

DIAGNOSIS AND CONTEMPORARY TREATMENT OF PANCREATIC INSULINOMA

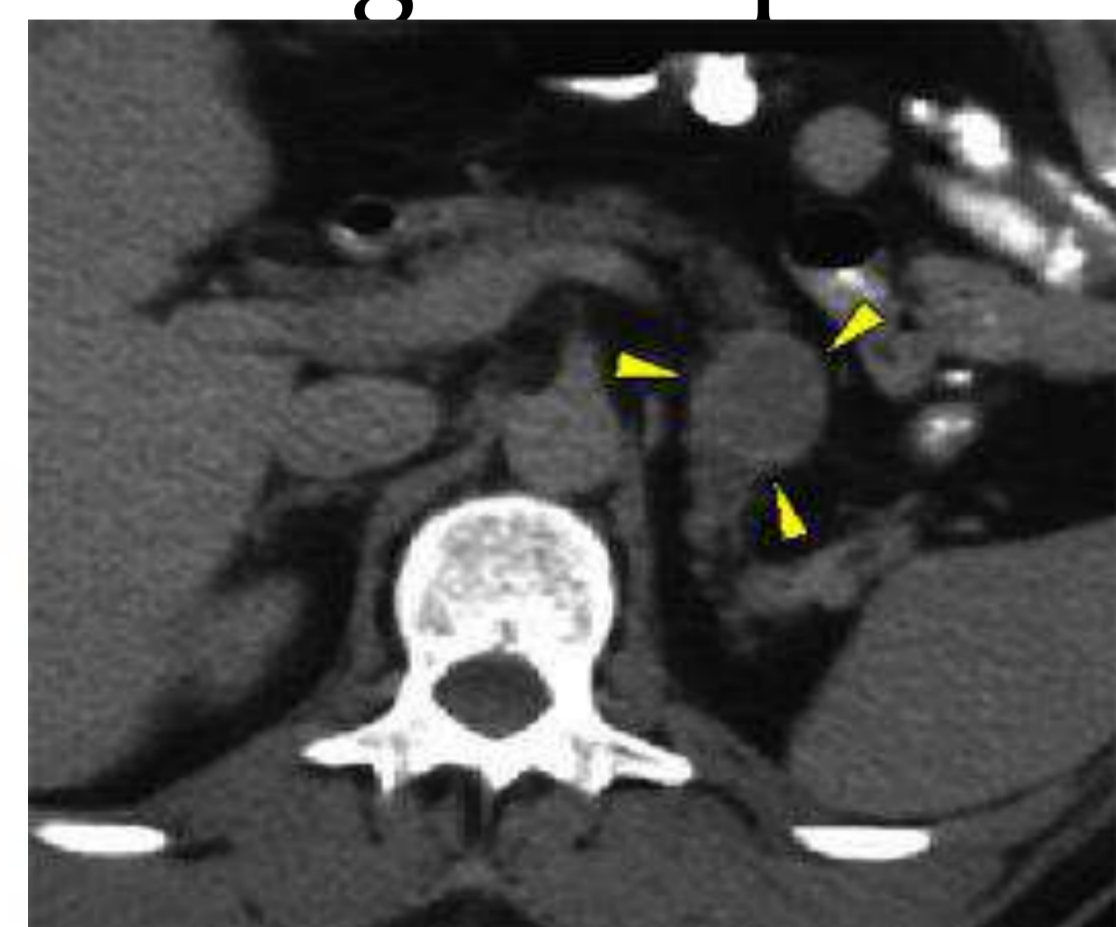
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Introduction. Insulinomas are rare neuroendocrine tumors developed from pancreatic islet β -cells and is a common cause of hypoglycemia due to endogenous hyperinsulinism. Medical topographic imagistic diagnosis is difficult to achieve due to the small tumor size.

Keywords: Pancreatic insulinoma, diagnosis, treatment.

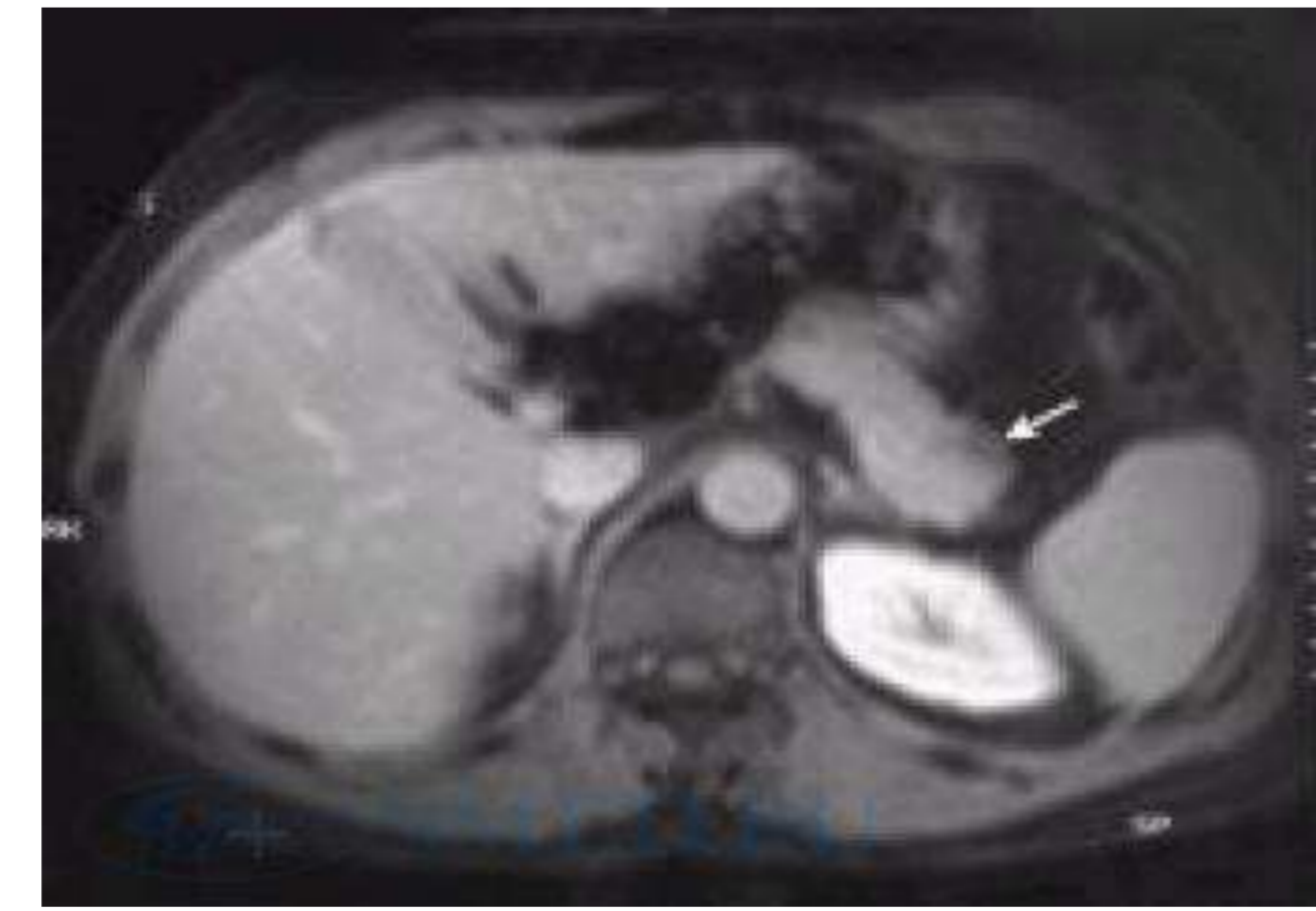
Purpose. Evaluation of modern diagnostic and curative strategies in pancreatic insulinoma.



