#15#

Revisiones (todas) * Reviews (all)**

Neuroendocrine tumors.

October / November 2013

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[1]

TÍTULO / TITLE: - Recommendations for imaging tumor response in neurofibromatosis clinical trials.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Neurology. 2013 Nov 19;81(21 Suppl 1):S33-40. doi: 10.1212/01.wnl.0000435744.57038.af.

●● Enlace al texto completo (gratuito o de pago)
1212/01.wnl.0000435744.57038.af

AUTORES / AUTHORS: - Dombi E; Ardern-Holmes SL; Babovic-Vuksanovic D; Barker FG; Connor S; Evans DG; Fisher MJ; Goutagny S; Harris GJ; Jaramillo D; Karajannis MA; Korf BR; Mautner V; Plotkin SR; Poussaint TY; Robertson K; Shih CS; Widemann BC

INSTITUCIÓN / INSTITUTION: - From the Pediatric Oncology Branch (E.D., B.C.W.), National Cancer Institute, Bethesda, MD; Department of Neurology (S.L.A.-H.), The Children's Hospital at Westmead, Sydney, Australia; Department of Medical Genetics (D. B.-V.), Mayo Clinic, Rochester, MN; Neurosurgical Service (F.G.B.), Department of Radiology (G.J.H.), and Department of Neurology and Cancer Center (S.R.P.), Massachusetts General Hospital, Boston, MA; Department of Neuroradiology (S.C.), King's College Hospital, London, UK; Department of Genetic Medicine (D.G.E.), MAHSC, St Mary's Hospital, Manchester, UK; Division of Oncology (M.J.F.) and Department of Radiology (D.J.), The Children's Hospital of Philadelphia; Department of Pediatrics (M.J.F.), The Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA; Department of Neurosurgery (S.G.), Hopital Beaujon, Clichy, France; Division of Pediatric Hematology/Oncology and NYU Cancer Institute (M.A.K.), NYU Langone Medical Center, New York, NY; Department of Genetics

(B.R.K.), University of Alabama at Birmingham, Birmingham, AL; Department of Neurology (V.M.), University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Department of Radiology (T.Y.P.), Boston Children's Hospital, Boston, MA; and Department of Pediatrics (K.R., C.-S.S.), Riley Hospital for Children, Indianapolis, IN.

RESUMEN / SUMMARY: - OBJECTIVE: Neurofibromatosis (NF)-related benign tumors such as plexiform neurofibromas (PN) and vestibular schwannomas (VS) can cause substantial morbidity. Clinical trials directed at these tumors have become available. Due to differences in disease manifestations and the natural history of NF-related tumors, response criteria used for solid cancers (1-dimensional/RECIST [Response Evaluation Criteria in Solid Tumors] and bidimensional/World Health Organization) have limited applicability. No standardized response criteria for benign NF tumors exist. The goal of the Tumor Measurement Working Group of the REiNS (Response Evaluation in Neurofibromatosis and Schwannomatosis) committee is to propose consensus guidelines for the evaluation of imaging response in clinical trials for NF tumors. METHODS: Currently used imaging endpoints, designs of NF clinical trials, and knowledge of the natural history of NF-related tumors, in particular PN and VS, were reviewed. Consensus recommendations for response evaluation for future studies were developed based on this review and the expertise of group members. RESULTS: MRI with volumetric analysis is recommended to sensitively and reproducibly evaluate changes in tumor size in clinical trials. Volumetric analysis requires adherence to specific imaging recommendations. A 20% volume change was chosen to indicate a decrease or increase in tumor size. Use of these criteria in future trials will enable meaningful comparison of results across studies. CONCLUSIONS: The proposed imaging response evaluation guidelines, along with validated clinical outcome measures, will maximize the ability to identify potentially active agents for patients with NF and benign tumors.

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[2]

TÍTULO / TITLE: - I-MIBG therapy for malignant paraganglioma and pheochromocytoma: systematic review and meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Clin Endocrinol (Oxf). 2013 Oct 1. doi: 10.1111/cen.12341.

●● Enlace al texto completo (gratuito o de pago) 1111/cen.12341

AUTORES / AUTHORS: - van Hulsteijn LT; Niemeijer ND; Dekkers OM; Corssmit EP

INSTITUCIÓN / INSTITUTION: - Department of Endocrinology and Metabolic Diseases, Leiden University Medical Center, Leiden, The Netherlands.

