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J Infect Dis Ther 2019, Volume 7
DOI: 10.4172/2332-0877-C2-063

Spectrum of non-diabetic hypoglycemia in a tertiary hospital-Nepal

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Introduction: Diagnosis of hypoglycemia in non-diabetics is challenging in most of the cases. The purpose of this study is to find the spectrum of etiology of hypoglycemia in non-diabetics in a tertiary hospital in a developing world with limited resources.

Materials and Methods: All patients admitted since June 2014 to June 2018 in the TUTH, Kathmandu for the evaluation of hypoglycemia were included in the study. Patients with diabetes and related hypoglycemia, bowel surgeries, sepsis, starvation and organ failure in whom the cause of hypoglycemia was obvious were excluded from the study. In remaining 21 cases proper history was taken and appropriate laboratory investigations were done.

Results: In 21 non-diabetic hypoglycemic patients, insulin autoantibody was positive in five, adrenal insufficiency in five, reactive hypoglycemia in four, insulinoma in four, drug induced excluding OHAs in two (hydroxychloroquine and ciprofloxacin) and Doege-Potter Syndrome in one case. Six had autoimmune disease (Grave's disease in four, SLE in one and RA in one case). Five cases were insulin autoantibody positive (except one with RA). Three out of five cases of adrenal insufficiency had Sheehan's syndrome. All four patients with reactive hypoglycemia were male presented for their concern about road traffic accident. Among cases of insulinoma one was female who also had associated primary hyperparathyroidism possibly MEN 1 syndrome.

Conclusion: Insulin autoantibody related followed by Sheehan's syndrome remains the commonest cause of hypoglycemia in female while reactive hypoglycemia is the commonest in male.

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