Insulinoma of the Uncinate Process of Pancreas

Durgatosh Pandey
Assistant Professor, Department of Surgical Oncology, Institute of Medical Sciences, Banaras Hindu University, Varanasi
Uttar Pradesh, India

Correspondence: Durgatosh Pandey, Assistant Professor, Department of Surgical Oncology, Institute of Medical Sciences Banaras Hindu University, Varanasi-221005, Uttar Pradesh, India, Phone: 91-542-6703422, Fax: 91-542-2367568, e-mail: durgatosh@gmail.com

INTRODUCTION
Insulinoma is the commonest functioning pancreatic endocrine tumor and is evenly distributed within the pancreas. Surgical resection is the only curative modality for this tumor and it usually involves enucleation, distal pancreatectomy, and occasionally pancreaticoduodenectomy. Intraoperative ultrasound is the best modality for tumor localization and has made complex invasive investigations unnecessary in most situations. It also helps in detection of multicentricity and aids in safe enucleation by delineating the relationship of the tumor with adjacent pancreatic duct, bile duct and major vessels.

REPORT
A 35-year-old woman presented with neuroglycopenic symptoms and a progressive increase in weight over 3 years. Other than obesity, her clinical examination was unremarkable. After 8 hours of supervised fasting, her blood glucose level was 33 mg/dl, serum insulin was 11.5 microunits/ml and serum C-peptide was 3.72 ng/ml. With a diagnosis of insulinoma, a contrast-enhanced CT scan of the abdomen was performed to localize the lesion. On arterial phase, the tumor in the uncinate process of pancreas was seen to blush brilliantly (Fig. 1), and it became isodense with the pancreas in the venous phase (Fig. 2).

On laparotomy, the duodenum was kocherized and the tumor in the uncinate process of pancreas was confirmed by palpation and as a hypoechoic lesion on intraoperative ultrasound (Fig. 3), which also confirmed it to be a solitary lesion. She
underwent excision of the insulinoma (Fig. 4). Intraoperative ultrasound also aided in delineation of the tumor from the adjacent pancreatic duct and distal bile duct thereby guiding the excision.

After the surgery, the patient became asymptomatic and her blood glucose level normalized. She has since lost weight and has now attained a normal BMI. She continues to remain well, 10 months postoperatively.

REFERENCES