

MANAGEMENT OF INTESTINAL NEUROENDOCRINE TUMOR

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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 Havlicek 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

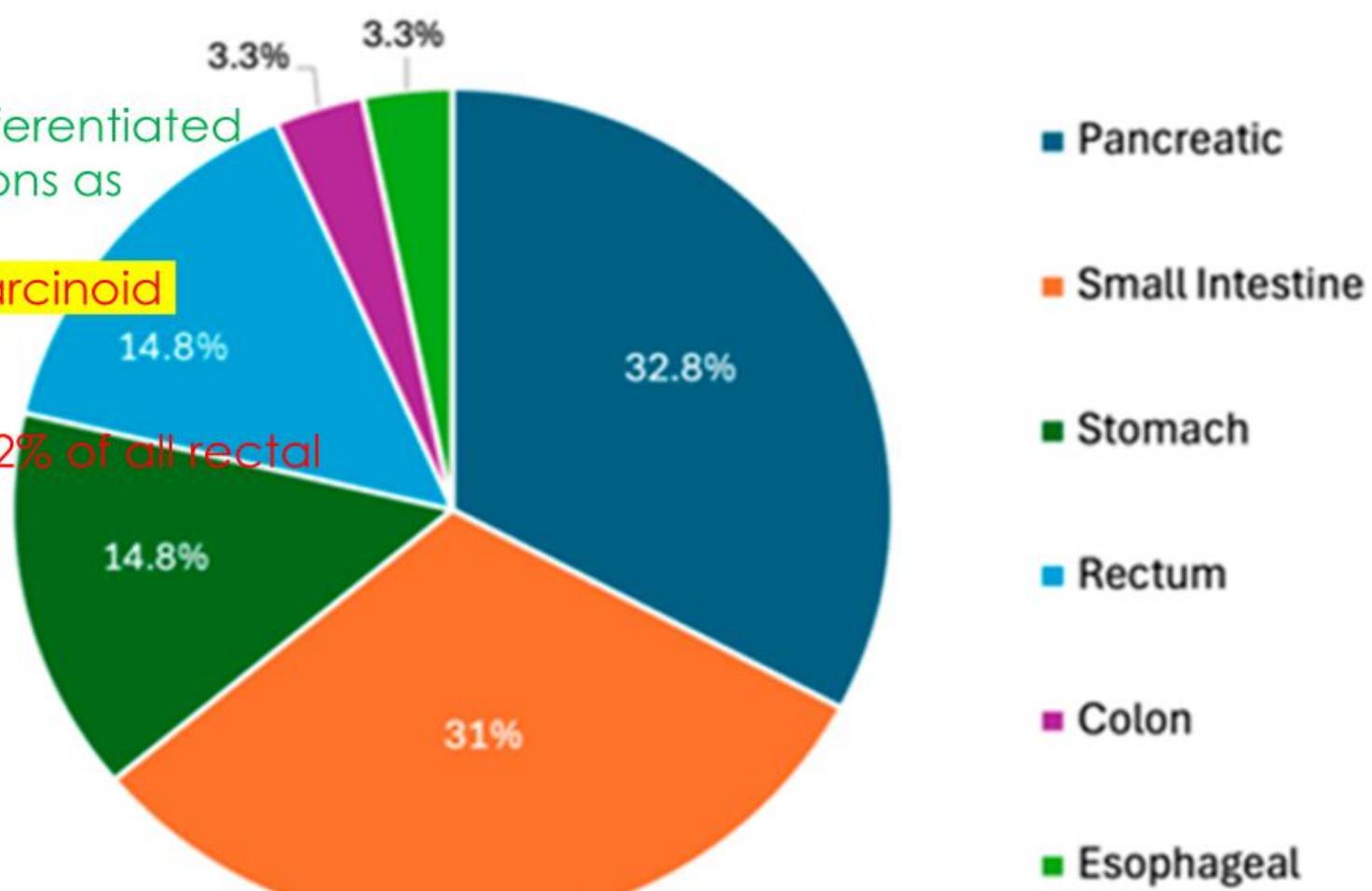
features

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} 

Accepted: 20 September 2021 / Published online: 27 January 2022

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risk of nodal involvement is over 60%

85% of rectal NETs that are stage 1 or 2 at diagnosis.

Endoscopic resection 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?

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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 Pasquier ^{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 Center, Virginia Beach, VA, USA

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 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 Yazdanpanah ¹, Sarvani Surapaneni ¹, Layla Shahab ¹, Sohaip Kabashneh ¹

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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 .

