

Clinical Pathologic Conference

Oct. 2, 2015

Patient profile :

病歷號碼：39126XXX

年齡：55

性別：女

職業：衛生局職員

國籍：台灣

Presented by :

腫瘤科

胃腸肝膽科

新陳代謝科

一般外科

影像診斷科

病理科

Moderator :

病理科

黃振洋醫師、陳仁熙醫師

陳益程醫師

劉鳳炫醫師

葉俊男醫師

曾振輝醫師

吳仁欽醫師

孫建峰醫師

Chief complaint:

Intermittent backache for four weeks

Present illness:

This patient is a 55 year-old lady with history of hyperparathyroidism s/p parathyroidectomy twice, diabetes, hypertension, and bilateral kidney urolithiasis who presented with intermittent backache for four weeks. The pain was located at her upper back, which was sharp and tingling; and there was radiated pain to her right lateral chest wall as well. Mild dizziness and nausea was also mentioned.

At first, the patient visited Po-Ai hospital, where CXR showed a widening mediastinum and further CT scan reported anterior mediastinal tumor with lung metastases as well as bilateral adrenal gland tumors and a pancreatic nodule. Subsequent CT-guide biopsy was obtained and confirmed atypical carcinoid tumor, for which she was referred to our hospital. Among her laboratory tests, elevated serum CgA level (1951.9 ng/mL, ref <94) and gastrin level (1034 pg/mL, ref 28-185) were detected; and esophagogastroduodenoscopy disclosed a gastric ulcerative tumor, whose biopsy showed grade 1 neuroendocrine tumor. In addition, thyroid sonography with FNA cytology was done and showed follicular neoplasm.

Summing all the clinical findings, multiple endocrine neoplasm type 1 (MEN 1) was highly suspected and this case was discussed in our GI/GS joint conference. Subsequently, this patient had received surgical resection of adrenal, pancreatic and stomach tumors.

Past history

1. Parathyroid hyperplasia post subtotal parathyroidectomy at age of 44 and 54.
2. Bilateral renal/ureter stones post repeated ESWL and DBJ insertion
3. Type 2 diabetes mellitus, hypertension

Personal history: No foods or drugs allergy history, smoking (-), alcohol (-), betel nuts (-)

Family History (Detailed pedigree to be presented)

Father: T2DM, died of thymic cancer
 Mother: died of cervical cancer
 3rd younger brother: history of renal stones

Physical examination findings

Vital sign (at day of admission): BT:36.3°C, P:114/min, R:15/min, BP:171/103/mmHg
 BW: 61.8 kg, BMI: 27.2
 General appearance: alert and well oriented
 Neck: lower anterior neck surgical scar
 Cardiopulmonary/abdomen/extremities: unremarkable

Lab data

檢驗項目	單位	檢驗值
WBC	1000/uL	5.7
Hemoglobin	g/dL	11.1
Platelets	1000/uL	249
Creatinine	mg/dL	1.3
T-bilirubin	mg/dL	0.6
ALT/GPT	U/L	57
Na	mEq/L	141
K	mEq/L	3.8
Ca	mg/dL	9.8
Albumin	mg/dL	3.8

檢驗項目	單位	檢驗值	正常值
TSH	uIU/mL	0.205	0.35~5.50
Calcitonin	pg/mL	<2	<20~100
Intact-PTH	pg/mL	46.3	14~72
Cortisol	ug/dL	27.11	--
HbA1c	%	9.5	4.6~5.6
Gastrin	pg/mL	1034	28~185
Insulin	uU/mL	23.6	1.5~17
CgA	ng/mL	1951.9	<94
24H urine VMA	mg/day	5.5	1.9~9.8
24H urine 5-HIAA	mg/day	2.2	2~10

Image and pathologic study: To be presented

Clinical course:

Her serum gastrin level returned to normal range after the surgery. Her serum CgA level also decreased to 154.8 ng/mL. Final surgical pathology showed G1 non-functioning primary gastric and pancreatic neuroendocrine tumor; and adrenal glands were confirmed of metastases from lung/thymus. The patient went well after the surgery and she is currently receiving monthly injection of somatostatin analogue (Lanreotide 120mg). Disease surveillance will be done every 4-6 month.

➤ Issues to be discussed:

1. Clinical spectrum of multiple endocrine neoplasm (MEN-I) and its diagnosis.
2. Management of multiple endocrine neoplasm (MEN-I)