RESUMEN / SUMMARY: - BACKGROUND: 131 I-MIBG therapy can be used for palliative treatment of malignant paraganglioma and pheochromocytoma. The main objective of this study was to perform a systematic review and meta-analysis assessing the effect of 131 I-MIBG therapy on tumour volume in patients with malignant paraganglioma/pheochromocytoma. METHODS: A literature search was performed in December 2012 to identify potentially relevant studies. Main outcomes were the pooled proportions of complete response, partial response and stable disease after radionuclide therapy. A meta-analysis was performed with an exact likelihood approach using a logistic regression with a random effect at the study level. Pooled proportions with 95% confidence intervals (CI) were reported. RESULTS: Seventeen studies concerning a total of 243 patients with malignant paraganglioma/pheochromocytoma

were treated with 131 I-MIBG therapy. The mean follow-up ranged from 24 to 62 months. A meta-analysis of the effect of 131 I-MIBG therapy on tumour volume showed pooled proportions of complete response, partial response and stable disease of, respectively, 0.03 (95% CI: 0.06-0.15), 0.27 (95% CI: 0.19-0.37) and 0.52 (95% CI: 0.41-0.62) and for hormonal response 0.11 (95% CI: 0.05-0.22), 0.40 (95% CI: 0.28-0.53) and 0.21 (95% CI: 0.10-0.40), respectively. Separate analyses resulted in better results in hormonal response for patients with paraganglioma than for patients with pheochromocytoma. CONCLUSIONS: Data on the effects of 131 I-MIBG therapy on malignant paraganglioma/pheochromocytoma suggest that stable disease concerning tumour volume and a partial hormonal response can be achieved in over 50% and 40% of patients, respectively, treated with 131 I-MIBG therapy. It cannot be ruled out that stable disease reflects not only the effect of MIBG therapy, but also (partly) the natural course of the disease.

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[3]
TÍTULO / TITLE: - The Role of Proinsulin and Insulin in the Diagnosis of Insulinoma: A Critical Evaluation of the Endocrine Society Clinical Practice Guideline.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J Clin Endocrinol Metab. 2013 Sep 30.
●● Enlace al texto completo (gratuito o de pago) 1210/jc.2013-2182
AUTORES / AUTHORS: - Guettier JM; Lungu A; Goodling A; Cochran C; Gorden P
INSTITUCIÓN / INSTITUTION: - 1National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Bethesda, MD, United States, 20892;
RESUMEN / SUMMARY: - Context:An end of fast insulin >/= 3 mu IU/mL and a proinsulin concentration >/= 5 pmol/L have been suggested as useful cutoffs for the diagnosis of insulinoma.Objective:To evaluate the diagnostic performance of an end of fast insulin concentration >/= 3 mu IU/mL and an end of fast proinsulin concentration >/= 5 pmol/L.Design:Case-control series.Setting:Tertiary-care center.Patients:56 subjects with a positive 48-hour supervised fast had an insulinoma between June 2000 and April 2011. During this same time period, a diagnosis of insulinoma was excluded in 29 subjects who underwent a supervised fast.Intervention:48-hour supervised fast.Main Outcome Measure:Serum insulin concentration and plasma proinsulin concentrationResults:91% patients with an insulinoma had a measured insulin concentration >/= 5 mu IU/mL at the end of fast. The sensitivity increased to 98% if the threshold to define inadequate insulin suppression was lowered to >/= 3 mu IU/mL. The median (IQR) end of fast proinsulin was 100 (53-270) pmol/L for cases and 6.8 (4.2-12.0) pmol/liter for controls. An end of fast proinsulin value of >/= 5 pmol/L could not distinguish cases from controls (59% false positive rate). All patients with an insulinoma (sensitivity 100%) and none of the control subject (specificity 100%) had end of fast proinsulin concentration >/= 27 pmol/L.Conclusion:Using a current insulin assay 9% of insulinoma cases end the supervised fast with an insulin concentration below 5 mu IU/mL. Inadequate insulin suppression defined using a threshold of >/= 3 mu IU/mL increases the sensitivity of the test. The value of the proinsulin test lies in its unique ability to distinguish cases from controls. A proinsulin concentration of >/= 22 pmol/L best discriminates cases from controls. Reliance on an end of fast proinsulin cutoff-value of 5 pmol/L does not augment sensitivity but greatly reduces specificity of the test.

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[4]

TÍTULO / TITLE: - Endoscopic Resection Therapies for Rectal Neuroendocrine Tumors: a Systematic Review and Meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Gastroenterol Hepatol. 2013 Oct 3. doi: 10.1111/jgh.12395.

●● Enlace al texto completo (gratuito o de pago) 1111/jgh.12395

AUTORES / AUTHORS: - Zhou X; Xie H; Xie L; Li J; Cao W; Fu W

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, Peking University Third Hospital.

RESUMEN / SUMMARY: - BACKGROUND AND AIM: Among various endoscopic resection therapies including conventional endoscopic mucosal resection (EMR) only with a snare after submucosal injection, modified EMR (m-EMR) with other assistant devices such as a ligation band or a suction cap and endoscopic submucosal dissection (ESD), we aimed to study which is the best choice for rectal neuroendocrine tumors. METHODS: A broad literature research was performed and a systematic review and meta-analysis was conducted. RESULTS: 10 retrospective studies with 650 patients were included. Complete resection rates were significantly higher in the ESD group compared with the EMR group (relative risk [RR] 0.89, 95% confidence interval [CI] [0.79, 0.99]), in the m-EMR group compared with the conventional EMR group (RR 0.72, 95% CI [0.60, 0.86]), and was comparable between the ESD group and the m-EMR group (RR 1.03, 95% CI [0.95, 1.11]). Procedure time was significantly longer in the ESD group than in the EMR group (standard mean differences [STD] -1.37, 95%CI [-1.99, -0.75]), but there was no significant difference between that of the m-EMR group and ESD group (STD -1.50, 95%CI [-3.14, 0.14]). Local recurrence occurred in 5 cases in the EMR group (5/328) and did not occur in the ESD group (0/209). CONCLUSIONS: ESD or modified EMR techniques could be applied to rectal neuroendocrine tumors with indications for endoscopic treatment. Modified EMR procedures appear to be comparable with ESD in the treatment of rectal neuroendocrine tumors. However, the findings have to be carefully interpreted due to the lower level of evidence.