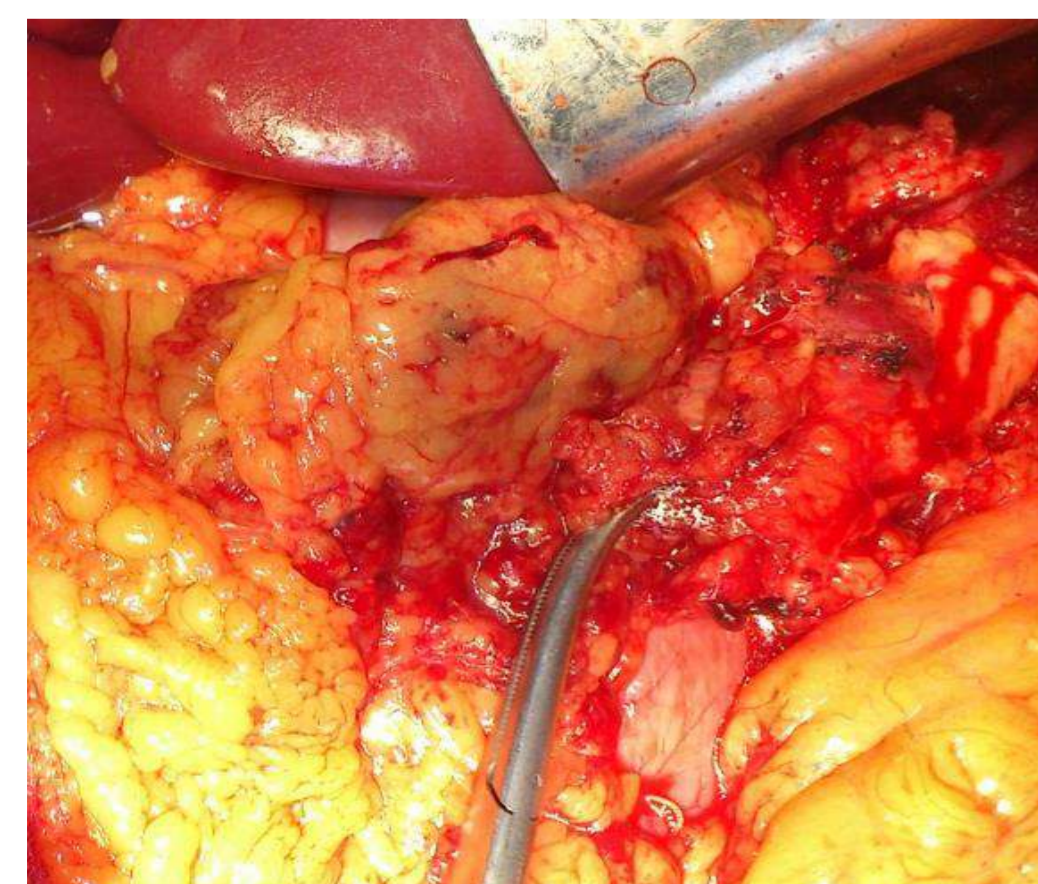
CT. Insulinoma.



CT in angiographic regime. Insulinoma.



