

### Uterine Sarcoma Associated With Paraneoplastic Hypoglycemia

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Hypoglycemia is a common medical emergency. It is most common in those with diabetes mellitus but it also occurs in patients with some tumors. Insulinoma is the most common type of tumor causing hypoglycemia. However, hypoglycemia may occur in patients with tumors of mesenchymal, epithelial, or hematopoietic origin. Among mesenchymal tumors, the most common are fibrosarcomas, mesotheliomas, leiomyosarcomas, and hemangiopericytomas. Here, we report a case of uterine sarcoma associated with severe hypoglycemia in a 55-year-old female patient. She did not have diabetes mellitus. She admitted for bilateral obstruction of ureter and acute renal failure due to uterine sarcoma. Three months before admission, she was diagnosed with uterine sarcoma based on the computed tomography (CT) findings which was the lobular low-density lesions with moderate enhancement in uterine corpus invading to the upper rectum and sigmoid colon, enlarged paraaortic lymph nodes, and multiple metastatic nodules in peritoneal space. But she refused a tissue biopsy or surgical treatment at that time. After admission, the percutaneous nephrostomy was done in the right kidney and improved acute renal failure rapidly. In hospital day 36, she developed palpitation, sweating and lethargy. Her blood glucose level dropped to 14 mg/dL. The symptoms were improved after immediate infusion of a 50% dextrose solution following a 10% dextrose solution. At next day, we measure serum glucose, insulin and C-peptide level which were 62 mg/dL, 1.5  $\mu$ U/mL (reference range at fasting, 2.1 ~ 30.8  $\mu$ U/mL) and 4.2 ng/mL (reference range at fasting, 1.1 ~ 5.0 ng/mL), respectively. Finally she died due to sepsis resulted from hospital-acquired pneumonia in hospital day 42. To our knowledge, this is the first report of uterine sarcoma resulting in paraneoplastic hypoglycemia in Korea.

### Epstein's Syndrome: A Sporadic Case

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Epstein's syndrome, one of Alport-like syndromes, is known as an autosomal dominant disease characterized by macrothrombocytopenia, nephritis, and sensorineural hearing loss. Because of the relatively low number of patients reported, very little is known of the clinical course and pathogenesis of this disease. We report here a 15-year-old girl with sporadic idiopathic thrombocytopenic purpura and Alport's syndrome variant sporadic Alport's syndrome presenting with the nephrotic syndrome. A bone marrow aspiration and biopsy showed 50% of the normal cellularity and normal erythroid and granulocyte maturation with an increase in the number of megakaryocytes and a renal biopsy revealed a proliferative glomerulonephritis with features of segmental sclerosis and prominent Alport-like glomerular changes with tubulointerstitial fibrosis and inflammatory cell infiltration in the interstitium. Urinalysis and kidney function were normal in the family members. Treatment with prednisone resulted in a partial resolution of the proteinuria. To our knowledge, this is the first case report in Korea. Screening for nephritis should be considered in all cases with sensorineural hearing loss and urinary anomaly.