

Pancreatic Metastasis from Carcinoid Midgut Tumor. A Case Report

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Context Metastatic lesions to the pancreas are rare. We present a case of an ileal carcinoid tumor with a synchronous pancreatic metastasis. **Case report** A 68-year-old male patient was admitted to our clinic in 2008 for diarrhea and flushing. Urinary serotonin (2x upper reference limit), 5HIAA (5x upper reference limit) and chromogranin A (2.5x upper reference limit) were increased. An octreoscan scintigraphy showed a focal uptake in the pancreatic head and a slight uptake in the lower abdomen. An abdominal CT scan did not show any pancreatic lesions, but a slightly enlarged pancreatic duct in the body of the pancreas. We reviewed the CT scan imaging and we found a hypervascular ileal lesion, confirmed by small bowel barium study. The pancreatic lesion was confirmed by MRI and resulted slightly hypermetabolic with ¹⁸FDG-PET

(SUV of 2.15). In November 2008 the patient underwent a duodenum-preserving pancreatic head resection (DPPHR), a cholecystectomy, an ileal resection (about 80 cm) and ablation of small multiple peritoneal nodules. Histology showed multiple well differentiated (Ki67 <2%) ileal carcinoid tumors with lymph-node metastases and tiny peritoneal secondary lesions. The pancreatic lesion resulted to be a metastasis of the carcinoid with positive serotonin staining. The patient is still alive with diarrhea, biochemical evidence of disease and multiple pulmonary metastases 48 months after surgery. **Conclusion** Pancreas is an uncommon site of metastatic spread in midgut carcinoids and should be considered in case of pancreatic synchronous lesions. In the literature we found a single case report in the last 10 years.