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**EVOLIUCINĖ MEDICINA:
ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA
BESIKEIČIANČIOJE APLINKOJE**

**EVOLUTIONARY MEDICINE:
PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH
CONSEQUENCES IN A CHANGING ENVIRONMENT**

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PERCUTANEOUS CRYOABLATION FOR PANCREATIC INSULINOMA: A TWO-CASE SERIES AND LITERATURE REVIEW

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Background and Aim: Insulinoma is the most common functioning pancreatic neuroendocrine tumour and typically causes endogenous hyperinsulinaemic hypoglycaemia. Surgery remains standard treatment for localised disease, but postoperative morbidity, advanced age, operative risk and unfavourable anatomy may limit its suitability. Evidence for endoscopic ablation is increasing, whereas data on percutaneous cryoablation remain scarce. This report evaluated the rationale, technical feasibility and early outcomes of computed tomography (CT)-guided percutaneous cryoablation in two selected patients with pancreatic insulinoma.

Materials and Methods: Anonymised clinical, biochemical, imaging, procedural and follow-up data were retrospectively reviewed. A narrative literature review was performed using PubMed publications from 2020 to 2026 and relevant European guidance documents, including ESMO and ENETS recommendations. Findings were synthesised in relation to surgical and endoscopic treatment strategies.

Results: Case 1 was an 82-year-old man with recurrent fasting hypoglycaemia and a small pancreatic head lesion adjacent to the main pancreatic and common bile ducts. Owing to advanced age, operative risk and unfavourable anatomy, primary percutaneous cryoablation was selected. Hypoglycaemia resolved, and no early complications were detected. Case 2 was a 33-year-old man with recurrent hypoglycaemia caused by a residual pancreatic head lesion after endoscopic ablation and distal pancreatectomy. Percutaneous cryoablation was technically successful; follow-up magnetic resonance imaging showed no residual enhancing tumour, and hypoglycaemic episodes became less frequent. Mild transient serum amylase elevation and fever were observed.

Conclusions: Percutaneous cryoablation may be considered as an individualised local treatment option for selected insulinoma patients when surgery is undesirable or residual disease persists. Its main technical advantage is real-time CT visualisation of the ice ball, enabling controlled monitoring of the ablation zone. Its role remains undefined and requires further multicentre evidence.

Keywords: hypoglycaemia, insulinoma, minimally invasive treatment, pancreatic neuroendocrine tumour, percutaneous cryoablation