CASE

We report a 51-year-old male with acromegaly due to a GH-secreting pituitary macroadenoma with parasellar extension, diagnosed in 2014. As primary surgical therapy was not recommended, he received medical therapy, initially with monthly lanreotide depot injections and subsequently switched to pasireotide LAR for 7 years. Following tumor size reduction with medical therapy, he underwent trans-sphenoidal surgery followed by stereotactic radiotherapy for residual tumor. Despite multimodal intervention, growth hormone and insulin-like growth factor 1 levels were persistently mildly elevated and required combination medical therapy along with multiple hormone replacement therapies with thyroxine, hydrocortisone, and testosterone for panhypopituitarism. Both hypertension and diabetes were well controlled on treatment.

In December 2025, he presented with sudden, severe central chest pain and rapidly progressive left lower limb weakness. Imaging studies with computed tomography aortography and lower limb angiogram detected an Extensive Type A Aortic Dissection with entry point proximal to the origin of the coronary arteries, extending to the right common carotid, internal and external carotid arteries, and distally into the left common iliac, proximal internal and external iliac arteries, which were completely thrombosed.

He underwent emergency aortic dissection repair with hemi-aortic arch replacement of the ascending aorta and repair of perforated right coronary sinus wall, with two vessel CABG and lower limb femoral-femoral bypass. Postoperatively, he required prolonged ventilation and intensive care unit care due to multiple complications: pericardial and pleural effusions, repeated left lower limb thrombosis requiring left popliteal embolectomy, and embolic stroke of the right internal carotid artery and posterior cerebral artery with subsequent hemorrhagic transformation. He continued to recover well with intensive physiotherapy and acupuncture and is now able to ambulate independently.

CONCLUSION

Cardiovascular surveillance with regular echocardiogram and specific monitoring for aortic dilatation is important in uncontrolled acromegaly. Consideration for surgical intervention in selected cases may be necessary to prevent acute dissection.

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INSULINOMA IN PREGNANCY PRESENTING WITH RECURRENT HYPOGLYCEMIA: DIAGNOSTIC CHALLENGES, MULTIDISCIPLINARY MANAGEMENT, AND THERAPEUTIC DILEMMAS

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INTRODUCTION

Insulinoma during pregnancy is exceedingly rare, with fewer than 30 cases reported worldwide. Diagnosis is often delayed due to overlapping physiological and gestational symptoms, posing significant risks to both mother and fetus.

CASE

We report a case of a 36-year-old G4P2 + 1 female presenting at 7 weeks' gestation with recurrent symptomatic hypoglycemia initially suspected due to poor oral intake. She returned at 12 weeks with persistent neuroglycopenic symptoms and weight loss. Biochemical evaluation demonstrated inappropriately non-suppressed insulin and C-peptide levels during hypoglycemia, raising suspicion for endogenous hyperinsulinemia. Imaging with magnetic resonance imaging identified a 2.3 × 2.5 cm pancreatic lesion consistent with insulinoma.

A multidisciplinary team (MDT) approach involving Internal Medicine, Endocrinology, Obstetrics and Gynecology (Maternal-Fetal Medicine), Hepatobiliary Surgery, and Radiology guided management. Due to concerns regarding surgical and ablative risks during pregnancy, medical therapy with octreotide was initiated, achieving partial glycemic control. The pregnancy was complicated by fetal growth restriction, necessitating delivery at 34 weeks.

Postpartum, the patient underwent endoscopic ultrasound-guided radiofrequency ablation (EUS-RFA), requiring two sessions before achieving glycemic stabilization.

CONCLUSION

This case highlights the diagnostic challenges of insulinoma in pregnancy and underscores the importance of MDT-guided individualized management. It also illustrates the limitations of EUS-RFA and medical therapy, particularly in larger tumors, and raises important considerations regarding fetal outcomes.