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[5]

TÍTULO / TITLE: - Integrated Whole-Body PET/MRI With 18F-FDG, 18F-FDOPA, and 18F-FDA in Paragangliomas in Comparison With PET/CT: NIH First Clinical Experience With a Single-Injection, Dual-Modality Imaging Protocol.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Clin Nucl Med. 2013 Oct 22.

●● Enlace al texto completo (gratuito o de pago)
1097/RLU.0000000000000289

AUTORES / AUTHORS: - Blanchet EM; Millo C; Martucci V; Maass-Moreno R; Bluemke DA; Pacak K

INSTITUCIÓN / INSTITUTION: - From the *Program in Reproductive and Adult Endocrinology, Eunice Kennedy Shriver National Institute of Child Health and Human Development; Departments of daggerPET, double daggerNuclear Medicine, and

section signRadiology and Imaging Sciences, Warren Magnuson Clinical Center, National Institutes of Health, Bethesda, MD.

RESUMEN / SUMMARY: - PURPOSE: Paragangliomas (PGLs) are tumors that can metastasize and recur; therefore, lifelong imaging follow-up is required. Hybrid PET/CT is an essential tool to image PGLs. Novel hybrid PET/MRI scanners are currently being studied in clinical oncology. We studied the feasibility of simultaneous whole-body PET/MRI to evaluate patients with PGLs. METHODS: Fifty-three PGLs or PGL-related lesions from 8 patients were evaluated. All patients underwent a single-injection, dual-modality imaging protocol consisting of a PET/CT and a subsequent PET/MRI scan. Four patients were evaluated with F-FDG, 2 with F-fluorodihydroxyphenylalanine, and 2 with F-fluorodopamine. PET/MRI data were acquired using a hybrid whole-body 3-tesla integrated PET/MRI scanner. PET and MRI data (Dixon sequence for attenuation correction and T2-weighted sequences for anatomic allocation) were acquired simultaneously. Imaging workflow and imaging times were documented. PET/MRI and PET/CT data were visually assessed (blindly) in regards to image quality, lesion detection, and anatomic allocation and delineation of the PET findings. RESULTS: With hybrid PET/MRI, we obtained high-quality images in an acceptable acquisition time (median, 31 minutes; range, 25-40 minutes) with good patient compliance. A total of 53 lesions, located in the head and neck area (6 lesions), mediastinum (2 lesions), abdomen and pelvis (13 lesions), lungs (2 lesions), liver (4 lesions), and bones (26 lesions), were evaluated. Fifty-one lesions were detected with PET/MRI and confirmed by PET/CT. Two bone lesions (L4 body, 8 mm, and sacrum, 6 mm) were not detectable on an F-FDA scan PET/MRI, likely because F-FDA was washed out between PET/CT and PET/MRI acquisitions. Coregistered MRI tended to be superior to coregistered CT for head and neck, abdomen, pelvis, and liver lesions for anatomic allocation and delineation. CONCLUSIONS: Clinical PGL evaluation with hybrid PET/MRI is feasible with high-quality image and can be obtained in a reasonable time. It could be particularly beneficial for the pediatric population and for precise lesion definition in the head and neck, abdomen, pelvis, and liver.

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[6]

TÍTULO / TITLE: - Cutaneous metastases as an initial manifestation of visceral well-differentiated neuroendocrine tumor: a report of four cases and a review of literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Cutan Pathol. 2013 Nov 13. doi: 10.1111/cup.12263.

●● Enlace al texto completo (gratuito o de pago) 1111/cup.12263

AUTORES / AUTHORS: - Jedrych J; Busam K; Klimstra DS; Pulitzer M

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, NY.

RESUMEN / SUMMARY: - Well-differentiated neuroendocrine tumors metastasize to the skin uncommonly, and only 35 cases are reported in the literature. In only five of these patients, cutaneous metastases were the presenting symptom of malignancy; herein we report four such cases. Two patients were female and two male, aged 50 to 74 years (mean: 64.5 years), each with a solitary painless, slowly-enlarging, non-ulcerated cutaneous nodule of 3 to 12 months duration (mean: 9 months). The lesions were on the scalp (n = 3) and trunk (n = 1), and ranged in greatest dimension from 0.5 to 2.5 cm. The distinction from other microscopically similar entities, and the interpretation of

origination from gastrointestinal, pancreatic or respiratory system primaries, was made clinically, or was based on the morphologic features and the immunohistochemical profile. One patient died of the disease progression after 36 months while two patients are alive with significant disease progression after 24 and 60 months. Metastatic neuroendocrine tumor should be considered in the differential diagnosis of cutaneous tumors with neuroendocrine morphology even in patients with no known history of visceral malignancy.