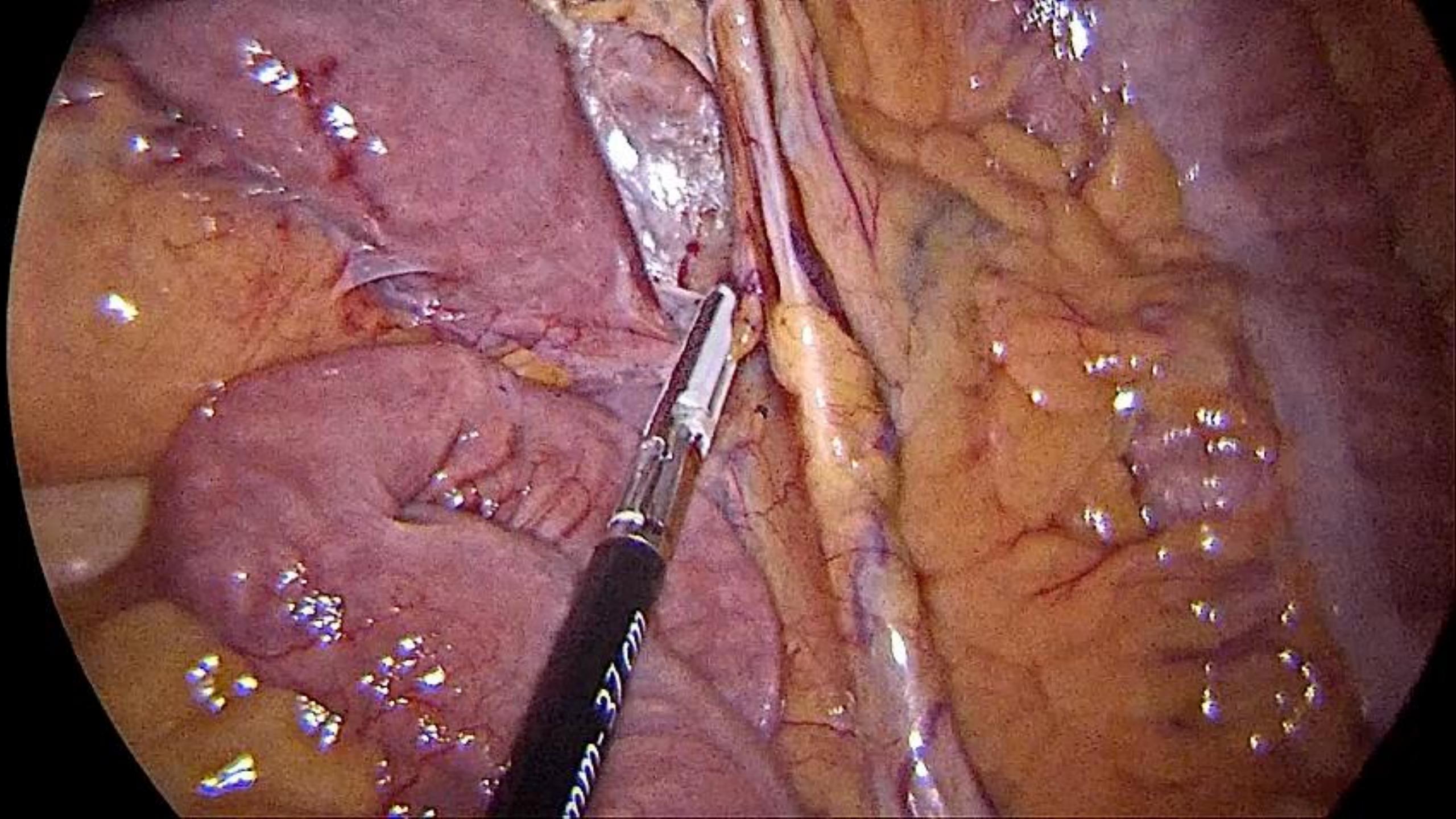
In the digestive tract, the most common sites to be affected by NETs are the small intestine (30.8%), rectum (26.3%), colon (17.6%), pancreas (12.1%), and appendix (5.7%-

