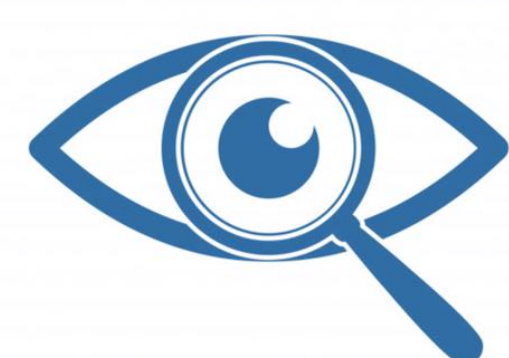
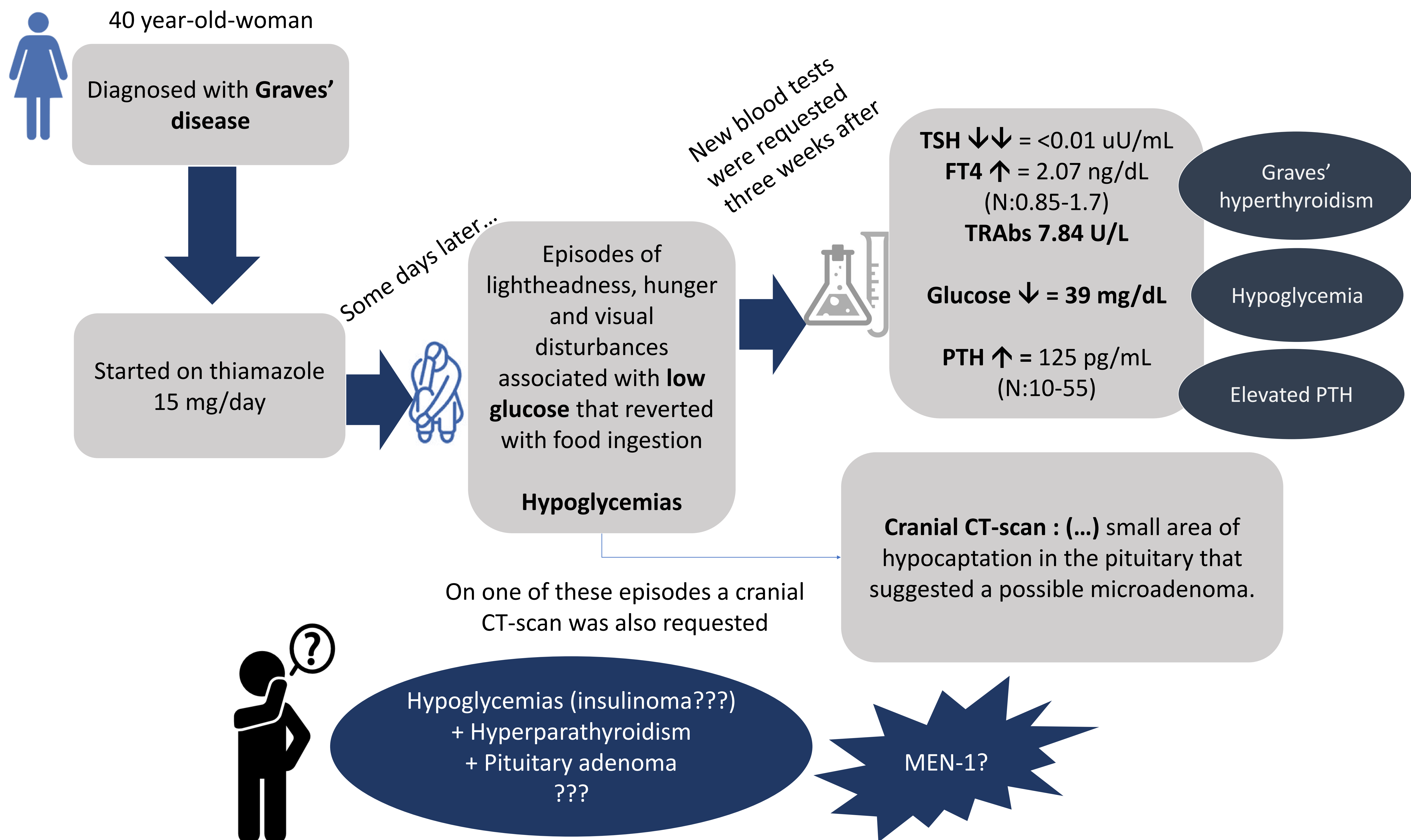


MEN-1 phenotype or a series of unfortunate events?

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Endocrinology appointment

Hypoglycemia investigation

Glucose 41 mg/dL
Elevated insulin levels (50.4 uU/mL; N:2.6-24.9)
High titers of insulin autoantibodies (30 U/mL; N<20)
Normal abdominal CT-scan

Insulin autoimmune syndrome (IAS) triggered by thiamazole?

Patient started prednisolone and thiamazole was reduced

Hypoglycemia episodes resolved

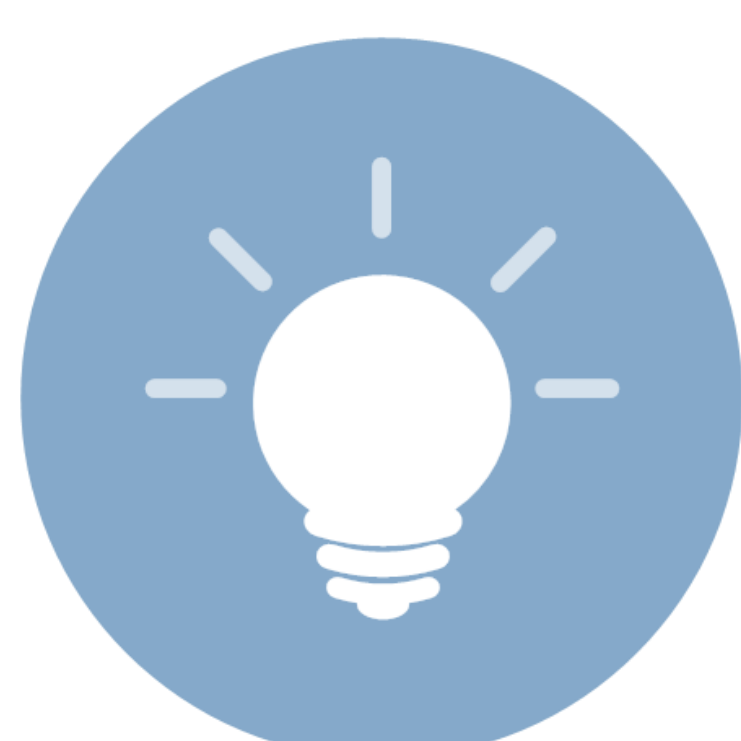
Hyperparathyroidism investigation

Normal calcium and phosphate (9.3 mg/dL; 2.5 mg/dL, respectively)
Low vitamin-D (25-OH VitaminD=9 ng/mL)

Successfully treated with cholecalciferol

Pituitary adenoma investigation

Cranial MRI revealed normal pituitary
Blood tests: Normal pituitary function



- **Insulin autoimmune syndrome** is a rare condition characterized by hypoglycemia and autoantibodies directed towards insulin. The thiamazole-related autoimmunity has been reported previously, mostly in Japan.
- The **association between this rare condition** and other features (hyperparathyroidism and pituitary adenoma) could mislead into the diagnosis of MEN-1.
- This highlights the importance of a detailed anamnesis and to **carefully assess the need for some complementary exams**, as some incidental findings can lead to unnecessary costly exams and worries.