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[7]
TÍTULO / TITLE: - Giant insulinoma: a report of 3 cases and review of the literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Pancreas. 2013 Nov;42(8):1323-32. doi: 10.1097/MPA.0b013e318292006a.

●● Enlace al texto completo (gratuito o de pago)
1097/MPA.0b013e318292006a
AUTORES / AUTHORS: - Callacondo D; Arenas JL; Ganoza AJ; Rojas-Camayo J; Quesada-Olarte J; Robledo H
INSTITUCIÓN / INSTITUTION: - From the *Laboratorios de Investigacion y Desarrollo, Universidad Peruana Cayetano Heredia Lima, Peru; daggerDepartment of Pathology, Hospital Nacional Guillermo Almenara Irigoyen, Lima, Peru; double daggerThomas E. Starzl Transplantation Institute, University of Pittsburgh Medical Center, Pittsburgh, PA; and section signDepartment of General Surgery, Hospital Nacional Guillermo Almenara Irigoyen, Lima, Peru.
RESUMEN / SUMMARY: - Insulinoma is a rare pancreatic neuroendocrine tumor that is usually described as benign, sporadic, and very small (<2 cm). However, there have been rare case reports of insulinoma presenting as a giant tumor. We describe 3 cases of giant insulinomas, all of which developed liver metastases. The patients were aged 38, 63, and 67 years. Clinically, all patients presented with Whipple's triad associated with a large mass located in the pancreatic tail. The tumors ranged in size from 10 to 15 cm. On microscopic examination, the tumors were well differentiated with amyloid deposition ranging between 20% and 30%. Immunohistochemically, all 3 tumors showed strong diffuse expression of chromogranin and synaptophysin, whereas they were only focally positive for insulin. One patient developed liver recurrence 3 years after resection of the primary tumor yet remained asymptomatic without treatment. Another patient with liver recurrence underwent right hepatectomy and has been free of disease for 2 years. The third patient died of metastatic disease 13 years after initial surgery. Giant insulinomas are characterized by focal expression of insulin and high rates of liver metastases. Long-term follow-up is mandatory in these patients, as recurrence is expected after primary surgery.

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[8]
TÍTULO / TITLE: - Neuroendocrine carcinoma of the skin—an updated review.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Semin Diagn Pathol. 2013 Aug;30(3):234-44. doi: 10.1053/j.semdp.2013.07.002.

●● Enlace al texto completo (gratuito o de pago) 1053/j.semdp.2013.07.002

AUTORES / AUTHORS: - Daoud MA; Mete O; Al Habeeb A; Ghazarian D
INSTITUCIÓN / INSTITUTION: - Department of Pathology, University Health Network, Toronto General Hospital, Floor 11-E 200 Elizabeth Street, Toronto, Ontario, Canada M5G 2C4.
RESUMEN / SUMMARY: - Primary neuroendocrine carcinoma of the skin, or Merkel Cell carcinoma (MCC), is a rare but aggressive tumor. Many recent advances on the morphology, immunophenotype, and pathogenesis have come to light in recent years. This review highlights the clinical features, varying histologies, histogenesis, advances in molecular pathology, prognosis, and current management of MCC. It also aims to aid in the differential diagnosis, with an emphasis on neuroendocrine tumors, and approach to the diagnosis of MCC with the use of immunohistochemistry and molecular studies.

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[9]
TÍTULO / TITLE: - Current and future trends in the anatomical and functional imaging of head and neck paragangliomas.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Semin Nucl Med. 2013 Nov;43(6):462-73. doi: 10.1053/j.semnuclmed.2013.06.005.

●● Enlace al texto completo (gratuito o de pago)
1053/j.semnuclmed.2013.06.005
AUTORES / AUTHORS: - Taieb D; Varoquaux A; Chen CC; Pacak K
INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, La Timone University Hospital, CERIMED, Aix-Marseille University, Marseille, France.
RESUMEN / SUMMARY: - Head and neck paragangliomas (HNPGLs) account for approximately 3% of all paragangliomas (PGLs). Most often, HNPGLs are benign, nonsecreting, and slowly progressing. The initial physical examination and biochemical diagnosis usually adds very little to the proper diagnosis of these tumors, and, therefore, radiologists and nuclear medicine physicians play a pivotal role in providing the initial diagnosis, the locoregional staging, and the plan for detecting potential multicentric or metastatic lesions. Based on several current studies, the most accurate use of HNPGL-specific initial and subsequent imaging modalities must be guided by the knowledge of genetics and the specifically measured biochemical profile of these tumors for the proper management of these patients. Thus, this short review article presents the application of the most up-to-date anatomical and functional imaging approaches to HNPGLs tightly linked to the clinical management of these patients. Based on the most recent studies, 18F-FDOPA PET/CT has been shown to be a useful addition to anatomical imaging in the preoperative localization and molecular assessment of HNPGLs. It is estimated that the frequency of metabolically active PGLs on 18F-FDOPA PET/CT in this region is higher than 90%. For patients with hereditary PGL syndromes, (18)F-FDG-PET/CT should be reserved. Imaging of somatostatin receptors using Octreoscan or 68Ga-labeled somatostatin analogues plays an important role for selecting patients for targeted radiation therapy. This review also concludes that it is expected that in the near future, these patients will indeed benefit from new diagnostic approaches based on the identification of new targets by molecular profiling studies that will result in the development of novel PGL-specific radiopharmaceuticals.