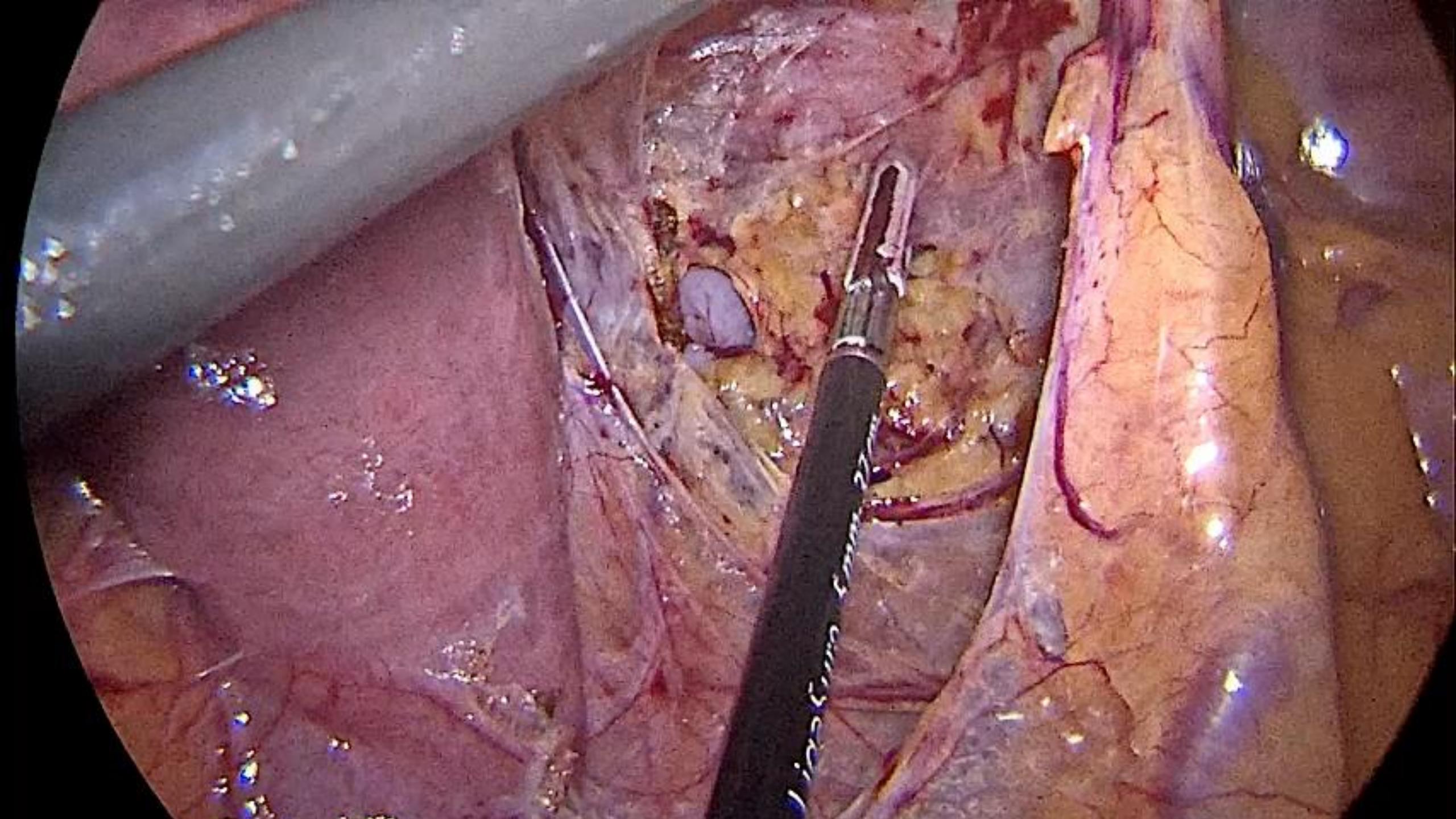
5-Hydroxyindoleacetic acid (5-HIAA) is the end product of serotonin metabolism. Chromogranin A (CgA) is a glycoprotein secreted by NETs

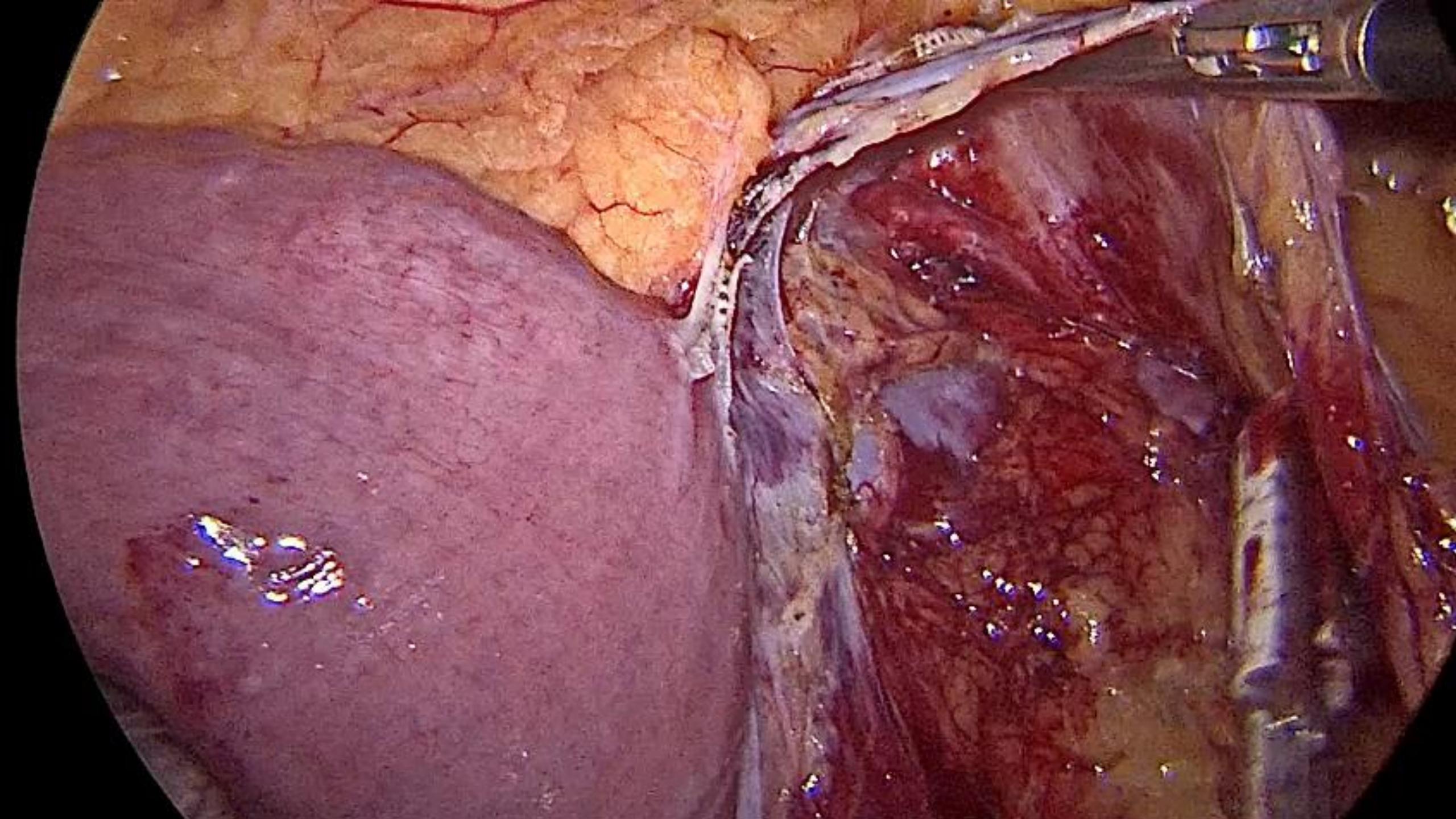


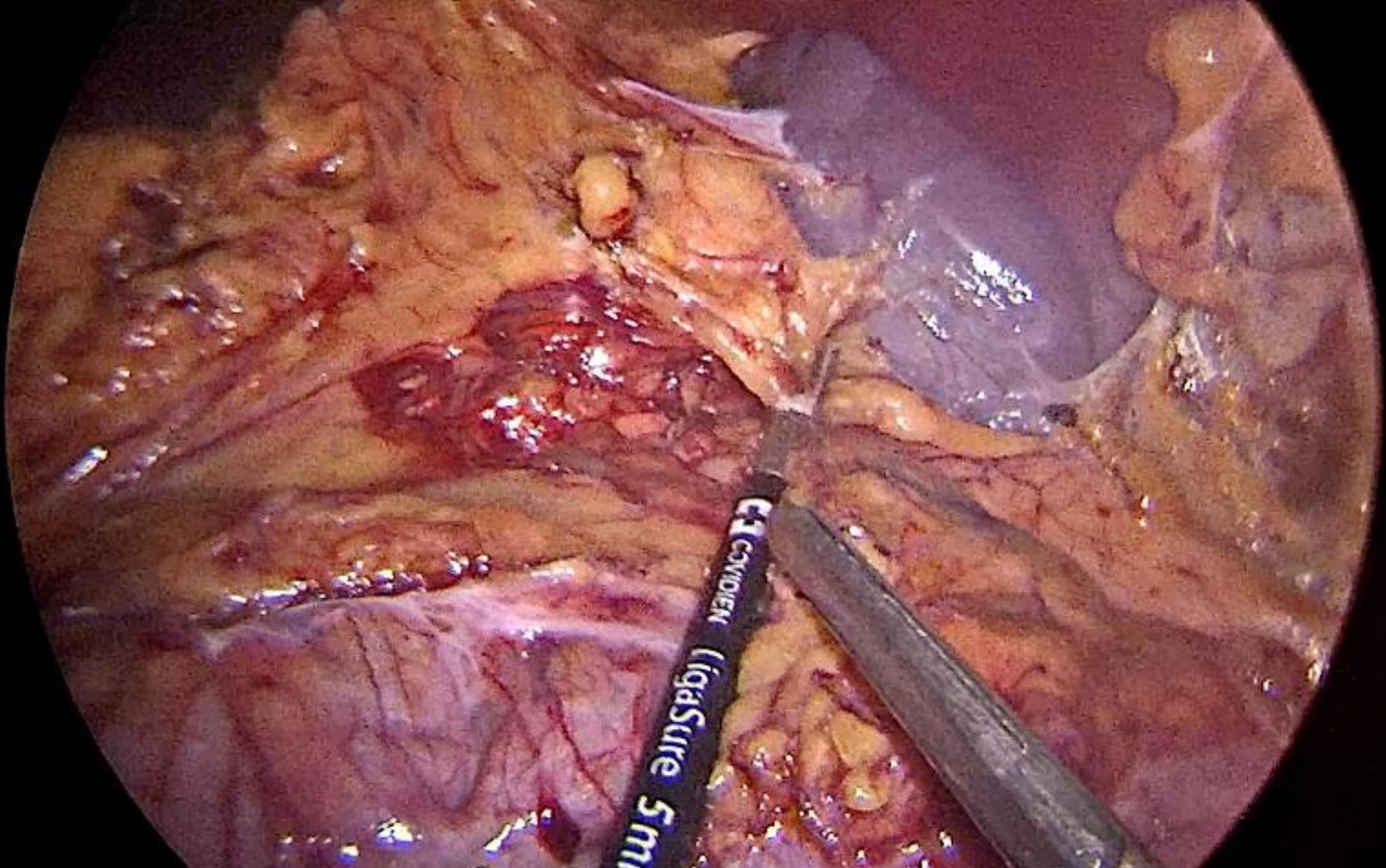
Extent of Lymph Node Dissection for Small Bowel Neuroendocrine Tumors

