



**Journal of Hospital Pharmacy**  
**An Official Publication of Bureau for Health & Education Status Upliftment**  
(Constitutionally Entitled as Health-Education, Bureau)

**Anaesthetic management of a patient with insulinoma posted for exploratory laparotomy- a case report**

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### **Introduction-**

Insulinomas are neuroendocrine tumours of beta islet cells of the pancreas.

They are the most common endocrine tumour of pancreas, yet are extremely rare with occurrence of 1-4 cases per million in general population<sup>(1)</sup>. This tumour causes a hypersecretion of insulin and its resultant episodic effects include confusion, loss of consciousness, seizures, behavioural changes, palpitations, diaphoresis and tremor. The diagnosis of insulinoma depends on satisfying the clinical criteria of Whipple's triad and measurement of plasma glucose, insulin, C-peptide, and proinsulin during a 72-h fast<sup>(2)</sup>. Localization of a suspected insulinoma, including transabdominal ultrasonography, CT and/or MRI; endoscopic ultrasound has the highest sensitivity. Treatment options include surgery, diazoxide or octreotide for hypoglycaemia, chemotherapy. 90% of insulinomas can be removed surgically, usually by enucleation or subtotal pancreatectomy<sup>(3)</sup>.

Anaesthetic management is centered around optimum management of blood sugar in the peri-operative period and avoid sympathetic fluctuations.

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Website: <a href="http://www.journalofhospitalpharmacy.in">http://www.journalofhospitalpharmacy.in</a>	
Received on 27/04/2022	
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