

MANAGEMENT OF INTESTINAL NEUROENDOCRINE TUMOR

Prof. Ali Zedan MD.MRCS

Prof Surgical Oncology Assiut University



Review

Gastroesophageal Neuroendocrine Tumors: Outcomes and Management

Christine Son ^{1,2,*}, Joshua Kalapala ³, Jeff Leva ¹, Michelle Marion Popadiuk ¹, Mohammed K. Atieh ^{1,2}, Daniel Havlichek III ^{1,2} , La

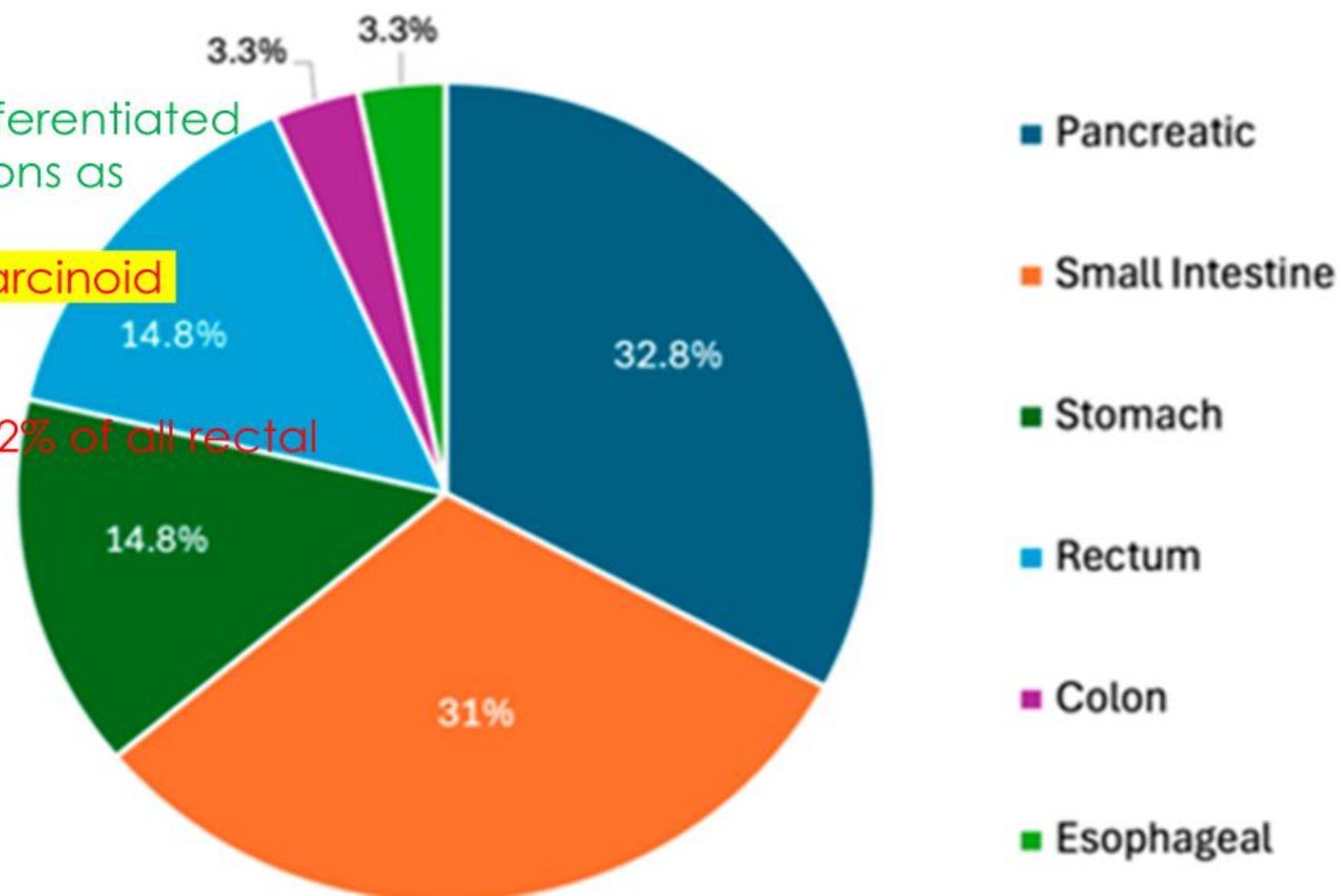
Non-aggressive and Benign Colonic NETs-5–7% of all well-differentiated GEP-NETs with similar clinical presentations as adenocarcinoma of the colons-----

Less than 1% of patients present with carcinoid

features

Rectal NETs

Rectal NETs (R-NETs) comprise about 1–2% of all rectal tumors and represent 12–27% of all GI NETs





Rectal Neuroendocrine Neoplasms: Why Is There a Global Variation?