Julie Hallet^{1,2} · Calvin Law^{1,2}

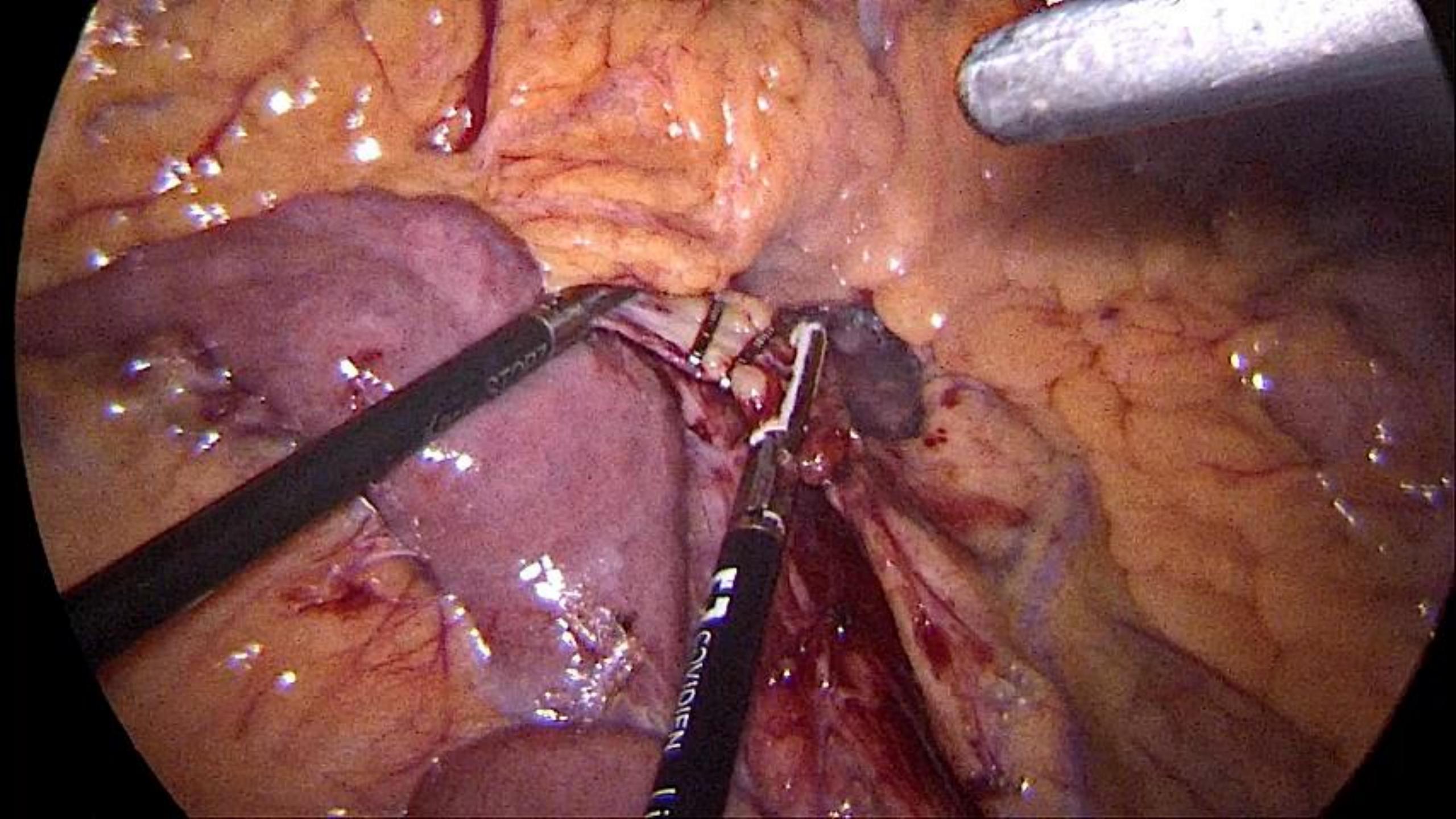


