

Incidental ganglioneuromas: A 14 surgical cases presentation and literature review

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Ganglioneuromas are benign tumor which origin from the neural crest. This tumor affects mainly young patients than adult ones, and its most frequent localizations are mediastinum, retroperitoneum, adrenal glands and cervical region. Usually, GNs are discovered as incidentalomas since they are often asymptomatic, even if they could present sympathetic or mass-related symptoms. To obtain a definitive diagnosis, histological exam is necessary. The surgical removal is the treatment of choice and it offers an excellent prognosis. We conducted a retrospective analyses of 14 patients affected by ganglioneuroma from 2004 to 2014; this purpose of this study is to compare our experience's data with literature review (2000-2014). Data about patient's features, tumor's localization, symptoms, treatment and follow-up were analyzed and reported in three detailed table. Between 2004-2014, we diagnosed 14 cases of ganglioneuromas. For all of them the diagnosis was incidental; 9 out of 14 patients presented adrenal mass (64.3%). All our patients underwent surgical removal and none of them present surgery-related complications or recurrence to date. Our data strengthen the knowledge about ganglioneuroma and confirm that the surgical approach has an excellent prognosis with very low incidence of surgery-related complications and recurrences, if well conducted.

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Efficacy and safety of basal insulin glargine 12 and 24 weeks after initiation in persons with type 2 diabetes: A pooled analysis of data from treatment arms of 15 treat-to-target randomized controlled trials

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Aim: Evaluate early (0–12 weeks) and later (12–24 weeks) treatment outcomes after addition of insulin glargine in subjects with type 2 diabetes not achieving glycaemic control with oral anti-diabetes drugs (OADs).

Methods: Selected data were pooled from 15 randomized, controlled treat-to-target (fasting plasma glucose <100 mg/dL [<5.6 mmol/L]) trials adding insulin glargine to metformin, a sulphonyl urea, or both. Glycaemic and hypoglycaemia parameters, insulin dose and body weight at weeks 12 and 24 were assessed using individualized subject-level data.

Results: Data from 2837 subjects were analysed. HbA1c decreased from 8.8% (73 mmol/mol) at baseline by 1.4% (15mmol/mol) at week 12 and a further 0.2% (2mmol/mol) at Week 24 in the pooled population. Similar reductions were observed across the different treatment groups. HbA1c <7.0% (<53 mmol/mol) was reached by 34.8% of participants at week 12 and an additional 24.3% by week 24. Hypoglycaemia incidence and rates were similar during the early and continued treatment periods across all treatment combinations, but were markedly lower for insulin glargine plus metformin versus the other 2 regimens ($P<0.001$ for incidence and events rates of overall hypoglycaemia with blood glucose <70 mg/dL during weeks 0–12 and $P<0.001$ for events rates of overall hypoglycaemia with blood glucose <70 mg/dL during weeks 12–24).

Conclusions: Early and sustained glycaemic benefits with a low-risk of hypoglycaemia are observed after initiation of insulin glargine in a pooled type 2 diabetes cohort previously uncontrolled on OADs.

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