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[10]

TÍTULO / TITLE: - Zollinger-Ellison syndrome: recent advances and controversies.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Curr Opin Gastroenterol. 2013 Nov;29(6):650-61. doi: 10.1097/MOG.0b013e328365efb1.

●● Enlace al texto completo (gratuito o de pago)

1097/MOG.0b013e328365efb1

AUTORES / AUTHORS: - Ito T; Igarashi H; Jensen RT

INSTITUCIÓN / INSTITUTION: - aDepartment of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, Higashi-ku, Fukuoka, Japan bDigestive Diseases Branch, NIDDK, NIH, Bethesda, Maryland, USA.

RESUMEN / SUMMARY: - PURPOSE OF REVIEW: To review the recent advances and current controversies in patients with Zollinger-Ellison syndrome (ZES). RECENT FINDINGS: Recent advances in the management of ZES include: improved understanding of the pathogenesis of gastrinoma and pancreatic neuroendocrine tumors, new prognostic classification systems, new diagnostic algorithms, more sensitive localization studies, new treatment strategies including improved control of gastric acid secretion and role for surgery, and new approaches to patients with advanced disease. Controversies include: the best approach to a patient with hypergastrinemia suspected of possibly having ZES, the appropriate gastrin assay to use, the role of surgery in patients with ZES, especially those with multiple endocrine neoplasia type 1, and the precise order of therapeutic modalities in the treatment of patients with advanced disease. SUMMARY: This review updates clinicians regarding important advances and controversies required to optimally diagnose and manage patients with ZES.

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[11]

TÍTULO / TITLE: - Unresectable giant pancreatic neuroendocrine tumor effectively treated by high-intensity focused ultrasound: A case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Pancreatology. 2013 Nov-Dec;13(6):634-8. doi: 10.1016/j.pan.2013.10.001. Epub 2013 Oct 10.

●● Enlace al texto completo (gratuito o de pago) 1016/j.pan.2013.10.001

AUTORES / AUTHORS: - Chen Q; Zhu X; Chen Q; Wang K; Meng Z

INSTITUCIÓN / INSTITUTION: - Department of Integrated Oncology, Fudan University Shanghai Cancer Center, China; Department of Oncology, Shanghai Medical College, Fudan University, Shanghai 200032, China.

RESUMEN / SUMMARY: - Patients with pancreatic neuroendocrine tumors (PNETs) diagnosed at late stage are not suitable candidates for surgery. So far, only a limited number of cases have been documented in literature about the effectiveness of HIFU, which has been more frequently reported to treat pancreatic adenocarcinoma rather than PNET. We report herein that a patient with a pancreatic neuroendocrine unresectable tumor was effectively treated with serial high-intensity focused ultrasound (HIFU) ablation, with no significant side effects detected. Upon evaluation, treatment results included: the tendency of tumor shrinkage, pain relief, decreased tumor marker

levels, and obvious improvements in quality of life. Sustained efficacy was observed during a follow-up at 25 months with no tumor progression.

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[12]
TÍTULO / TITLE: - Solitary liver metastasis of chromophobe renal cell carcinoma 17 years after nephrectomy A case report and review of the literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Ann Ital Chir. 2013 Oct 25;84. pii: S2239253X13021816.
AUTORES / AUTHORS: - Talarico F; Capizzi D; Iusco DR
RESUMEN / SUMMARY: - The prognosis for renal metastatic carcinoma is poor: in fact only a small portion of patients have metastases surgically treatable for their number and sizes with often a multiorgan involvement. We present a case in whit a solitary liver metastasis was incidentaly detected 17 years after nephrectomy for renal clear cell carcinoma. during a staging computed tomography performed for colonic cancer. We discuss the main feature of this rare condition. KEY WORDS: Hepatic resection, Liver metastasis, Renal cell carcinoma.

