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2014 ESMO Preceptorship on GI Neuroendocrine Tumours (NETs)
28-29 November 2014, Leuven
Medical history

55 years old male

No symptoms

No relevant medical history

**Radiological findings:**

- CT of chest: tumor of 9.5 x 8.7 x 7 cm in mediastinum
- PET – CT: increased uptake on tumor in mediastinum and lymphnodes, no distant metastases

**Surgery:**

- Left thoracotomy – resection of tumor and infiltration of left upper lobe and pericardium
Histopathological findings:

tumor consisting of neuroendocrine cells, 11 x 8 x 4 cm in diameter

chromogranin A ( +++), synaptophysin ( +++), Iki 67 - 10%

Neuroendocrine carcinoma of thymus

2 month after surgery:

CT of chest - PD: infiltration of
pleura, pericardium and left crus of
diaphragm

4 cycles of chemotherapy –
Carboplatin + Etoposide
$^{99}$Tc – octreotide scintigraphy - uptake on left crus of diaphragm

**Laboratory tests:**

- Serotonin – increased
- 5-hydroxyindoleacetic acid - increased
- Chromogranin A – negative

**Symptoms of carcinoid:**

- abdominal crampings
- flushing
- hypertesion
- wheezing
Therapy with Lanreotide was started – 120 mg i.m. every 6 weeks
Carcinoid’s symptoms withdrew

**2 months later:**

- Hyponatremia $\text{Na}^+ = 121 \text{ mmol/l}$
- Urine osmolality $- 387 \text{ mOsm/kg of water}$
- Urine sodium concentration $- 91 \text{ mmol/l}$
- Urine potassium concentration $- 40 \text{ mmol/l}$

# hypothyreoidism
# adrenal insufficiency
# heart failure
# liver failure
# kidney failure

excluded
SIADH was confirmed - syndrome of inappropriate antidiuretic hormone secretion (Schwartz-Bartter syndrome)

- fluid restriction - 1000ml / day
- hypertonic saline i.v. → Na = 130 mmol/l

After 7 months of Lanreotide - PD was confirmed

Chemotherapy with Carboplatin + Etoposide was restarted

After 2 cycles - Lanreotide 120 mg i.m. / 6 weeks was restarted

October 2014 – stable disease
**Syndroms of SIADH:**
- Muscle aches
- Nausea
- Hyporeflexia
- Ataxia
- Dysarthria
- Lethargy
- Confusion

**Laboratory findings:**
- Euvolemic hyponatremia <134 mEq/l
- Urine osmolality >100 mOsm/kg of water
- Urine sodium concentration >40 mEq/L with normal dietary salt intake
- Clinical euvolemia without edema or ascites
- Blood urea nitrogen (BUN) low
- Uric acid
- Serum creatinine
- Acid-Base, K+ balance normal
- Adrenal, Thyroid function

**Treatment:**
- Long-term fluid restriction of 1,200–1,800 mL/day
- Hypertonic saline (3%) 1–2 ml/kg i.v. in 3–4 h - for symptomatic patients (severe confusion, convulsions, or coma)
- Vasopressin receptor antagonist
Thank you