



Proceeding

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Treatment of Congenital Hyperinsulinism with Long-Acting Release Octreotide in Saudi Children

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Introduction

Congenital hyperinsulinism (CHI) is the most common cause of persistent hypoglycemia in infancy. Multiple daily subcutaneous (SC) octreotide is the available medical treatment of diazoxide-unresponsive CHI.

Objective

To assess the efficacy and safety of monthly intramuscular long-acting release (LAR) octreotide as a replacement for multiple daily s.c octreotide in the treatment of children with diazoxide unresponsive CHI.

Methods

Fifteen CHI patients on multiple daily s.c octreotide were switched to monthly i.m (LAR) octreotide injections. Families were instructed to continue monitoring the blood glucose, and give s.c

octreotide as needed. Clinical and biochemical parameters were monitored before each i.m LAR octreotide injection. The patients were followed up for a minimum period of 6 months.

Results

Twelve of our 15 patients (80%) were able to maintain their glucose level within the target and completely stopped the s.c octreotide injections (most of them were able to do so after the first i.m LAR octreotide injection), while 20% were clearly unable to stop or decrease their daily s.c octreotide injections. Apart from hyperglycemia in one patient, we did not encounter any serious complications.

Conclusion

LAR octreotide is effective and safe in treating most of our CHI patients and simplified their medical care.



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