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WOULD SOMATOSTATIN ANALOGUE OBVIATES THE NEED OF RADICAL SURGERY IN MIDDLE EAR NET?

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INTRODUCTION

Neuroendocrine tumour (NET) involving the middle ear as a primary site is exceptionally rare. To date there have been 54 reported cases in the literature. Surgical removal continues to be the mainstay of treatment however it carries with it considerable risk of complications.

RESULTS

We describe a 25-year-old man who presented with recurrent acute otitis media with mastoiditis of the right ear which was associated with a year history of otalgia, hearing loss and aural fullness. Otoscopic examination revealed inflamed and swollen tympanic membrane. Pure tone audiometry showed mild conductive hearing loss on the right ear while high resolution computed tomography of the temporal bone showed soft tissue opacification of middle ear and mastoid air cells without erosions of ossicles. He underwent right cortical mastoidectomy due to persistent symptoms. Intraoperatively there was granulation tissue within the right mastoid and middle ear cavity. Histopathological examination showed features consistent with a Grade 1 trabecular carcinoid tumour and absence of malignant features. It stained positive for synaptophysin and CD56 but were negative for S-100 and Chromogranin A. Ki-67 proliferation index was low (2-3%). Patient did not have symptoms of carcinoid syndrome and both the 24 hour urinary 5-hydroxylindoleacetic acid and Chromogranin A were within normal range. FDG-Positron Emission Tomography and Galium-68 DOTATE scan showed high uptake at the right mastoid and middle ear with minimal uptake in the mediastinal and paratracheal nodes. In view of the low-grade nature of the NET, monthly 20 mg Octreotide LAR was chosen as a form of treatment over that of radical surgery. Following 6 months of therapy with Octreotide LAR, the patient will be subjected to a repeat Galium-68 DOTATE scan.

CONCLUSION

In cases of low to intermediate grade NET involving the middle ear a combination of limited surgery and somatostatin analogue would be the treatment of choice.

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RADIOFREQUENCY ABLATION (RFA) AS AN EFFECTIVE TREATMENT MODALITY FOR INSULINOMA

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INTRODUCTION

Insulinoma is the commonest type of functional neuroendocrine tumour involving the pancreas. Complete surgical removal has been the primary form of treatment, however, of late newer forms of treatment modalities are being utilised in place of surgery. We describe a case of insulinoma who was successfully treated with radiofrequency ablation (RFA).

RESULTS

A 53-year-old lady presented with recurrent hypoglycaemic symptoms over a 2-month period with blood glucose readings ranging from 2.6-3.9mmol/L. Her symptoms occurred following prolonged fast which were immediately relieved by food intake, fulfilling the criteria of Whipple's triad. During her hospital stay, she had symptomatic fasting hypoglycaemia with a blood glucose of 2.1mmol/L associated with elevated C-peptide and insulin levels together with the absence of blood ketones. In addition she had normal IGF-1 and cortisol levels. Computed Tomography (CT) of the abdomen showed a small enhancing lesion at body of the pancreas measuring 1.6x1.4 cm which was confirmed by a subsequent Endoscopic ultrasound (EUS) revealing a 1 x 0.3 x 0.8 cm pancreatic lesion. Endoscopic fine needle aspiration revealed a pancreatic neuroendocrine tumour which stains for Synaptophysin and Chromogranin. However, both the Chromogranin A and 24-hour urine 5-Hydroxyindoleacetic Acid (HIAA) were within normal range. Subsequently she underwent RFA under EUS guidance. Following the procedure her blood glucose normalised ranging between 5.3-5.7 mmol/L. She was able to wean off the diaxozide that was used to treat the hypoglycaemia prior to procedure. Surveillance CT scan of the abdomen performed a month later showed a mild regression of the tumour size (1.4 x 1.4 cm).

CONCLUSION

We believe this is the first reported use of RFA under EUS guidance in the treatment of insulinoma in this country. The use of this less invasive treatment modality heralds a new dimension in the management of pancreatic tumours.