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[13]
TÍTULO / TITLE: - Eastern Canadian Colorectal Cancer Consensus Conference: standards of care for the treatment of patients with rectal, pancreatic, and gastrointestinal stromal tumours and pancreatic neuroendocrine tumours.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Curr Oncol. 2013 Oct;20(5):e455-64. doi: 10.3747/co.20.1638.
●● Enlace al texto completo (gratuito o de pago) 3747/co.20.1638
AUTORES / AUTHORS: - Di Valentin T; Biagi J; Bourque S; Butt R; Champion P; Chaput V; Colwell B; Cripps C; Dorreen M; Edwards S; Falkson C; Frechette D; Gill S; Goel R; Grant D; Hammad N; Jeyakumar A; L'esperance M; Marginean C; Maroun J; Nantais M; Perrin N; Quinton C; Rother M; Samson B; Siddiqui J; Singh S; Snow S; St-Hilaire E; Tehfe M; Thirlwell M; Welch S; Williams L; Wright F; Goodwin R
INSTITUCIÓN / INSTITUTION: - ON: The Ottawa Hospital Cancer Centre, Ottawa (Di Valentin, Cripps, Goel, Marginean, Maroun, Goodwin); Queen's University and Cancer Centre of Southeastern Ontario, Kingston (Biagi, Falkson, Hammad); Peel Regional Cancer Centre, Mississauga (Quinton, Rother); Sunnybrook Health Sciences Centre, Toronto (Singh, Wright); London Regional Cancer Program, London (Welch).
RESUMEN / SUMMARY: - The annual Eastern Canadian Colorectal Cancer Consensus Conference was held in Halifax, Nova Scotia, October 20-22, 2011. Health care professionals involved in the care of patients with colorectal cancer participated in presentation and discussion sessions for the purposes of developing the recommendations presented here. This consensus statement addresses current issues in the management of rectal cancer, including pathology reporting, neoadjuvant systemic and radiation therapy, surgical techniques, and palliative care of rectal cancer patients. Other topics discussed include multidisciplinary cancer conferences, treatment of gastrointestinal stromal tumours and pancreatic neuroendocrine tumours, the use of folfirinox in pancreatic cancer, and treatment of stage ii colon cancer.

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[14]

TÍTULO / TITLE: - Somatostatin receptor-based molecular imaging and therapy for neuroendocrine tumors.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Biomed Res Int. 2013;2013:102819. doi: 10.1155/2013/102819. Epub 2013 Sep 11.
●● Enlace al texto completo (gratuito o de pago) 1155/2013/102819
AUTORES / AUTHORS: - Wang L; Tang K; Zhang Q; Li H; Wen Z; Zhang H; Zhang H
INSTITUCIÓN / INSTITUTION: - Department of Nuclear Medicine, The Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou, Zhejiang 310009, China ; Department of Nuclear Medicine, Wenzhou Medical University, Wenzhou, Zhejiang 325003, China ; Zhejiang University Medical PET Center, Zhejiang University, Hangzhou, Zhejiang 310009, China ; Institute of Nuclear Medicine and Molecular Imaging, Zhejiang University, Hangzhou, Zhejiang 310009, China ; Key Laboratory of Medical Molecular Imaging of Zhejiang Province, Hangzhou, Zhejiang 310009, China.
RESUMEN / SUMMARY: - Neuroendocrine tumors (NETs) are tumors originated from neuroendocrine cells in the body. The localization and the detection of the extent of NETs are important for diagnosis and treatment, which should be individualized according to the tumor type, burden, and symptoms. Molecular imaging of NETs with high sensitivity and specificity is achieved by nuclear medicine method using single photon-emitting and positron-emitting radiopharmaceuticals. Somatostatin receptor imaging (SRI) using SPECT or PET as a whole-body imaging technique has become a crucial part of the management of NETs. The radiotherapy with somatostatin analogues labeled with therapeutic beta emitters, such as lutetium-177 or yttrium-90, has been proved to be an option of therapy for patients with unresectable and metastasized NETs. Molecular imaging can deliver an important message to improve the outcome for patients with NETs by earlier diagnosis, better choice of the therapeutic method, and evaluation of the therapeutic response.

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[15]
TÍTULO / TITLE: - Successful treatment of paraganglioma with sorafenib: a case report and brief review of the literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Onco Targets Ther. 2013 Nov 5;6:1559-62. doi: 10.2147/OTT.S53813.
●● Enlace al texto completo (gratuito o de pago) 2147/OTT.S53813
AUTORES / AUTHORS: - Lin Y; Li Q; Huang W; Jia X; Jiang H; Gao Y; Li Q
INSTITUCIÓN / INSTITUTION: - Department of Oncology, Shanghai East Hospital, People's Republic of China.
RESUMEN / SUMMARY: - INTRODUCTION: To date, no effective systemic therapies have been made available for paraganglioma. However, multiple mutations in susceptibility genes have been identified that are potential targets for sorafenib, an oral multitargeted tyrosine-kinase inhibitor. CASE PRESENTATION: We report the case of a 69-year-old Chinese man with mediastinal paraganglioma that had metastasized to the bone. The paraganglioma responded to sorafenib, a novel multi-tyrosine kinase inhibitor that targets angiogenesis, the Raf-kinase pathway, the platelet-derived growth factor Ret, and c-Kit. The patient was diagnosed as having paraganglioma after biopsy of the mediastinal mass. We first treated the patient with radiotherapy. Then he tolerated an etoposide-and-cisplatin chemotherapy regimen.

