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An Unusual Infant Case Of Gastric Volvulus Presenting With Dumping Syndrome

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An 18-day female infant, born preterm small for gestational age (SGA), developed fasting hypoglycemia. A critical sample revealed an insulin level of 4.7 μIU/mL at the time of hyloglycemia (39 mg/dL) without ketoacidosis. Diazoxide therapy was started under the impression of transient neonatal hyperinsulinemia related to SGA, however, hypogycemia was developed on the 21st day of life. Targeted next generation sequencing (NGS) was performed for possible congenital hyperinuslinism. During octreotide therapy, postprandial hyperglycemia was incidentally detected at 27 days. Continuous glucose monitoring (CGM; Dexcom G6, San Diego, California) revealed postprandial hyperglycemia and subsequent hypoglycemia suggestive of dumping syndrome, although she had no prior history of surgery. An upper gastrointestinal series revealed the anomalous rotation of the stomach along the mesenteroaxial axis perpendicular to its longitudinal axis, implying gastric volvulus. The possibility of dumping syndrome caused by gastric volvulus was confirmed by stable glucose level in the euglucemic range using CGM after continuous nasojejunal feeding. She received laparoscopic gastropexy to anchor the stomach. Euglycemia was maintained after surgery and octreotide therapy was successfully discontinued. NGS identified no pathogenic variant for congenital hyperinsulinism. At 8 months of age, she exhibited catch-up growth and normal development. This is the first infant case of gastric volvulus presenting with dumping syndrome during diazoxide therapy for transient neonatal hyperinsulinism.

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