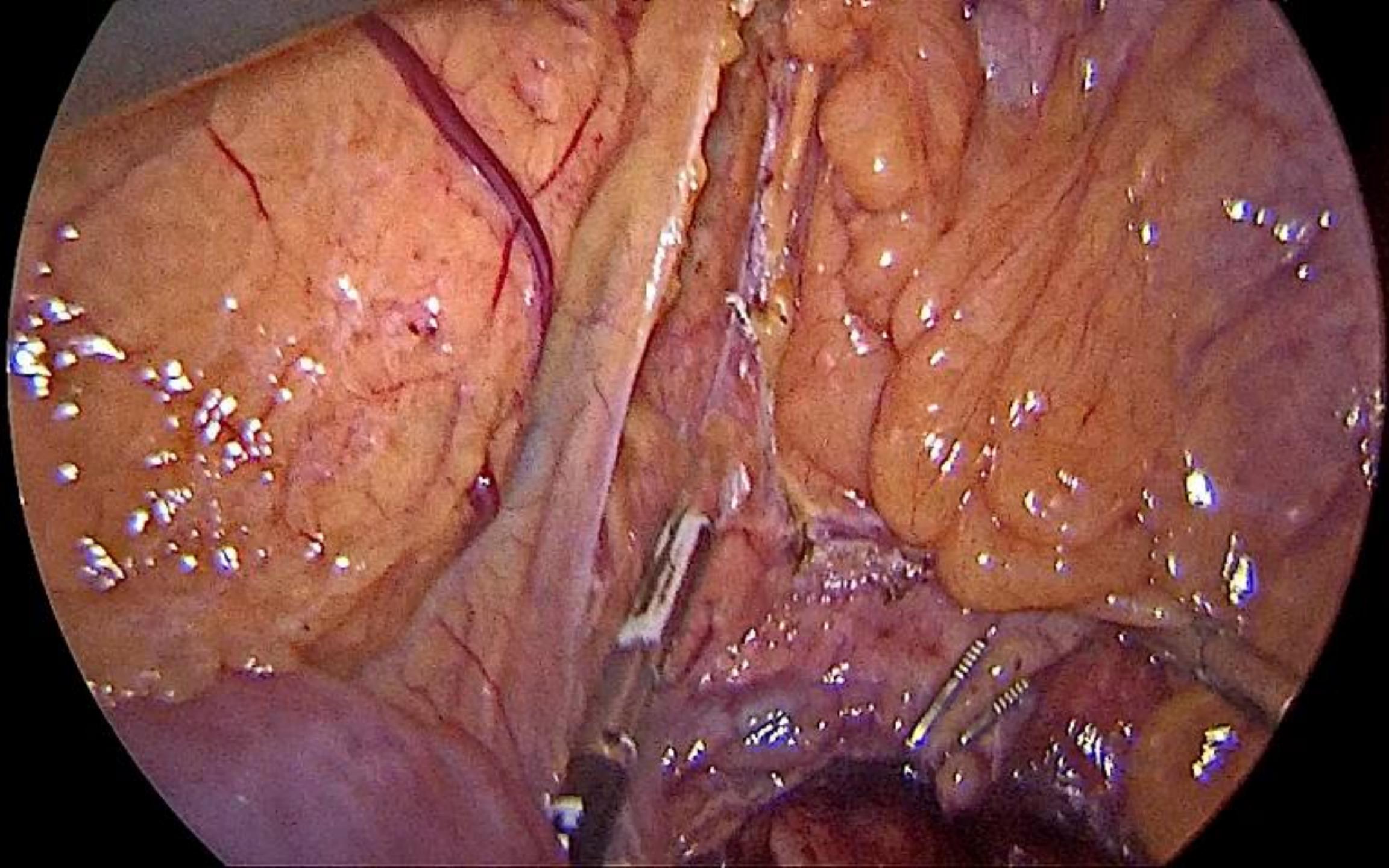


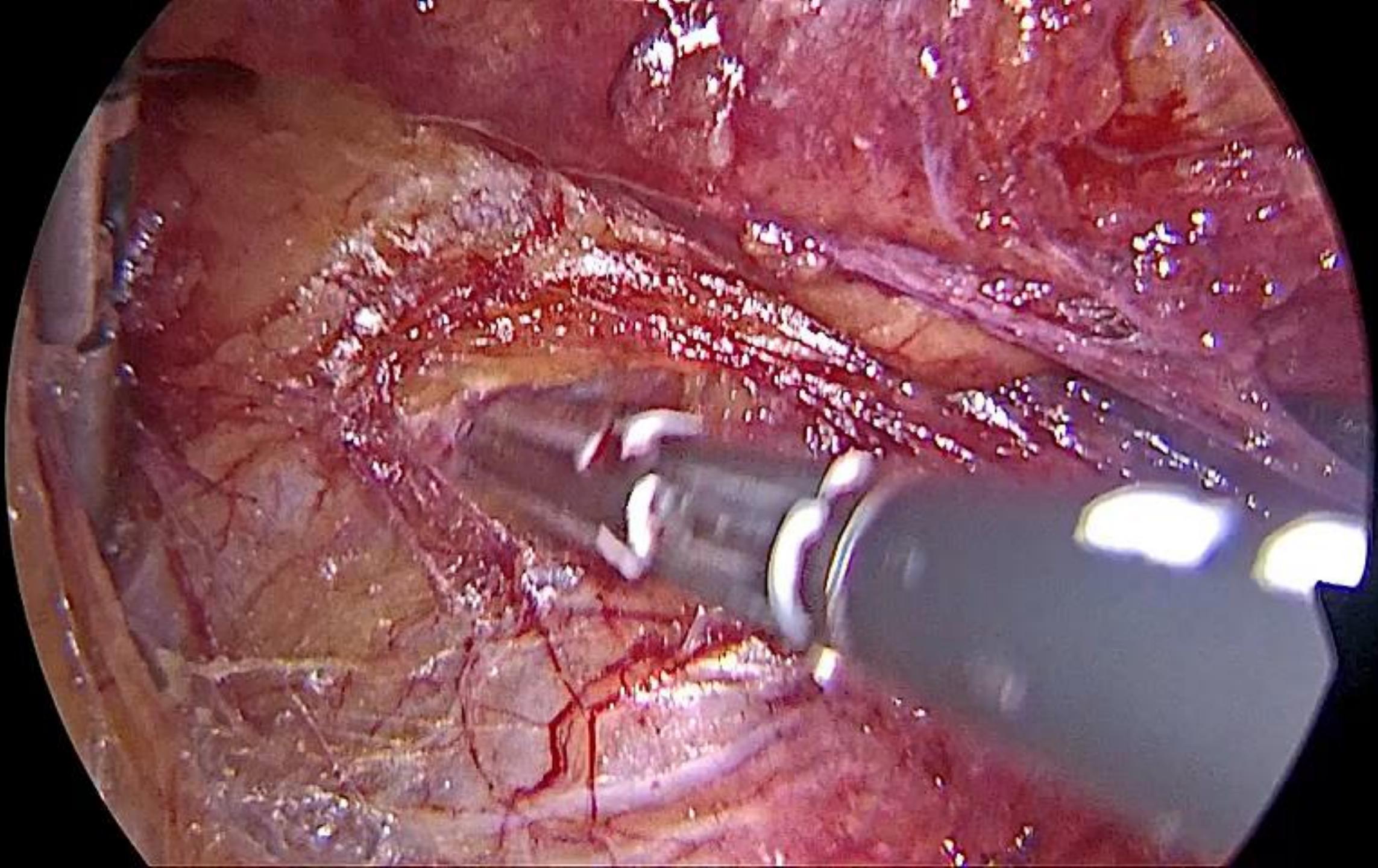