Jack Cope¹ · Raj Srirajaskanthan^{1,2} 

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Endoscopic resection of rectal NETs carries a risk of nodal involvement is over 60%
85% of rectal NETs that are stage 1 or 2 at diagnosis.

Endoscopic resection of 10–20 mm – 80% Survival

Innovative approaches in predicting outcomes for rectal neuroendocrine tumors

Mahmoud Nassar, Bahaaeldin Baraka, Andrew H Talal

gastrointestinal tract, pancreas, and lungs.

differentiation – screening colonoscopy ,

trans anal excision, low anterior resection, or
abdominoperineal resection.

Advanced or metastatic cases, especially poorly
differentiated NECs, often require chemotherapy-
targeted therapies- tumor grade, tumor stage, tumor
size, age, and the prognostic nutritional index

Can Lymph Node Metastasis be Predicted in Gastroenteropancreatic Neuroendocrine Neoplasias?

Serhat Ocaklı¹, Cengiz Ceylan², Firat Canlikarakaya³, Abidin Goktas⁴, Rumeysa Kankoc⁵ and Serdar Gokay Terzioglu⁴

¹Department of General Surgery, Ankara Pursaklar State Hospital, Ankara, Türkiye

²Department of Gastrointestinal Surgery, Faculty of Medicine, Inonu University, Malatya, Türkiye

³Department of General Surgery, Tokat Nıksar State Hospital, Tokat, Türkiye

⁴Department of General Surgery, Ankara City Hospital, Ankara, Türkiye

⁵Department of Pathology, Ankara City Hospital, Ankara, Türkiye

1.33 and 2.33 per 100,000 Martin et al., lymph node metastasis rates were reported as 65% for colon-origin tumours, 49% for stomach, 48% for rectum, 31% for appendix, and 24% for pancreas. tumour size ≥ 12 mm was reported as an independent risk factor for LN metastasis.



Article

Principles of Surgical Management of Small Intestinal NET

Arnaud Pasquer ^{1,2,*}, Thomas Walter ^{2,3,4}, Laurent Milot ^{2,3,5}, Valérie Hervieu ^{2,3,6} and Gilles Poncet ^{1,2,3}

25%--flush, diarrhea, and cardiac failure

Resection with extent lymphadenectomy should-
Laparotomy or Laparoscopy

Surgical Management of Gastroenteropancreatic Neuroendocrine Tumors

Lisa M. Kenney ¹  and Marybeth Hughes ^{2,*}

¹ Department of Surgery, Eastern Virginia Medical School, Macon and Joan Brock Virginia Health Sciences

Neuroendocrine tumors (NETs) are heterogeneous malignancies arising from enterochromaffin cells that can arise from the gastrointestinal (GI) tract and pancreas. Surgical management is the cornerstone of treatment Colorectal NETs-the ascending colon Rectal NETs represent 20% of GI NETs, although rectal NETs represent only 1–2% of all rectal tumors-Approximately 12–27% of patients with NETs present with distant metastasis-TAE, TACE, and TARE)

Diagnosis and Management of Gastrointestinal Neuroendocrine Tumors: A Comprehensive Literature Review

Omid Yazdanpanah¹, Sarvani Surapaneni¹, Layla Shanah¹, Sohaip Kabashneh¹

1. Internal Medicine, Wayne State University Detroit Medical Center, Detroit, USA

Corresponding author: Omid Yazdanpanah, omid.yazdanpanah@wayne.edu

2% of all malignancy cases-
Intestinal obstruction, or carcinoid syndrome
(CS graded as G1, G2, or G3 based on mitotic count
and/or Ki-67-The most common organ systems
affected by NETs are the gastrointestinal tract and
the respiratory tract accounting for 62-67% and 22-
27% of the total NETs, respectively .
In the digestive tract, the most common sites to be
affected by NETs are the small intestine (30.8%),
rectum (26.3%), colon (17.6%), pancreas (12.1%), and
appendix (5.7%-
5-Hydroxyindoleacetic acid (5-HIAA) is the
end product of serotonin metabolism. Chromogranin
A (CgA) is a glycoprotein secreted by NETs



SURGICAL SYMPOSIUM CONTRIBUTION

Extent of Lymph Node Dissection for Small Bowel Neuroendocrine Tumors

Julie Hallet^{1,2} · Calvin Law^{1,2}



