NONFUNCTIONAL PANCRETIC NEUROENDOCRINE TUMOR WITH LIVER METASTASIS IN 19-YEAR MALE PATIENT- Case report

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INTRODUCTION

Pancreatic neuroendocrine tumors (P-NET) form in hormone making cells (islet cells) of the pancreas and represent about 1%-2% of all pancreatic tumors but their incidence has been increasing over the past ten years. Male patients are more likely to develop the disease. P-NETs have various clinical presentations and may cause symptoms like diarrhea, indigestion, pain in the abdomen and yellowing of the skin but also may not cause any sign and symptoms and therefore are incidentally discovered in most cases. This article presents a short review of nonfunctional pancreatic neuroendocrine tumor and a case report of a patient diagnosed with NF-PNET in addition to its diagnosis and clinical presentation.

PRESENTATION OF A PATIENT

A 19-year-old male patient with no medical history presented with several months of progressive abdominal pain located under right rib cage, diarrhea and nausea with vomiting. Laboratory analysis showed elevated liver enzymes with slightly elevated inflammatory parameters. A CT scan showed enlarged liver with many confluating nodular lesions up to 3,2 cm with several calcificates and tubular hypodense area in pancreatic tail about 3 cm long with enlarged lymph nodes around tail of pancreas. Endoscopy was performed, which confirmed expansive hypoechogenous mass in pancreatic tail 3,5x2 cm with dilatation of ductus pancreaticus. Percutaneous biopsy of this mass was obtained out and a diagnose of a neuroendocrine tumor was made (CK7+/-; Chromogranin A-) with metastases in liver. Performed gastroscopy found wall infiltration in the stomach and samples for a phd was taken which showed foveolar hyperplasia and oedema of the lamina propria and diffuse mononuclear cell inflammation without malignant cells. Patient was presented to multidisciplinary NET-team for decision on further treatment.

DISCUSSION:

This case report should raise awareness to the possibility of metastatic P-NET in a young patient. The presentation of the disease is nonspecific leading to a delay of several years in their diagnosis, and most often findings are liver metastasis. Therefore detail physical exam and history should be taken, blood chemistry studies and Chromogranin A test followed by abdominal CT scan and EUS. Some new medical approaches are needed for early diagnosis.

CONCLUSION:

Depending on disease staging surgical resection, cytotoxic therapy or targeted therapy is applied. Treatment is based mostly on the fact whether the tumor is located in one place in pancreas or in

more than one place, whether it is spread to lymph nodes, liver, lungs, peritoneum or bone. Surgical treatment is preferred and new ongoing studies with new targeted therapy like sunitinib and everolimus are promising, especially with metastatic pancreatic NET.