

P-237 - LIFE-THREATENING FACTITIOUS HYPOGLYCEMIA: A CASE REPORT AND REVIEW

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Background: Although fundamentally a psychiatric disorder, factitious disorder challenges physicians of any specialty as it might simulate a wide variety of medical conditions. Insulin or sulfonylurea-induced hypoglycemia, in particular, might mimic insulinoma.

Objectives: To examine the risk factors, to highlight the diagnostic difficulties and to discuss the management options for factitious hypoglycemia.

Methods: A case report.

Results: A twenty-nine-year-old was admitted at the endocrinology department for recurrent episodes of “spontaneous” hypoglycemia resulting in several seizures and even in a deep coma state. Investigations concluded that the patient had factitious hypoglycemia due to surreptitious insulin and glibenclamide use. She was referred to the psychiatric outpatient clinic for examination and management. Psychiatric interview found no associated axis I disorder. Treatment included olanzapine along with psychotherapy.

Conclusions: Diagnosis of factitious hypoglycemia is often a daunting task, management remains difficult and long-term prognosis is unpredictable. Close cooperation between endocrinologists and psychiatrists can further clarify the diagnosis and help optimize the treatment.