

MDCT imaging in malignant carcinoid syndrome

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A 65-year-old lady presented with sudden onset of palpitations, headache, perspirations and flushing. Clinical examination revealed tenderness in right lumbar region. Ultrasound abdomen revealed multiple hyperechoic hepatic lesions and a mesenteric mass.

Contrast-enhanced computerized tomography (CECT) abdomen revealed multiple hypervascular hepatic lesions. Two enhancing mesenteric masses with desmoplastic reaction were seen encasing the mesenteric branches of superior mesenteric artery. Subcentimeter mesenteric nodes were also seen. A small 1.5 cm×1.35 cm enhancing submucosal lesion was noted in the distal ileum (Fig. 1). Diagnosis of ileal carcinoid with mesenteric and hepatic metastases was made. FNAC from hepatic lesions proved the diagnosis.

Almost 90% of carcinoids occur in terminal ileum. Carcinoid syndrome is seen in patients with metastases from carcinoid tumors and is characterized by dry flushing, diarrhea and asthma attacks [1]. MDCT has revolutionised the diagnosis of primary ileal carcinoid, as subcentimeter masses can be diagnosed with confidence while other indirect signs like mesenteric mass with desmoplastic reaction acting as supportive evidence [2].

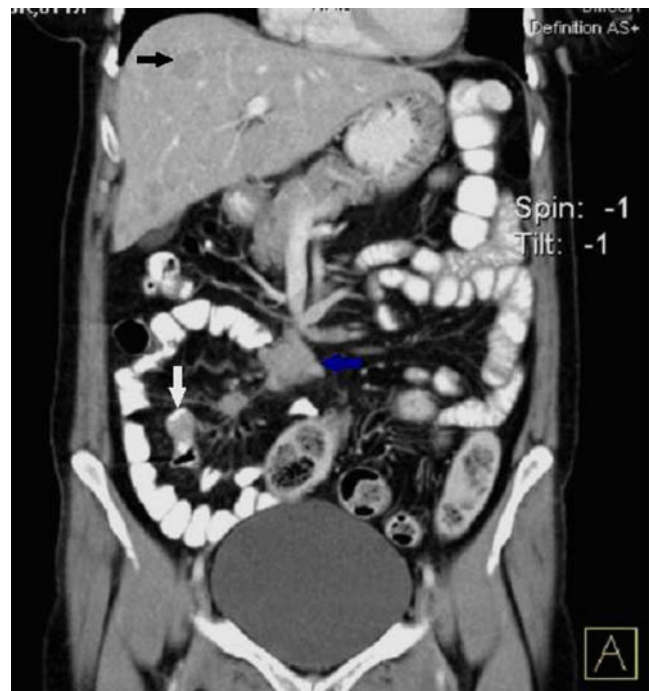


Fig. 1 Coronal CT section in portal venous phase showing hypodense hepatic lesions (*black arrow*), mesenteric masses (*blue arrow*) and ileal submucosal lesion (*white arrow*)

References

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2. Johnson PT, Horton KM, Fishman EK. Nonvascular mesenteric disease: utility of multidetector CT with 3D volume rendering. *Radiographics*. 2009;29:721–40.

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