
EDITORIAL

ENDOGENOUS HYPERINSULINISM: DISCOVERY, DIAGNOSIS AND MANAGEMENT IN THE DEVELOPING WORLD

Only to a fortunate few is given the privilege of treating a condition for the first time in their own country. Dr. Moiz-ud-Din and Dr. Sattar Jaffar must receive our congratulations for not only suspecting but persevering with the diagnosis and management of Pakistan's first case of endogenous hyperinsulinism. The patient's smooth post-operative and subsequent trouble free life speak for themselves.

Many other endocrine "apples" are waiting to be plucked for the first time from the diagnostic tree in Pakistan. I have, so far, found no physician caring for kindreds with the multiple endocrine neoplasia (men) Type I or Type II syndromes in Pakistan and many neighbouring countries. Primary hyperparathyroidism, pheochromocytoma, functioning pituitary tumours and now endogenous hyperinsulinism all have been detected in Pakistan in sporadic presentations; they also will ultimately herald the index case of either men I or II. Careful family histories of hypertension, kidney stones, peptic ulcer disease; thyroid tumors and hypoglycemia should always be elicited.

More subtle pancreatic endocrine syndromes such as the pancreatic poly-peptide syndrome, are suspected but await availability of specific antibodies for accurate radio-immuno-assay.

In Pakistan and elsewhere in Asia and its neighbouring countries pre-occupation about and resource allocation for prevalent diseases should never diminish our awareness and efficient management of less common but nevertheless life threatening conditions.

In the instance of endocrine diagnosis and management, optimum care can be done accurately, efficiently and inexpensively without the many tests which are available in western industrialized nations. The result for Pakistan can be simple, accurate well directed patient care based on minimal but nevertheless cleanly precise hormone analysis and testing.

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