



1/10/23 Morning Report with @CPSolvers



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<p>CC: Dizziness and palpitations</p> <p>HPI: 44-year-old lady with dizziness and palpitations. Tremor and palpitations, episodic one year ago, increased in frequency to multiple times at day. Associated with malaise, sweating. Sometimes associated with confusion and lack of consciousness. Alleviated by eating.</p> <p>- Hospitalization in the past for similar symptoms. Found to have low sugar levels at that time. Sx improved slightly for some times, then worsened again.</p>	<p>Vitals: wnl BMI:32</p> <p>Exam:</p> <p>Gen: comfortable and well</p> <p>CV: NL</p> <p>Neuro: NL</p>	<p>Problem Representation: 44y-old woman w/ dizziness and palpitations. Similar symptoms one year ago. Associated w/ malaise and sweating.</p>
<p>PMH: Anxiety, Seizure disorder w/ none medication</p> <p>Meds: -</p>	<p>Notable Labs & Imaging:</p> <p>Serum Glucose: 37</p> <p>C-Peptide: 4.4, concurrent insulin: 10, both high-normal</p> <p>Chemistry: Cr: 0.6, LFTs: wnl</p> <p>Glucose recurrently dropped below 50 (w/ symptoms) until dextrose infusion was increased to D10 at 100cc/hr.</p> <p>Imaging:</p> <p>CT abdomen: 1.4 cm enhancing lesion in the pancreatic tail</p> <p>Final Dx: Insulinoma</p>	<p>Teaching Points (Yaz):</p> <ul style="list-style-type: none"> - In a female px. Consider endocrinologic etiology (insulinoma, pheochromocytoma or thyroid) To ddx determine the onset and the duration of symptomatology. - Determine primary cardiac vs. sympathetic drive in a patient with palpitations. Look for accompanying symptoms. <ul style="list-style-type: none"> - Mimics of palpitations: esophageal spasm, GERD, intercostal muscle twitching <p>Approach to hypoglycemia → Unintended effect in insulin tx (most common)</p> <ul style="list-style-type: none"> - Fasting hypoglycemia due to excess insulin Meds or Alcohol? <ul style="list-style-type: none"> - When insulin is self injected: labs will show high plasma insulin + low c-peptide levels during hypoglycemic episode. - Postprandial: due to enzymatic dx, autoimmune dz that can affect insulin secretion - Other dx: Liver dx, Adrenal insufficiency, hypopituitarism. - Hyperinsulinemic states: glucagon, catecholamine deficiency and insulinoma - Artifactual: Hypoglycemia due to CONSUMPTION → leukemia erythrocytosis and hemolytic disease <p>Whipple triad suggests issues with insulin → Where does it come from? Determine levels of C-Peptide and Insulin</p> <p>NOTE: Be careful with anchoring biases when treating a female px and px with mental health dx.</p> <p>Insulinoma features</p> <p>↑ C-peptide and ↑ proinsulin levels, hyperinsulinism</p> <p>Elevated C-peptide and proinsulin levels may also be the result of sulfonylurea use! This can be ruled out by screening serum samples for sulfonylureas.</p> <p>Determine if there are MEN1 features: Parathyroid, Pituitary and Pancreas</p> <p>Weight gain? This patients have a high anabolic state therefore they eat more</p>