中文題目：一位中年男性患者因長期下腹痛而診斷出類癌—病例報告

英文題目： Rectal carcinoid tumor diagnosed in a 50-year-old man presenting with low abdominal pain: A Case Report

作　　者：陳彥均　曾志偉

服務單位：佛教大林慈濟醫院內科部

Background: Carcinoid tumors are rare and insidiously-growing neoplasms that originate from neuroendocrine cells. We presented a case with long-term low abdominal pain and then rectal carcinoid tumor was found during colonoscopy and then confirmed by pathology.

Materials and Methods: A 50-year-old man presented to our hospital with lower abdomainal dull pain for 1-2 years. He denied bowel habit change, tarry or bloody stool, or body weight loss. He only had past history of gastroesophageal reflux disease. His family history is not contributory. The physical examination revealed no significant finding. His stool routine was unremarkable. Abdominal sonography demonstrated fatty liver. Colonoscopy showed a rectal subepithelial lesion and subsequent endoscopic ultrasound demonstrated a lesion located at muscular mucosa. Endoscopic mucosal resection was performed. The pathology showed carcinoid tumor. We performed a Pubmed search with use of the key words “carcinoid tumor” for a brief review of epidemiology, clinical manifestation, diagnosis and treatment.

Result: Neuroendocrin tumor (NET) can arise in many organs. When they occur in the intestine and when they are well-differentiated, they are called carcinoid. The epidemiology showed that more than 60 % of NETs were gastroenteropancreatic neuroendocrine tumors and the remaining NETs were mainly bronchopulmonary origins. The percentage of distribution of carcinoid varied according to different studies. Some reports revealed that most carcinoid tumors occurred in the small intestine, followed by rectum and then other gastrointestinal tract. However, other reports showed the rate of rectal carcinoids were higher than the rate of carcinoids in the small intestine. The clinical presentations include diarrhea, wheezing (bronchospasm), flushing, abdominal cramping pain and valvular heart disease. Radiologic imaging (triphasic CT, MRI, or ultrasound) or nuclear medicine tests (^{111}In-Pentetreotide or MIBG Scintigraphy) can be used to diagnose carcinoid tumor. According to the clinical conditions, treatment options may include somatostatin analogues, cytotoxic chemotherapy, surgical resection or cytoreductive surgery.

Conclusion: Carcinoid tumors are rare and slowly-growing neuroendocrine tumors. Diarrhea, wheezing, flushing, abdominal cramping pain or valvular heart disease may develop as clinical manifestations. Radiographic and nuclear imaging can be used for diagnosis. Management strategies include medical and surgical treatment.