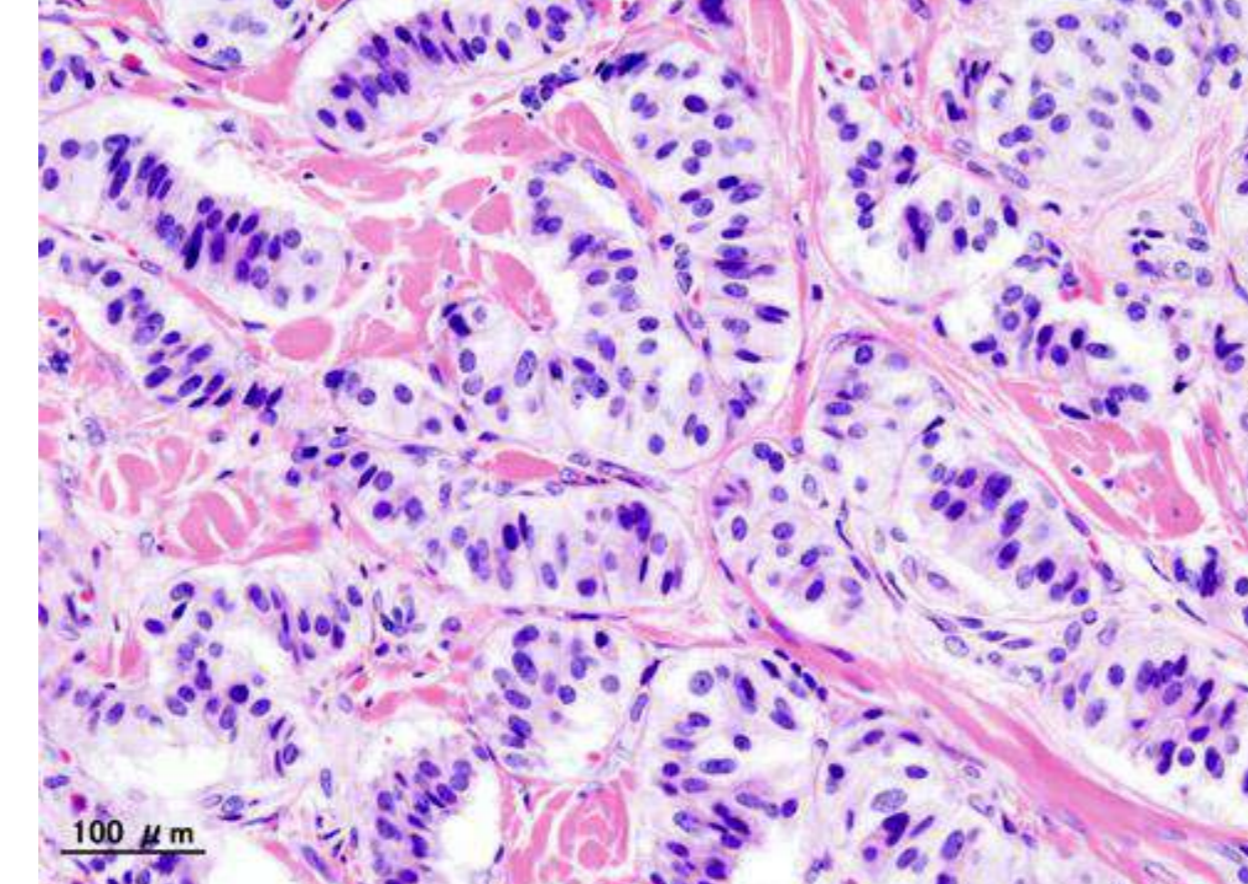
MRI. Insulinoma.



Distal pancreatectomy



Pancreatic tissue removed



HE. Pancreatic insulinoma.

Material and methods. The study presents the results of surgical treatment applied to 14 patients with pancreatic insulinoma (including a case of recurrent insulinoma over 8 years) during the years 1993-2019, within the Department of Surgery No.2. Diagnostic management included clinical, laboratory examination (assessment of serum insulin, glucagon, C-peptide), ultrasound, CT, MRI.

Results. Neuropsychic symptoms (cases) -12 (85.8%), adrenergic-10 (71.4%), digestive-7 (50.0%), Cushingoid syndrome-2 (14.3%). Glycemic level during hypoglycemic and convulsive seizures: 2.1-3.1mmol / l, after administration of glucose 40% -3.6-5.5mmol / l, mean value of insulin-32.17 μ U / Ml, peptide C-4 , 55ng / ml; sensitivity of the methods: ultrasound-32.3%, CT-50.0%, CT in angiographic regime-92.5%, MRI-90.0%. Surgery performed: tumor enucleation-5 (41.7%), corporo-caudal pancreatectomy-9 (64.3%). Postoperative mortality- 0.

Conclusions. Contemporary preoperative and intraoperative imagistic methods allow the localization and excision of insulinoma, avoiding blind pancreatic resections. Early surgery prevents the sequelae of hypoglycemic encephalopathy.