

Insulinoma Presenting as Agitation and Unusual Aggressive Behavior: A Case Report

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OBJECTIVES

To present a case of insulinoma initially presenting as agitation and unusual aggressive behavior with episodes of loss of consciousness and associated hypoglycemia.

DESIGN/METHODS

We describe the clinical presentation and course, laboratory and diagnostic findings, and management of a patient with insulinoma presenting as agitation and unusual aggressive behavior with episodes of loss of consciousness and associated hypoglycemia.

RESULTS

This is a case report of a 52 year old male, hypertensive, non-diabetic who initially presented with agitation and unusual aggressive behavior with episodes of loss of consciousness and associated hypoglycemia and hyperinsulinism. Upper gastrointestinal endoscopic ultrasound revealed unremarkable endosonography of the pancreas while octreotide scintigraphy showed octreotide-avid lesion in the area of the tail of the pancreas suspicious for a neuroendocrine tumor. Selective arterial calcium gluconate stimulation test and hepatic venous sampling was done with note of 2-fold and 4-fold elevation of hepatic vein insulin levels in the 30 second and 60 second samples respectively following calcium injection in the splenic artery supporting that possible localization of insulinoma in the pancreatic body and tail. The patient underwent distal pancreatectomy which significantly improved insulin levels post-operatively with resolution of hypoglycemia and no recurrence of agitation, aggressive behavior, and loss of consciousness.

CONCLUSION

An insulinoma is a rare neuroendocrine tumor, which may have delayed diagnosis due to varied symptomatology. Apart from hyperinsulinemic hypoglycemia, this condition may also present with neurological symptoms as well as behavioral changes as seen in this particular case, which can be corrected with proper diagnosis and management.