Abstract

Carcinoid syndrome is a paraneoplastic syndrome which occurs due to secretion of humoral factors secreted by neuroendocrine tumors. In gastrointestinal carcinoid tumors, carcinoid syndrome occurs following liver metastasis. Carcinoid syndrome presents with symptoms of flushing, diarrhea, wheezing, telangiectasia, carcinoid heart disease and pellagra. It can be diagnosed by increased levels of 24 hour urinary 5-hydroxy indoleacetic acid and is effectively treated by somatostatin analogues. We present a case of a 52-year-old male with a previous history of carcinoid tumor of the ileo-caecal region which was fully resected presenting with carcinoid syndrome 13 years after resection of the primary tumor. Imaging showed multifocal liver lesions involving both right and left lobes of the liver. Octreotide scan showed multiple foci of tracer uptake in the liver. He was treated with intramuscular octreotide 30mg monthly with good symptomatic response. CT imaging 1 year after diagnosis did not show any progression of liver lesions. This case highlights the possibility of developing liver metastasis years after complete resection of the primary gastrointestinal neuroendocrine tumor and the effective use of octreotide in symptomatic control of carcinoid syndrome and possible efficacy in preventing progression of the liver lesions.