[Hypoglycemia]

GRAND ROUNDS
Wednesday, January 19, 1958

[redacted] is a 6½ month old colored female who was in apparent good health until [redacted]/57 when she had two episodes of jerking movements and rolling up of the eyes. On this day the mother had changed the baby from breast to evaporated milk. On [redacted]/57 the symptoms recurred and the child was seen in [redacted] and a diagnosis of pharyngitis and otitis was made. On [redacted]/57, after five episodes that day, the child was taken to [redacted]; diagnosis resolving otitis media. Seen next day in [redacted], same diagnosis. Seen again at [redacted] on [redacted]/57; L.P. done, 2 mononuclears and 2 RBC, no sugar done. On [redacted]/57 seen again in [redacted] and found to have athetoid movements of all extremities, rolling of head from side to side, and abnormal movements of tongue. An appointment was made for [redacted]/57 for neurologic work-up but it was not kept. Seen again on [redacted]/57 and admitted.

Past History, Family history, Review of Systems all negative. Three normal siblings. Physical examination was essentially normal except for the constant aimless movements of extremities, lack of attention, aimless movements of eyes and chewing movements of mouth. The child was placed on an evaporated milk formula and an L.P. was done which showed a sugar of 14mg%. A F.B.S. the next morning was 19 mg%. The child was placed on glucose water feedings every hour and shortly thereafter was given glucose by I.V. Though sugars of 185 and 235 were found there was little change in the clinical symptoms. Chemistries drawn: CO2, Cl Na, K, Ca, and were all normal. Oral glucose tolerance tests showed a normal rise but rapid fall in sugar values. An I.V. glucose tolerance showed fasting 95 30 minutes 135 1 hr. 77, 2 hrs. 65, 3 hrs, 57. Spot sugars done before feedings were frequently low, 10 mg% and

24 mg% being two values found. An epinephrine tolerance test was normal, a casein tolerance was essentially a straight line, values of 27, 24, 29, 27, 26, 26. Clinically, during the time of testing, the child did not have gross convulsions but continued to be in poor contact with surroundings much of the time.

On [redacted]/57 the patient was begun on ACTH, 10 mg. q. 6 h., and improved markedly after about 24 hours. She was gradually cut from q 2 hour feedings to a regular diet. Fasting sugars ran 55, 82, 69, 50, 61, 56, 51. The ACTH was cut gradually to 10 mg. of Acthar gel q.d. The child appeared normal clinically during this time. The dose of Acthar gel is now being slowly decreased. The child is not gaining weight in spite of an adequate caloric intake.

References

1. Idiopathic Spontaneously Occurring Hypoglycemia in Infants, A.J.D.C. 87:399, April, 1954, McQuarrie.

2. Familial Hypoglycemia Precipitated by Amino Acids, J.C.I., 35:411, April 1956, Cochrans, Payne, Simpliss, Woolf.

3. The Effect of Glucagon on the Blood Glucose Level and the Clinical State in the Presence of Marked Insulin Hypoglycemia, J.C.I. 36:74, January 1957, Schulman and Greber.

4. The Effect of Glucogon on Carbohydrate Metabolism in Normal Human Beings, J.C.I 35:494, May 1956, Bondy and Cardillo.

5. Hypoglycaemic Coma, Arch. of Dis. in Child. 30:372, August 1955, Heberden and Friedlander.