Management of Neuroendocrine Tumor with Carcinoid Heart Disease and Liver Metastases: Multidisciplinary Approach

R. Mateos-Gaitán 1, E. Zatarain 1, R. Prieto-Arevalo 1, A. Calvo-Ferrandez 2, L. Rodríguez-Bachiller 3, J.C. Percovich 4, A. González-Mansilla 5, R. Fortuny 5, J.M. Barrio 6, F. Fernandez-Avilés 1

1 Department of Cardiology, CIBERCV; 2 Department of Oncology. 3 Department of General Surgery; 4 Department of Endocrinology; 5 Department of Cardiac surgery; 6 Department of Anesthesiology.

Hospital General Universitario Gregorio Marañón, Madrid, Spain

Heart is frequently involved in oncological processes, either by direct tumor existence/activity or secondary to antitumor treatments. This case exemplified how cardio-oncologists, being part of multidisciplinary team, reach a consensus management, key to success.

Case description

Suspicion of carcinoid syndrome

CT-Body: Primary tumor in ileum + liver metastases.

PET-CT: ↑ Metabolic activity.

OctreScan: ↑ Somatostatin’s receptors.

CT: Primary tumor + multiple liver metastases.

Biological tricuspid and pulmonary valvular surgical replacement

3 months

Biological tricuspid and pulmonary valve repair.

Laparoscopic resection surgery: TNE + left liver metastases.

3 months

Right liver metastases radioembolization (Y90)

Follow-up: 6 months

Cardiopathy

• Asymptomatic CV.
• RV Reversal remodeling.
• Normofunctional prosthesis.

Neuroendocrine tumour

• Follow-up: oncology + general surgery + endocrinology.
• Control CT: tumor stability. Asymptomatic.
• Tumor-board decision: Pending surgery of right liver metastases (curative targett).

Carcinoid syndrome with heart valve affection

Prognosis:

Determined by heart involvement + metastases.

Treatment strategy:

• Symptoms: Medical treatment with Somastatine analogues (Lanreotide 150mg/1 month).
• Curative treatment (+ carcinoid crisis prophylaxis):
  1. Heart valves: Replacement surgery.
  2. Tumor: surgical exeresis + metastases.

Diagnosis:

CARCINOID SYNDROME SECONDARY TO GASTROINTESTINAL CARCINOID TUMOR.

Disclosures

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References: