Insulinoma May Present as Epilepsy: A Case Report

İnsulinoma, Epilepsi Kliniği ile Presente Olabilir: Bir Vaka Raporu

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Özet

Anahtar Kelimeler
Insulinoma; Hipoglisemi; Epilepsi

Abstract
Hypoglycemia developing linked to insulinoma may present with clinical findings similar to epileptic seizures and electroencephalography findings may be in accordance with epilepsy. As a result some insulinoma patients are followed as epilepsy resistant to treatment for years. Our case was a 20-year old female patient and was followed for epilepsy. The blood tests indicated hypoglycemia and the result of examination, the patient diagnosis was insulinoma. We present this case with the aim of emphasizing the importance of not forgetting insulinoma as an etiology in epilepsy resistant to treatment.

Keywords
Insulinoma; Hypoglycemia; Epilepsy
Introduction
Insulinoma is generally benign and originates in the pancreatic beta-islet cells. The annual incidence of this frequently-seen pancreatic endocrine tumor is calculated at 0.12-0.4/100,000 [1]. The symptoms of the disease may be multivariate: neuro-psychiatric, cardiovascular, and gastrointestinal. Due to the variety of these symptoms and because some initial findings may be mild, diagnosis may be difficult [2]. Central nervous system findings are common in insulinoma and may occur as confusion, agitation, loss of consciousness, transient ischemic attack, psychosis, and epilepsy [1]. Patients with insulinoma may have epileptic seizures during hypoglycemic periods. These patients do not have partial epilepsy in fact but may be misdiagnosed due to clinical characteristics and typical electroencephalography (EEG) abnormalities [2]. As these patients do not have epilepsy in fact, they may be monitored for years for medication-resistant epilepsy [1].
We present this case because of having insulinoma who had been following as epilepsy resistant to antiepileptic treatment for years.

Case Report
A 20-year-old female patient applied to our clinic with a complaint of unresolved epileptic seizures in spite of anti-epileptic treatment. The patient’s complaints began 2 years before with loss of consciousness. After this initial loss of consciousness, her complaints continued in the form of seizure attacks. During these attacks, the patient had disordered consciousness, nonsense gaze, slipping of the eyes, and contractions of the extremities. These episodes generally lasted in 10 minutes and occurred 1 or 2 days per month, and could be repeated several times in the same day. One year after the onset of complaints she received a diagnosis of epilepsy. For 1 year, she used 600 mg/day carbamazepine; however, her complaints continued without change and the patient applied to our clinic due to continued seizures. Brain magnetic resonance imaging (MRI) was normal. EEG showed sharp waves, more obvious especially in the left temporal and parietal regions (Fig. 1). This sharp wave activity frequently spread to all areas of both hemispheres (Fig. 2). Routine blood tests were normal. Due to these frequent seizures, the carbamazepine dose was raised to 800 mg/day. On follow-up fifteen days later, the seizures had continued with the same frequency. Blood testing found a fasting blood glucose level of 28 mg/dl. Testing repeated one day later found a fast-

Discussion
We report an insulinoma case with continued seizures although she had been using anti-epileptic treatment for years. The patient was diagnosed as insulinoma 2 years after onset of clinical symptoms of epileptic seizures. Correct diagnosis of insulinoma may be delayed by 1 to 30 years [1], and there are several reasons for this delay. The main reason is the low incidence of insulinoma and as a result the possibility of it may not be thought of during the differential diagnosis. Second, some symptoms of insulinoma, such as confusion, personality changes, seizures, and movement disorders are nonspecific findings in many neurological and psychiatric diseases. Lastly, as insulin release is pulsatile, fasting blood glucose levels may be within normal limits [3].

Figure 1. Sharp waves, more obvious especially in the left temporal and parietal regions

Figure 2. Sharp waves, spread to all areas of both hemispheres
Competing interests
The authors declare that they have no competing interests.

References

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