HYSTERIA OR HYPOGLYCAEMIA
(A case Report of Insulinoma)

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SUMMARY

A case of Insulinoma is presented here because of the uncommon and peculiar clinical manifestation in the form of fits of unconsciousness with bizarre movements of limbs, which were considered to be due to Conversion Reaction and treated as such for a period of two years without any success. She recovered and was relieved of symptoms after surgery.

Functioning tumours of pancreas producing hypoglycaemia, despite the infrequency with which these tumours are encountered, have been the subject of extensive investigations and discussion in medical literature. Clinically these tumours manifest variable symptomatology, but production of symptoms by fasting, relief of the same by glucose intake and low blood sugar (Whipple's Triad) is a constant feature. The case presented here is of interest to psychiatrists from the point of view of symptoms—fits of unconsciousness with abnormal movements, for which she had a long history of psychiatric treatment and the treating physicians were obviously baffled by her manifestations.

Case History: Mrs. A. K. 24 years Hindu female, attended the psychiatry, O. P. D. of J. L. N. Hospital, Ajmer on 15-3-79 for treatment of fits of unconsciousness along with abnormal movements which used to occur daily in the early hours of morning, usually between 2 a.m. and 4 a.m. She was brought by her husband (having got married only one month back) who was obviously perturbed by her affliction. He produced various treatment prescriptions which showed that she had been treated as a case of conversion reaction or dissociative reaction at various centres for over 2 years. She was admitted in the ward.

In the history taking it was revealed that the fits of unconsciousness started three years ago. Initially frequency was once in a fortnight, then once a week and then 2-3 times in a week. For the last two years the abnormal movements in all the four limbs had started and for the last six months the frequency of fits had increased to almost daily. There were no prodromal symptoms and no hyperventilation. Daily in the morning between 2 a.m. to 4 a.m. she would become unconscious and develop bizarre movements of all the four limbs and face or at times tonic and clonic convulsions. Pupillary reaction to light and all other reflexes were normal. Fits occurred during the day time if she missed her lunch. The abnormal movements used to last for about 2-4 hours if not treated by I. V. Glucose. Her sensorium would be immediately all clear and there would be no postictal confusion of any sort.

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Before the onset of these fits she was of normal temperament, outgoing and friendly, but of late she had become irritable and short-tempered.

Lab. Investigations: Haemogram, L.F.T. and Urine analysis, E.C.G., fundus and X-Ray Skull were all normal. A routine fasting blood sugar was 44 mg%. Over night fasting repeat test revealed a level of 26.6 mg% and G.T.T. was suggestive of hypoglycaemia.

The diagnosis of insulinoma was suggested by low blood glucose levels and termination of fits by I. V. Glucose. She was referred to the surgeon and was admitted in surgical ward on 1-5-79. She was operated on 10-5-79. A tumour of 2.5 cm × 2 cm was found in the tail of pancreas. It was removed and sent for histopathological examination, which confirmed the diagnosis of B-cell adenoma.

Postoperative period was uneventful except high blood glucose levels and glycosuria for 5 days. She became free from fits and remained so up to a follow up of 3 months.

COMMENT

Pancreatic tumours may manifest variable symptoms, initially be present as neurological or psychiatric illness (Camperlengo, 1961) as in the present case. Incidence of convulsions in Miller’s series (1965) was 3 out of 13 patients. Other symptoms like aphasia, urinary incontinance, hunger, and unconsciousness are also known. Physical findings are usually absent except during the attack. Obesity related to excessive intake of sugar to avoid symptoms is known to be present. Our case was a non-obese female. Associated endocrine problems involving other organs may be evident on clinical examination. (Grain et al., 1949).

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