Asymptomatic advanced neuroendocrine ovarian tumor – case report

Michal Krcma[1], Eva Dvorakova[1], Ondrej Daum[2],
[1]Endocrinology, 1st Dept. of Clinic Medicine, Teaching Hospital and Charles University Plzen, Czech Republic
[2]Department of Pathology, Teaching Hospital and Charles University Plzen, Czech Republic

I N T R O D U C T I O N

Incidence of neuroendocrine neoplasm is still growing very rapidly. Many of these tumours are long term asymptomatic, definitive diagnose is confirmed in very advanced stage and make treatment difficult. Our case report illustrates diagnostic contribution of endoscopic adrenal biopsy.

C A S E R E P O R T

*Ms. H.Ch., *1944*

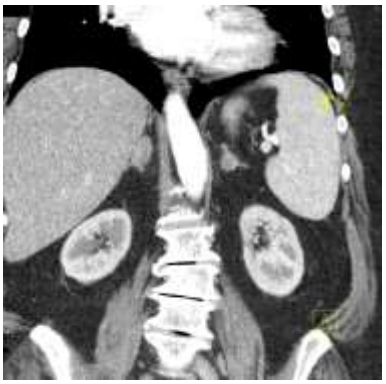
Our patient was a woman, 68years old in time of diagnosis, with good quality of life.

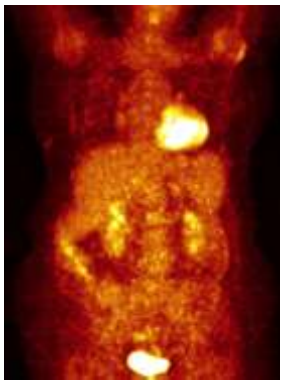
She was undergone hysterectomy with bilateral adnexectomy for postmenopausal bleeding one year before. Small ovarian neuroendocrine tumor (G1, MiB1 less than 5%) with small parts off benign Brenner's tumor was found in right ovary.

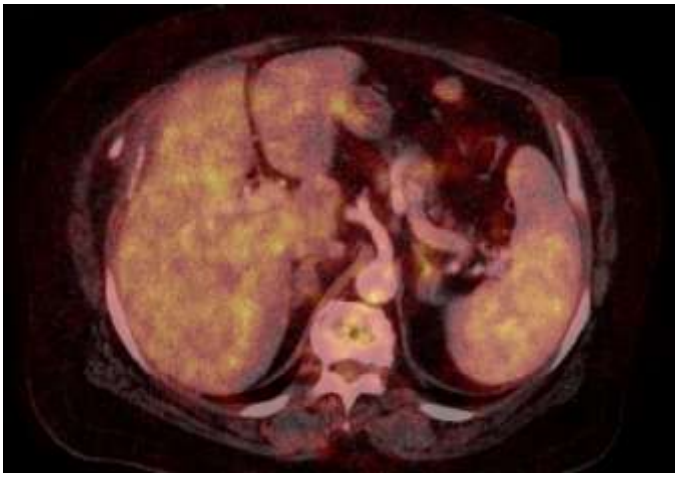
Patient was completely asymptomatic, with mild hypertension treated with monotherapy, mild and stable hypothyroidism and chronic asthmatic bronchitis, treated with inhalation corticosteroid.

Th.: perindoprile 8mg/day, budesonide spray 400ug/day, levothyroxine 25ug/day.

PET/CT FDG:





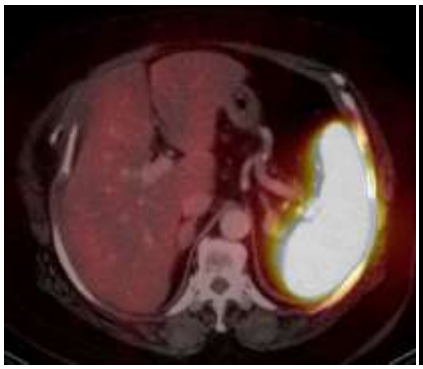


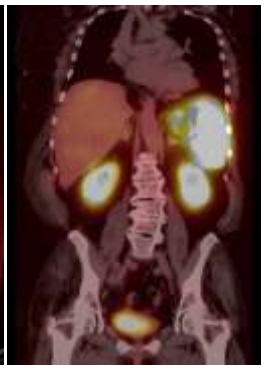
Metabolically active tumors in both adrenal glands (SUV 5,4 – 6,5) very similar to pheochromocytoma. Reactive lymph nodes enlargement. High metabolic activity in pyloric/D1 area, suspected from ulcer lesion (SUV 6,9).

Esophagogastroduodenoscopy was performed and benign ulcer was founded. Patient was treated by PPI. Next laboratory examination (after 2-week PPI withdrawal) revealed middle elevation of chromogranine A.

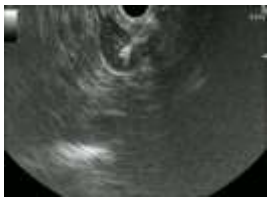
morning cortisol	485	nmol/l
renine	0,16	pmol/l
aldosterone	1,30	nmol/l
metanefrine	17	pg/ml
normetanefrine	39	pg/ml
chromogranine A	203	ng/ml
HIAA	30,6	umol/24h
NSE	11,0	ug/l

Hormonal screening of adrenal function did not reveal any abnormality, feochromocytoma was excluded by low levels of plasmatic metanephrines and only pathologic finding was slightly elevated chromogranine A (203ng/ml).





Postoperative octreotide scan was found adrenal gland tumours on both sides (size 2 and 3 cm), not accumulating somatostatine analogue, suspected from feochromocytoma.



Therefore we performed adrenal biopsy (by uncomplicated esophagogastroduodenoscopy with transduodenal biopsy), from left adrenal gland (anatomically more accessible) was gained successful sample for cytological and histological assessment – microscopically were found cell clusters with hyperchrome nuclei with anisonucleosis und small amount of cytoplasm, made diagnosis of neuroendocrine tumor metastasis almost certain.

According to this result, palliative chemotherapy (etoposide + carboplatine) was started and patient is still without symptoms and disease is stabilized (PET/CT - FDOPA).

C O N C L U S I O N

Endosonography-guided biopsy could be useful tool in examining patients with adrenal tumours of unknown origin and could help to earlier diagnostics.

krcmam@fnplzen.cz