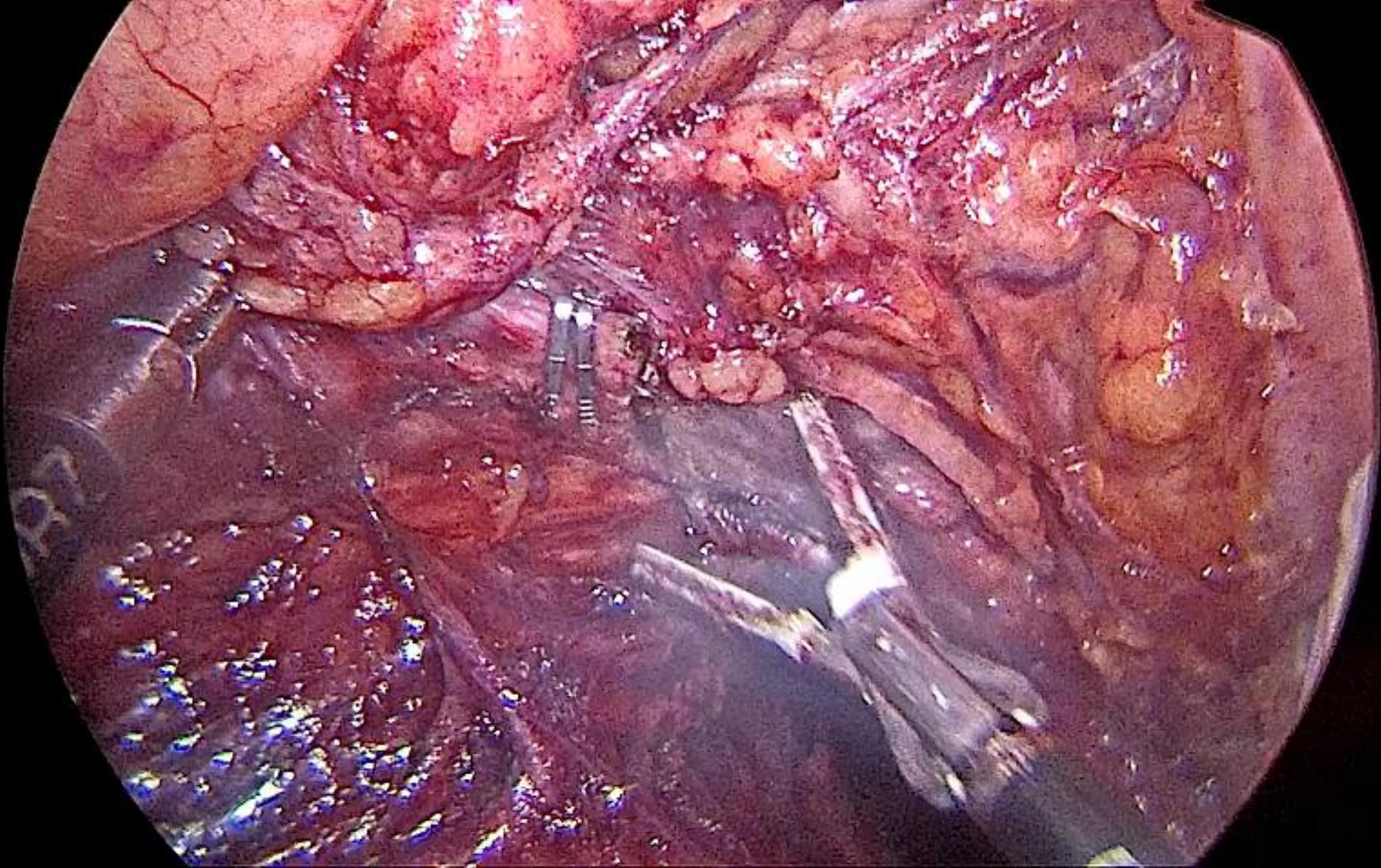


Coloconduit
(Gastric Sump)
5mm









ENDOIEN

ligature 5mm-37cm

