

**A RARE CASE OF RECURRENT HYPOGLYCEMIA****General Medicine**

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**KEYWORDS****INTRODUCTION:**

Panhypopituitarism is seen in 10% of Empty Sella syndrome. It can be primary or may be secondary to pituitary surgery, irradiation, infarction or hemorrhage. Incidence of Empty Sella syndrome is 25% in general population, but it is commonly underdiagnosed.

**CASE REPORT:**

A 68-year-old lady came with history of easy fatiguability, weight loss, dizziness, and vomiting since 2 months and unresponsiveness since 3 hours with no significant past history. On examination, patient had pallor, signs of malnutrition, BP-90/60 mmHg and GRBS – 40 mg/dl, Patient had recurrent hypoglycemia and low BP was observed in the wards. Later routine investigations showed –S. Sodium-120 mmol/L and potassium- 5.1 mmol/L with dimorphic anaemia. RFT & LFT was normal. Chest X-ray, USG abdomen, CT Brain showed no significant abnormalities. Adrenal insufficiency was considered as differential diagnosis, ANA screening and profile was done to rule out hypophysitis. Hormonal profile including cortisol, IGF-1, LH, FSH, free thyroxine, TSH and prolactin was low Followed by Co-syntropin test was positive. so, diagnosis of anterior hypopituitarism was established and CE-MRI brain showed of empty sella. Patient was treated by replacing the deficient hormones and patient symptomatically improved during follow up.

**CONCLUSION:**

Recurrent hypoglycemia is frequently underdiagnosed and seldom investigated, Panhypopituitarism associated with Empty sella syndrome should be kept as a differential diagnosis for patients presenting with non-specific Symptoms and Recurrent hypoglycemia.