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Shyncronous neuroendocrine tumors: a case report

A Delgado Garcia, EB Zapata Ledo, Alexandru Claudiu Coman, M Boksan, CM Maté Sanchezdel Val, T Kostyrya, RM Requena Ferrer, J Flores Torrecillas, F Guillén Cavas
Cartagena Casco Antiguo Health Center, Cartagena, Murci, Spain

Corresponding author: Dr Alejandra Delgado Garcia, Servicio Murciano de Salud, Casco Antiguo Medical Center, Cartagena, Spain. E-mail: janadelgado@hotmail.com

Background and Aim: We present a case of a primary neuroendocrine carcinoma of the fallopian tube that coexists with an appendiceal carcinoid tumor. No other similar cases were found in literature. Only three previous cases of neuroendocrine carcinoma of the fallopian tube have been reported to date. This case concerns a 77 year old woman, menopause at the age of 52 and nulliparity. She consulted with her general practitioner presenting a lump in the abdominal region onset 2 months. Medical examination revealed a non-painful hypogastrious mass. At palpation the mass could be felt above the navel and the consistency was hard. The patient showed no other symptoms. The case was evaluated by Gynecology department and an exploratory laparotomy was performed.
Method: Ultrasound examination showed a large central abdominal pelvic mass. Computed tomography: enlarged uterus, a dilated endometrial cavity with numerous polypoid masses that invaded more than the 50% of the myometrium. Cervix invaded by one of the masses. No lymphadenopathies nor other signs of distant metastasis found. Histopathologic examination: neuroendocrine carcinoma of the fallopian tube, 20cm in diameter,poorly differentiate (G3) with high mitotic activity. Invasion of the total thickness of the myometrium and the stromal connective tissue of the cervix. Lymphatic tumor emboli were found. TNM stage over surgical removed piece pT3, pNx,pMX. FIGO Stage IIIB. Cecal appendix: carcinoid tumor well differentiated in apex, 4mm in diameter that invaded the total thickness with perineural affectation.
Results: Neuroendocrine carcinoma of the fallopian tube G3 FIGO Stage III. Appendiceal carcinoid tumor well differentiated.
Conclusions: Neuroendocrine carcinomas originate from endocrine cells of the diffuse neuroendocrine system, arising mainly in the gastrointestinal tract, lungs, and pancreas They are rarely seen in the female genital system, and the localization in the fallopian tube is exceptional. It is also uncommon to coexist with another neuroendocrine carcinomas. The differentiation between these two tumors makes us establish that this is a case of shyncronous primary carcinomas.

Bibliography:

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