case show that the main cause of above mentioned symptoms could be insulinoma combined with hyperparathyroidism. For this reason first it should be performed enucleation of the tumor.

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