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An Unusual Presentation of Wermer's Syndrome: A Case Report

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Wermer's syndrome (WS) or Multiple endocrine neoplasia type 1 (MEN-1) is a rare condition with an incidence of 1 in 30,000. It is commonly familial but sporadic forms may occur rarely. The syndrome is diagnosed by the presence of overproduction of hormones that involve either the parathyroid, pituitary and gastroenteropancreatic (GEP) tract. The parathyroid gland is the main endocrine organ that is involved in approximately 90% of patients with insulinoma accounting for only 10%. We report a case of a 59 year-old male who presented with a five month history of recurrent hypoglycemia and weight gain. The patient presented with Whipple's triad and underwent a 72-hour fasting protocol which revealed high insulin and C-peptide levels. Computed tomography (CT) scan of the abdomen revealed a mass in the tail of the pancreas. Patient underwent distal pancreatectomy and histopathology confirmed insulinoma. Postoperatively, there was resolution of hypoglycaemia. Insulinoma can occur sporadically or as a part of MEN-1 in 6 to 8%. Work up for MEN-1 revealed asymptomatic hyperparathyroidism and the patient will undergo yearly screening for signs of hypercalcemia. Screening for WS among the patient's first degree relatives, to rule out a familial type of this disease, was unremarkable. Hence, this is a sporadic form of WS. The patient upon follow-up had no more recurrence of hypoglycemia and had significant weight loss. It is important that when we are presented with a single endocrine problem, we should work up for a larger entity as missed diagnosis can have serious clinical implications.