Subsequently, he received 6 months of maintenance treatment with sorafenib (400 mg twice daily). A dramatic reduction in tumor volume was observed. At present, the patient has achieved a partial response, and his clinical status remains unchanged. CONCLUSION: We suggest that sorafenib should be further investigated in the management of patients with paraganglioma.

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[16]

TÍTULO / TITLE: - Laparoscopic versus open pancreas resection for pancreatic neuroendocrine tumours: a systematic review and meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - HPB (Oxford). 2013 Nov 7. doi: 10.1111/hpb.12162.

●● Enlace al texto completo (gratuito o de pago) 1111/hpb.12162

AUTORES / AUTHORS: - Drymousis P; Raptis DA; Spalding D; Fernandez-Cruz L; Menon D; Breitenstein S; Davidson B; Frilling A

INSTITUCIÓN / INSTITUTION: - Department of Surgery and Cancer, Hammersmith Hospital Campus, Imperial College London, London, UK.

RESUMEN / SUMMARY: - BACKGROUND: Over the last decade laparoscopic pancreatic surgery (LPS) has emerged as an alternative to open pancreatic surgery (OPS) in selected patients with neuroendocrine tumours (NET) of the pancreas (PNET). Evidence on the safety and efficacy of LPS is available from non-comparative studies. OBJECTIVES: This study was designed as a meta-analysis of studies which allow a comparison of LPS and OPS for resection of PNET. METHODS: Studies conducted from 1994 to 2012 and reporting on LPS and OPS were reviewed. Studies considered were required to report on outcomes in more than 10 patients on at least one of the following: operative time; hospital length of stay (LoS); intraoperative blood loss; postoperative morbidity; pancreatic fistula rates, and mortality. Outcomes were compared using weighted mean differences and odds ratios. RESULTS: Eleven studies were included. These referred to 906 patients with PNET, of whom 22% underwent LPS and 78% underwent OPS. Laparoscopic pancreatic surgery was associated with a lower overall complication rate (38% in LPS versus 46% in OPS; $P < 0.001$). Blood loss and LoS were lower in LPS by 67 ml ($P < 0.001$) and 5 days ($P < 0.001$), respectively. There were no differences in rates of pancreatic fistula, operative time or mortality. CONCLUSIONS: The nature of this meta-analysis is limited; nevertheless LPS for PNET appears to be safe and is associated with a reduced complication rate and shorter LoS than OPS.

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[17]

TÍTULO / TITLE: - Diagnosis and treatment of extra-adrenal pheochromocytoma of urinary bladder: case report and literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Int J Clin Exp Med. 2013 Sep 25;6(9):832-9.

AUTORES / AUTHORS: - Li W; Yang B; Che JP; Yan Y; Liu M; Li QY; Zhang YY; Zheng JH

INSTITUCIÓN / INSTITUTION: - Department of Urology, Shanghai Tenth People's Hospital, Tongji University Shanghai, China ; Wake Forest Institute for Regenerative Medicine, Wake Forest University School of Medicine Winston-Salem, NC, USA.

RESUMEN / SUMMARY: - Pheochromocytoma of the urinary bladder is often misdiagnosed as it is a rare tumor. In this report, we described a case with primary

pheochromocytoma of the urinary bladder. We specifically conversed the diagnostic role of X-ray computed tomography and sonography to identify the location of tumor within urinary bladder compared to other malignant or benign tumors in the bladder, and exclude other ectopic pheochromocytoma. Histopathological report from bladder tissue biopsy was confirmative of extra adrenal pheochromocytoma of the urinary bladder finally. Importance in careful management of hypertensive crisis during cystoscope and partial cystectomy was addressed.

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[18]

TÍTULO / TITLE: - Human pulmonary dirofilariasis coexisting with intercostal neurilemmoma: a case report and literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Formos Med Assoc. 2013 Oct;112(10):644-7. doi: 10.1016/j.jfma.2012.07.016. Epub 2013 Sep 27.

●● Enlace al texto completo (gratuito o de pago) 1016/j.jfma.2012.07.016

AUTORES / AUTHORS: - Li CY; Chang YL; Lee YC

INSTITUCIÓN / INSTITUTION: - Division of Thoracic Surgery, Department of Surgery, National Taiwan University Hospital and National Taiwan University College of Medicine, Taipei, Taiwan.

