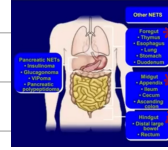


Neuroendocrine tumor $\neq$ Carcinoid tumors.

→ Heterogeneous group of tumors



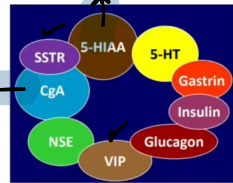
WHY → Neuro - Endocrine

Synaptophysin

cells producing Hormones.

→ Biomarkers

Serotonin
lipids

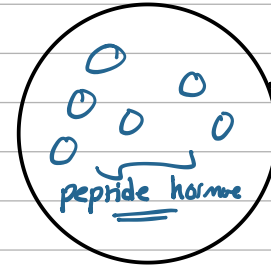


* Most of granules express it ← Best

* -ve when it arise from the hind Gut, Appen. or if it is poorly differentiate.

CgA = Chromogranin A; 5-HIAA = 5-hydroxy-3-indoleacetic acid; 5-HT = serotonin; NSE = neuron-specific enolase; VIP = vasoactive intestinal peptide; SSTR = somatostatin receptor

→ use GgB



imp

chromogranin A

best Available biomarker for dx of NET

Synaptophysin

→ classification

functional
↓

wide variety of symptoms depending on the type of NET.

you suspect based on symptoms then you send Biomarkers!

non-functional.
↓

late mass effect symptoms

you suspected based on Radiology then you send Biomarkers!



Biomarkers ordered depends on the clinical scenario.

→ Imaging :-

* CT scan → Hyperintense in the Arterial phase.
* Endoscopic US :- for localization & biopsy
* MRI

* somatostatin receptor scintigraphy

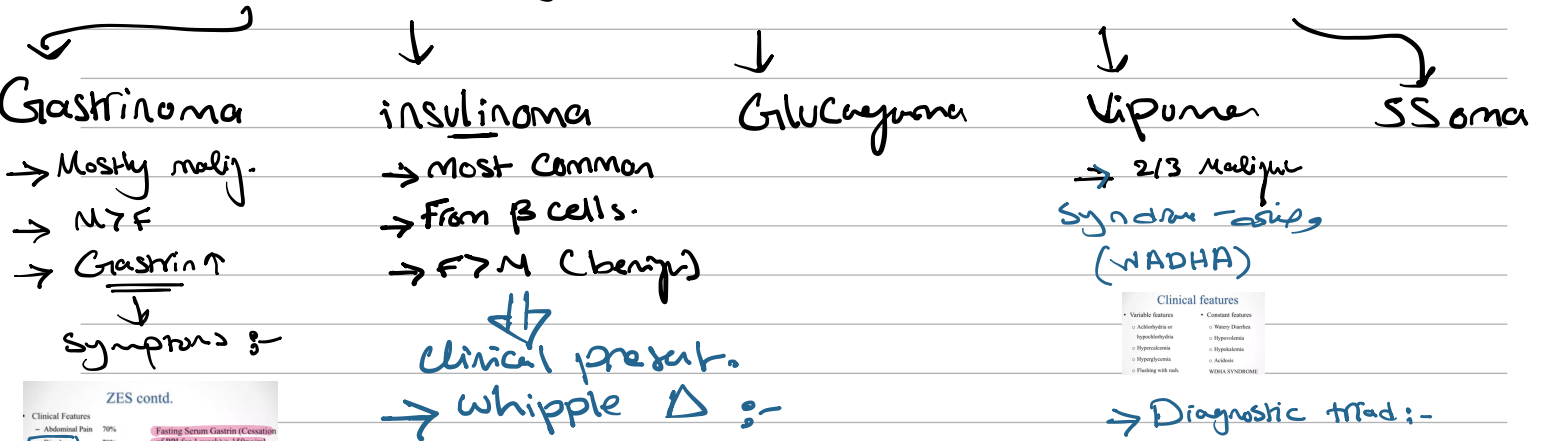
we give somatostatin

if they take it → +ve → ✓ tumor.

Rare

NET of pancreas → MLC NET of panc → non functional
 → MLC benign NET of panc → insulinoma.
 → MLC Malignant functional NET → Gastrinoma.

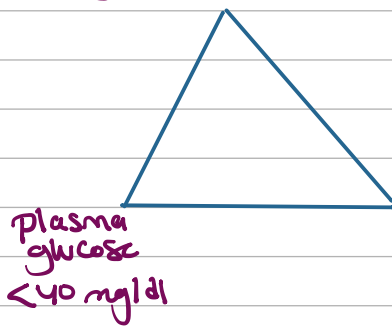
?? * Arises from islet of Langerhans.
 * types according to origin.



ZES contd.

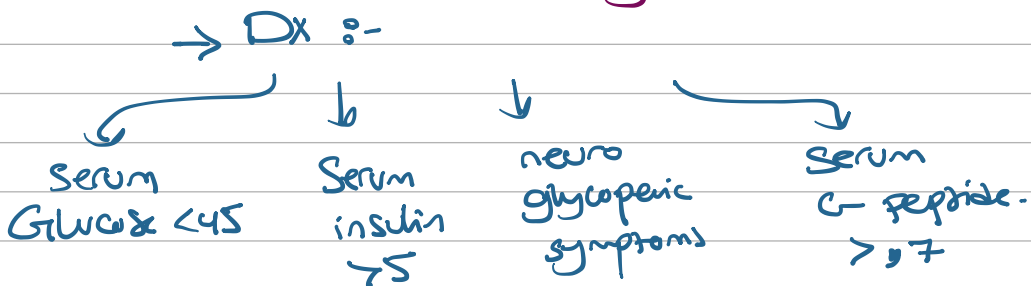
Clinical Features	Prevalence
Abdominal Pain	70%
Diarrhea	70%
Heartburn	50%
Nausea	25%
Vomiting	20%
Weight Loss	15%

symptoms + hypoglycemia.



Relief of symptoms with glucose administration

Causing wt. gain.



Imaging

* difficult to be seen by CT scan (small)

* EUS.

→ Diagnostic triad :-

