





# A great piece of luck!

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# Case report

A 60 year-old woman

- heatwaves
- face erythema without sweating
- recurrent abdominal pain
- watery diarrhea
- Duration of complains - two years.

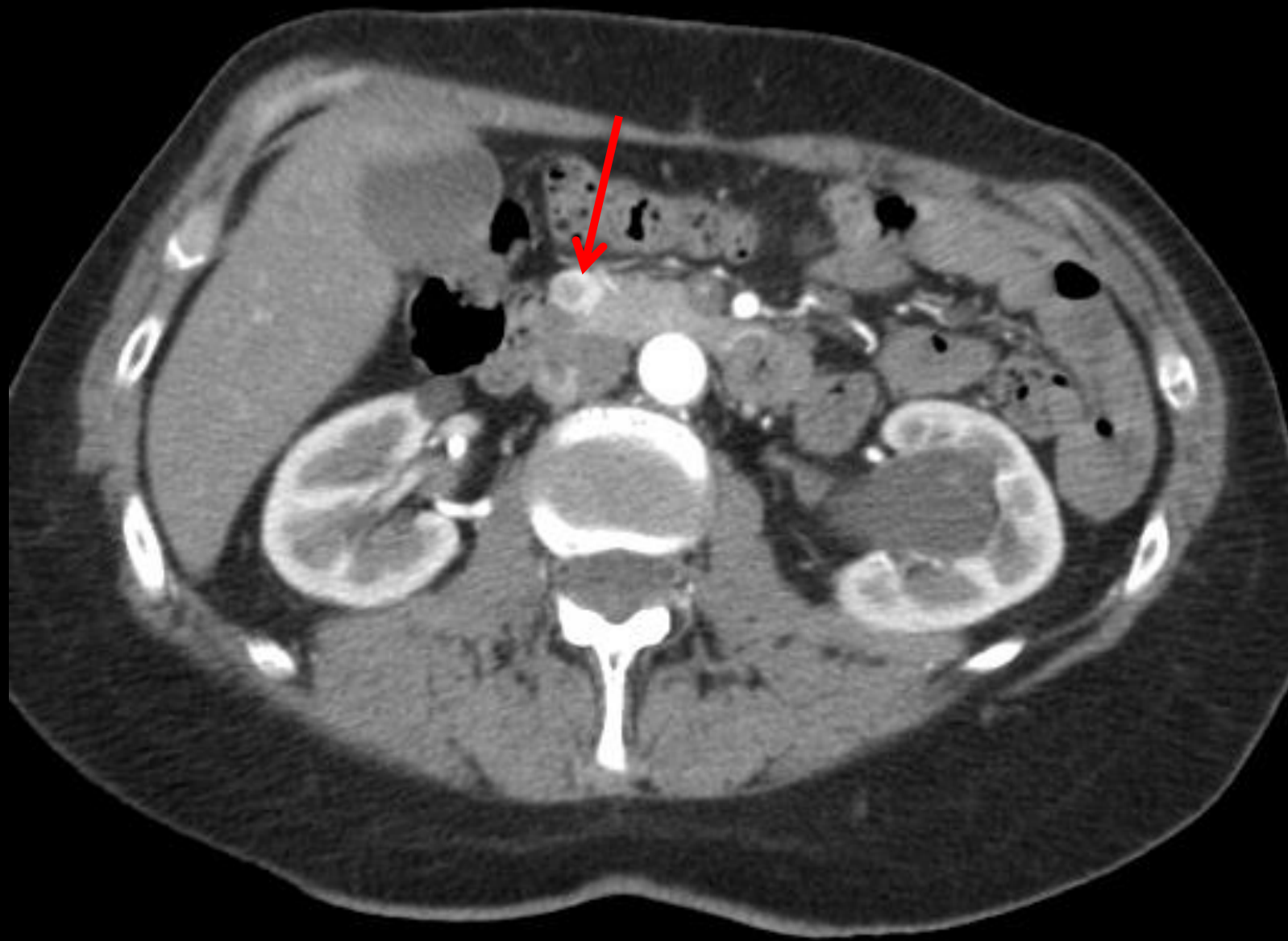


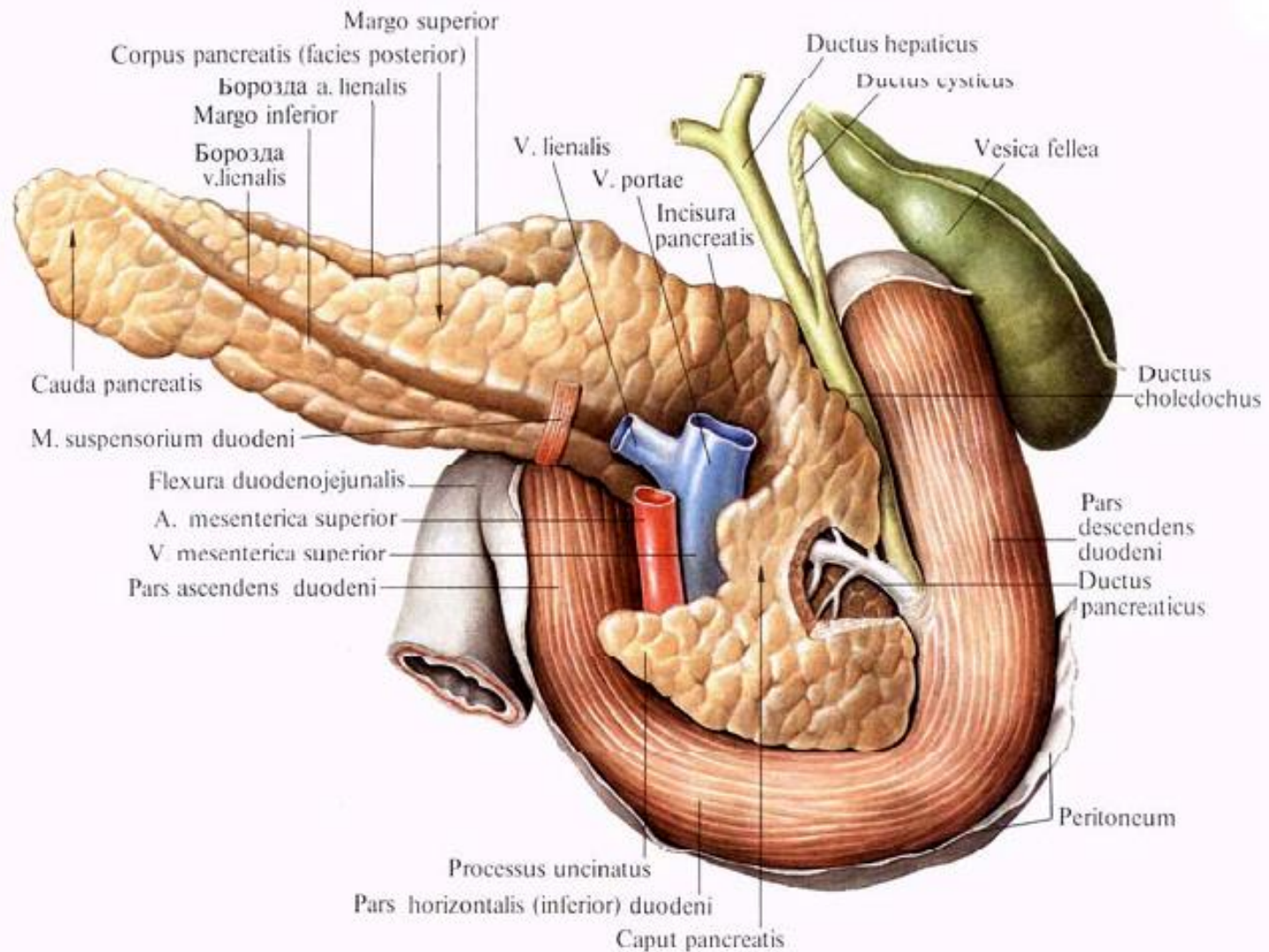
# Case report

- Physical exam with no significant alterations.
- Blood tests: mild hypercholesterinaemia and dyslipidaemia,
- Tumor markers: Ca19-9, CEA, Ca-125 - in the reference range.
- Blood chromogranine A -134 U/L (NR<100)
- 24h urine 5HIAA - 40 mg/24h (NR 2-6mg/24h)

# Case report

- Capsule enteroscopy and colonoscopy – no pathological findings.
- Computed tomography - 1.3 cm big hypervascular tumor of the head of the pancreas in the area of *procesus uncinatus*.
- No regional and distant metastasis were found.





