fibrous tumor, particularly those arising from the pleura or lungs. This phenomenon, also known as Doege–Potter syndrome, may precede tumor detection or signal tumor recurrence. We report a striking case of late malignant recurrence presenting solely with hypoglycemia after a decade of remission.

### CASE

A 68-year-old female was initially presented in 2016 with respiratory symptoms and recurrent symptomatic fasting and post-prandial hypoglycemia, and was found to have a large left upper lobe mass. Tumor resection in 2017 resulted in complete resolution of hypoglycemia. She remained asymptomatic for several years. In 2023, she developed recurrent hypoglycemia without respiratory or constitutional symptoms. Biochemical evaluation demonstrated hypoinsulinemic hypoglycemia with suppressed insulin and C-peptide, low IGF-1, and markedly elevated IGF-2, resulting in an IGF-2:IGF-1 ratio of 25, consistent with IGF-2-mediated NICTH. Computed tomography imaging revealed a large left thoracic mass with invasion into the intercostal muscles and diaphragm with extension toward the stomach, associated with contralateral lung nodules and possible liver metastases, suggesting recurrent malignant disease. Hypoglycemia improved with glucocorticoid therapy, and the patient was referred for oncological assessment. Despite initiation of systemic chemotherapy, her disease progressed and she succumbed during treatment.

### CONCLUSION

This case highlights several important lessons: Firstly, recurrent hypoinsulinemic hypoglycemia warrants evaluation for NICTH even in the absence of tumor-related symptoms. Secondly, solitary fibrous tumors may recur or undergo malignant transformation after prolonged disease-free intervals; and glucocorticoids provide effective metabolic control but do not alter oncologic prognosis. Long-term surveillance should be considered in patients with prior solitary fibrous tumors due to the risk of delayed recurrence and paraneoplastic complications.

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# MATERNAL HYPOGLYCEMIA WITH LARGE UTERINE FIBROID AND PARADOXICAL FETAL OVERGROWTH: PLAUSIBLE MECHANISMS

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### INTRODUCTION

Uterine fibroids are common in reproductive-age women and are associated with obstetric complications. Their potential contribution to maternal metabolic disturbances is poorly described. We report a case of maternal hypoglycemia in the setting of a large uterine fibroid and fetal overgrowth, suggesting a possible endocrine–metabolic interaction.

### CASE

A 39-year-old multiparous female with no history of diabetes or endocrine disease had a large lower-segment uterine fibroid measuring 8 × 10 cm. Pregnancy was otherwise uncomplicated until 39 weeks, when she underwent classical Caesarean section for transverse lie and delivered a large-for-gestational-age infant.

Postpartum, she developed recurrent symptomatic hypoglycemia despite normal hemoglobin A1c (5.0%) and preserved thyroid and adrenal function. There was no evidence of sepsis, liver disease, medication exposure, or insulinoma. Hypoglycemia resolved spontaneously following delivery. Postnatal imaging showed persistence of the fibroid (6 × 9 cm). She remains under follow-up, considering interval laparoscopic myomectomy with bilateral tubal ligation.

The coexistence of maternal hypoglycemia and fetal overgrowth raises the possibility of altered maternal–fetal glucose dynamics. Large mesenchymal tumors may produce insulin-like growth factor 2 (IGF-2), causing non–islet cell tumor hypoglycemia. Fibroid-related uteroplacental hemodynamic changes or increased fetal glucose demand may also contribute. While causality cannot be established, the temporal resolution post-delivery suggests a contributory role of the fibroid in metabolic disturbance.

### CONCLUSION

This case highlights a rare but clinically relevant association between a large uterine fibroid, maternal hypoglycemia, and fetal overgrowth. In pregnant patients with unexplained hypoglycemia, uterine fibroids may represent an overlooked factor. Multidisciplinary follow-up and further research into IGF signaling and placental–tumor interactions are warranted.