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HYPOGLYCEMIA: POST COVID INFECTION

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Case 1:

A40 y/o lady with DM II, had several attacks of hypoglycemia for 2 weeks in spite of discontinuation of oral hypoglycemia and was seen in emergency 3x; blood sugar was corrected by IV fluid. Symptoms were preceded by Covid infection. She was seen in ACDS with blood sugar of 40 and admitted for further investigation. She reported to have improved with corticosteroids 100mg QID within 2 day; Pt. improved dramatically the lowest sugar level was 70.

Currently she is on maintenance dose of oral hydrocortisone of 20mg am and 10mg pm, advised to take Glucagon PRN. Treatment plan: for ANTI 21 HDROXLASE ABS to confirm Autoimmunity is the cause of hypoadrenalism. She has low cortisol and having hypotension due to hypoadrenalism.

Diagnosis:

AUTOIMMUNE HYPOADRENALISM INDUCED BY COVID.

Case 2:

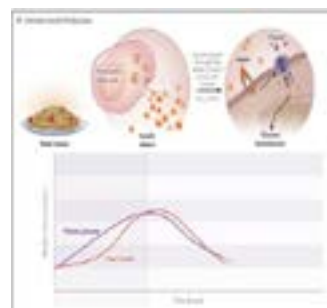
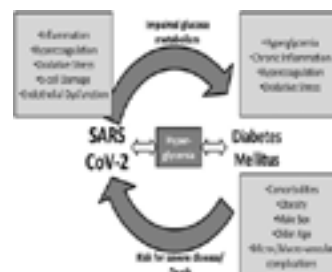
42 y/o man on Glucophage 1 gm BID, reduced to 500mg BID, then OD after Covid infection, though Anti DM rx was discontinued, still he has low sugar after meal ranging to 30 to 55 mg/dL. He is has typical neurophysiological symptoms. Has High Insulin levels and High C-peptides, last HBA1c level was 5.7. He improve by eating sugar and with corticosteroids treatment. Diagnose as Insulin Autoimmune Syndrome. Plan to give Immunosuppressant or Rituximab.

Case 3:

28 y/o lady with frequent symptomatic of hypoglycemia for 3 months, was not aware and it happen after meal, Obese, BMI 33, lab test showed normal Insulin and C-peptide. US abdomen: Fatty Liver. Diagnose as: Non- Insulinoma pancreatogenous hypoglycemia syndrome (NIPHS). Plan MRI abdomen to rule out Insulinoma and investigation to rule out Hypoadrenalism.

Discussion:

What is the cause of hypoglycemia in insulin autoimmune syndrome? How is insulin autoimmune syndrome managed? Pathogenesis of Insulin Autoimmune Syndrome? Pathogenesis Noninsulinoma pancreatogenous hypoglycemia?



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Biography:

Dr. Salem received his undergraduate degree from Cambridge school in 1968. His medical degree from [University of Baghdad](#) in 1975 and subsequently awarded a scholarship for further training in [Internal Medicine](#) in 1979 at [Newcastle Royal Victoria Infirmary Hospital](#). He was a faculty member in Government Hospital in Abu

Dhabi; clinical trials and investigator initiated studies are conducted at the Hospital, and he is either the principal or co-investigator on all of them. He has published numerous articles, abstract and book chapters. Currently, he is a Fellow of the [Royal College of Physicians \(FRCP\)](#), [American Gastroenterological Associate Fellow \(AGAF\)](#) and a member of numerous professional societies.