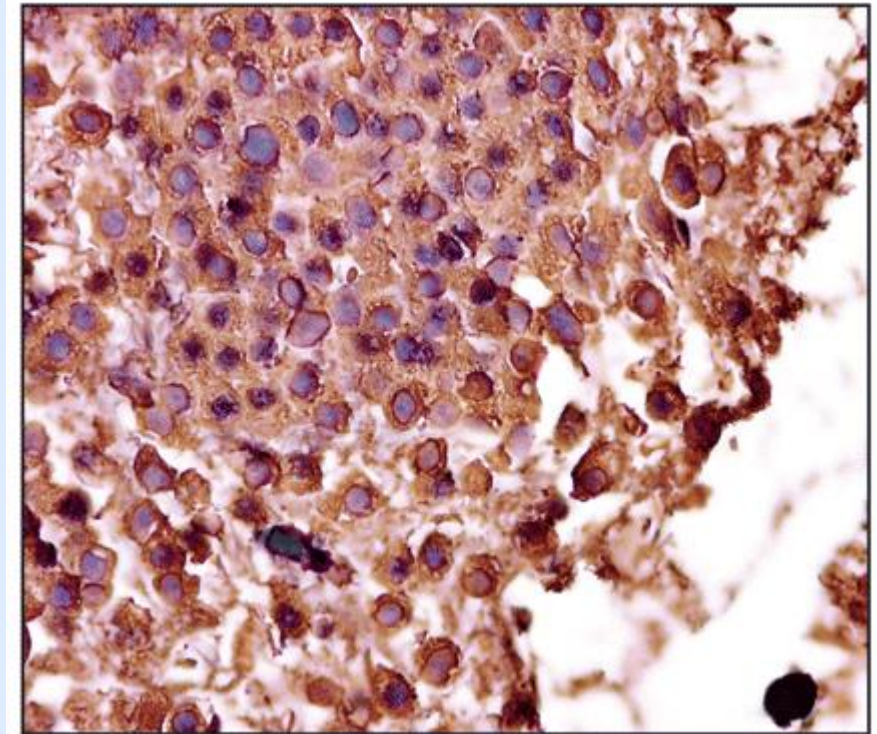
# Case report

Patient was prepared for surgical therapy:

- subcutaneous octreotide injections (0.1 mg od)  
5 days before surgery

Radical tumorectomy was performed.

Hystological examination –  
highly differentiated  
low grade neuroendocrine  
serotonine producing  
pancreas tumor  
(chromogranine, S100,  
NSE – positive).  
Stage pT1G1.





Diagnosis: Highly differentiated low grade (KI 67-2%)  
serotonine producing neuroendocrine  
tumor of pacreas *processus uncinatus*.  
Stage pT1G1.

# Background

- Pancreatic endocrine tumors - < 1% of all pancreatic neoplasms
- A true carcinoid tumor (serotonin producing) of pancreas - < 1% of gastrointestinal carcinoids
- Clinical presentation depends on the presence and type of hormone production.
- The most frequent symptom of carcinoid - abdominal pain and diarrhea.

# Background

- Clinically and on imaging studies - indistinguishable from epithelial neoplasms.
- Essential for diagnosis:
  - Chromogranine A blood test
  - hystological examination
    - + immunolabeling
  - hormonal analysis according to specific syndrome

# Case report

- Reported complaints after surgery were significantly reduced.
- No recommendations about specific therapy after oncologist consultation.
- During past three years patient feels well, repeated CT don't show recurrent tumor or new metastasis.
- No hormonal or other laboratory signs of recurrent malignant process.

