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Tissue Is the Issue—A Case of Malignant Insulinoma

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Insulinomas are rare, functioning pancreatic neuroendocrine tumors, that are predominantly benign (90%). Most are sporadic, but they can occur as a part of inherited disorders. Large size insulinomas are more likely to be malignant. A ⁶⁸Gallium (Ga)-DOTATATE scan is an essential tool in diagnosis and treatment of pancreatic neuroendocrine tumors. However, tissue diagnosis is the ultimate prognostic predictor and treatment guide. Metastatic insulinomas carry a significant morbidity and mortality risk. Surgical resection to decrease tumor burden can reduce the risk of hypoglycemia. Histopathology is essential in treatment decision making. Surprisingly our patient's pathology revealed poorly differentiated neuroendocrine carcinoma, changing the prognosis and treatment. Treatment with platinum-based chemotherapy and etoposide is the standard of care for aggressive neuroendocrine neoplasms. Despite hypoglycemia resolution following surgery and good DOTATATE uptake by the well differentiated neuroendocrine tumor portion, our patient's prognosis remained poor in view of the high-grade carcinoma. Due to a complicated hospital course, and decreased functional status, our patient was not a candidate for chemotherapy immediately post hospital discharge.