

INSULINOMA PRESENTING ITSELF AS A NIGHT PAROXYSMAL DISORDER WITH SPONTANEOUS RECOVERY

BOLESNIK SA INZULINOMOM KOJI SE PREZENTIRAO
KAO PAROKSIZMALNI NOĆNI POREMEĆAJ SA SPONTANIM OPORAVKOM

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Descriptors: insulinoma; polysomnography; night paroxysmal movement disorder

Summary. A 64-year-old woman with night paroxysmal episodes is described. Her symptoms began 9 months ago with attacks of bizarre movement, which were always present in the second part of the night. She had no attacks during the daytime. Her husband reported confusion and disorientation followed by long periods of unresponsiveness. The patient underwent a night polysomnography recording. Around 4 o'clock in the morning bizarre movements with stereotypic behaviour appeared. She was rolling her head from side to side, moaning, and stretching her limbs. These periods first lasted for minutes, and were constantly repeated during the night. EEG findings suggested metabolic encephalopathy. At that time finger prick test revealed a profound hypoglycaemia (1.2 mmol/l), high insulin (200 pmol/l), and C-peptide (6.63 nmol/l). Ultrasonography and MRI confirmed the insulinoma in the head of the pancreas. To our knowledge our case is the first patient with insulinoma attacks only during sleep time.

Deskriptori: inzulinom, polisomnografija, poremećaj paroksizmalnih pokreta noću

Sažetak. U radu je opisana 64-godišnja žena s epizodama paroksizama tijekom noći. Simptomi su započeli prije 9 mjeseci s atakama bizarnih pokreta, koje su se uvijek javljale u drugom dijelu noći. tijekom dana nije imala atake. Njezin suprug navodi da je bila konfuzna i dezorijentirana, nakon čega je slijedilo duže razdoblje nereagiranja. Pacijentici je učinjena noćna polisomnografija. Oko 4 sata ujutro pojavili su se bizarni pokreti uz stereotipno ponašanje. Vrtjela je glavom s jedne na drugu stranu, stenjala i istezala udove. Ovo je isprva trajalo nekoliko minuta, a tijekom noći stalno se ponavljalo. EEG nalaz je upućivao na metaboličku encefalopatiju. U to je vrijeme u krvi iz prsta nađena izrazita hipoglikemija (1,2 mmol/l), visok inzulin (200 mmol/l) i C-peptid (6,63 μmol/l). Ultrasonografija i MEI potvrdile su inzulinom u glavi pankreasa. Prema našim saznanjima ovo je prvi slučaj ataka inzulinom tijekom spavanja.

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Case report

A 64-year-old woman was referred for polysomnography to get a diagnosis of night paroxysmal episodes. She had a hypernephroma of the right kidney with nephrectomy performed a year ago and was treated for hyperlipidemia and hypertension. Her symptoms began 9 months ago with attacks of bizarre movement, which were always present in the second part of the night. She had no attacks during the daytime. Her husband reported confusion and disorientation followed by long periods of unresponsiveness (1–2 hours). Twice during the attack she fell from bed and sustained light injuries. Neurological, general examination and daytime EEG were normal. MRI brain scan demonstrated a few small ischemic lesions in periventricular regions on both sides. During the last 9 months a psychiatrist and a neurologist diagnosed her with parasomnia? late onset epilepsy? Diazepam in the evenings was prescribed by the psychiatrist.

The patient underwent a polysomnography recording. In the first part of the night her sleep was normal. Some obstructive apnoeas (AHI = 8) were found. Around 4 o'clock in the morning bizarre movements with stereotypic behaviour appeared. She was rolling her head from side to side, moaning, and stretching her limbs. Tonic or clonic components were absent. No dystonic postures were observed. These periods first lasted for minutes, and were constantly repeated. During these attacks she was intermittently confused and disoriented. After 6 o'clock she became cold, sweaty and confused. EEG showed bilateral slow theta and delta activity, accentuated in the centro-temporal regions bi-

laterally. There was no epileptiform activity. EEG findings suggested metabolic encephalopathy. At that time finger prick test revealed a profound hypoglycaemia (1.2 mmol/l). High insulin (200 pmol/l) and C-peptide (6.63 nmol/l) secretion were found. After administration of sweet tea and 5% glucose infusion she became oriented and well. Polysomnography showed wake state with alpha activity. The patient was transferred to the Endocrine Unit. Ultrasonography of abdomen was negative, while on the endoscopic ultrasonography hypoechogenic lesion- insulinoma- (2.9×1.5 cm) was found in the head of the pancreas. MRI (T2 FAT SAT) confirmed hyper intensive round formation (2.2×1.8 cm) in the head of the pancreas. While waiting for surgery the patient was given a late dinner and a small snack during the night and was completely free of night attacks. Two months later surgery of the pancreas was performed, but insulinoma was not found. Currently she is under endocrine and neurological observation as an outpatient and is practicing the same eating regime. Measurements of glucose are in normal range. She has been completely free of above mentioned nighttime events for a year.

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Conclusion

Insulinoma is pancreatic endocrine tumour characterized by hyperinsulinemic hypoglycaemia, which can mimic various neurological pictures (acute disorder of cognition, consciousness, epilepsy, transient ischaemia, psychosis or chronic disorders of dementia and neuropathy).¹⁻⁴ To our knowledge our case is the first patient with insulinoma attacks only during sleep time. Therefore we suggest, that when bizarre paroxysmal movement is present only during nighttime, metabolic disorders are considered in the differential diagnosis.

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