RESUMEN / SUMMARY: - Human pulmonary dirofilariasis (HPD) is a rare zoonotic infection caused by Dirofilaria immitis. Dogs are the definite hosts and humans are infected occasionally via a vector, generally a mosquito. Most thoracic neurilemmoma arise in the mediastinum and fewer tumors originate peripherally from the intercostal nerves. Most patients with HPD or thoracic neurilemmoma are asymptomatic and these diseases are often discovered incidentally. We present a 53-year-old female who was found to have a pulmonary nodule and a chest wall nodule during a routine health examination. She underwent a video-assisted thoracoscopic surgery (VATS) with partial lung resection and local excision of the chest wall. The pathological examination revealed a coiled, degenerating Dirofilariasis immitis worm surrounded by granulomatous inflammation with caseous necrosis and a neurilemmoma composed of S-100 protein immunoreactive but smooth muscle actin negative spindle cells. Because these diseases are self-limiting and make further treatment unnecessary, video-assisted thoracoscopic surgery (VATS) is considered preferable and less invasive for definitive diagnosis and management.

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[19]

TÍTULO / TITLE: - Which endoscopic treatment is the best for small rectal carcinoid tumors?

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - World J Gastrointest Endosc. 2013 Oct 16;5(10):487-494.

●● Enlace al texto completo (gratuito o de pago) 4253/wjge.v5.i10.487

AUTORES / AUTHORS: - Choi HH; Kim JS; Cheung DY; Cho YS

INSTITUCIÓN / INSTITUTION: - Hyun Ho Choi, Young-Seok Cho, Division of Gastroenterology, Department of Internal Medicine, Uijeongbu St. Mary's Hospital, The Catholic University of Korea College of Medicine, Uijeongbu 480-717, South Korea.

RESUMEN / SUMMARY: - The incidence of rectal carcinoids is rising because of the widespread use of screening colonoscopy. Rectal carcinoids detected incidentally are

usually in earlier stages at diagnosis. Rectal carcinoids estimated endoscopically as < 10 mm in diameter without atypical features and confined to the submucosal layer can be removed endoscopically. Here, we review the efficacy and safety of various endoscopic treatments for small rectal carcinoid tumors, including conventional polypectomy, endoscopic mucosal resection (EMR), cap-assisted EMR (or aspiration lumpectomy), endoscopic submucosal resection with ligating device, endoscopic submucosal dissection, and transanal endoscopic microsurgery. It is necessary to carefully choose an effective and safe primary resection method for complete histological resection.

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[20]

TÍTULO / TITLE: - Endoscopic Treatment for Early Foregut Neuroendocrine Tumors.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Clin Endosc. 2013 Sep;46(5):450-455. Epub 2013 Sep 30.

●● Enlace al texto completo (gratuito o de pago) 5946/ce.2013.46.5.450

AUTORES / AUTHORS: - Park MI

INSTITUCIÓN / INSTITUTION: - Department of Internal Medicine, Kosin University College of Medicine, Busan, Korea.

RESUMEN / SUMMARY: - Foregut neuroendocrine tumors (NETs) include those arising in the esophagus, stomach, pancreas, and duodenum and seem to have a broad range of clinical behavior from benign to metastatic. Several factors including the advent of screening endoscopy may be related to increased incidence of gastrointestinal NETs; thus, many foregut NETs are diagnosed at an early stage. Early foregut NETs, such as those of the stomach and duodenum, can be managed with endoscopic treatment because of a low frequency of lymph node and distant metastases. However, controversy continues concerning the optimal management of early foregut NETs due to a lack of controlled prospective studies. Several issues such as indications, technical issues, and outcomes of endoscopic treatment for early foregut NETs are reviewed based on some published studies.

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[21]

TÍTULO / TITLE: - Focus on treatment of lung carcinoid tumor.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Onco Targets Ther. 2013 Oct 25;6:1533-1537.

●● Enlace al texto completo (gratuito o de pago) 2147/OTT.S32464

AUTORES / AUTHORS: - Noel-Savina E; Descourt R

INSTITUCIÓN / INSTITUTION: - Pulmonary Service, Hospital de la Cavale Blanche, CHU - Brest, Brest, France.

RESUMEN / SUMMARY: - Bronchial typical carcinoid tumors are neuroendocrine bronchopulmonary tumors with a low-grade malignancy, and an atypical carcinoid is an intermediate form of these tumors. There is a lack of knowledge on the optimal treatment for these tumors. The surgical treatment of choice consists of a lobectomy supplemented by dissection. The benefit of chemotherapy and radiotherapy is unclear. Targeted therapy could be used in this condition, but there is a lack of research recommending it.

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[22]

TÍTULO / TITLE: - Hypertension secondary to a periprostatic paraganglioma: case report and review of the literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - BMC Endocr Disord. 2013 Nov 25;13(1):55.
●● Enlace al texto completo (gratuito o de pago) 1186/1472-6823-13-55
AUTORES / AUTHORS: - Kers J; Choudhry ZA; Roeleveld TA; Houdijk AP
RESUMEN / SUMMARY: - BACKGROUND: Around 10 per cent of catecholamine-secreting tumours can be found outside the adrenal medulla (paraganglioma). We report a case of a functional sporadic paraganglioma that was localized lateral to the prostate without causing lower urinary tract symptoms. CASE PRESENTATION: A 76-year old male with an extensive history of cardiovascular disease suffered from hypertension and an unexplained hypochromic microcytic anaemia for years before the coincidental discovery of a 2.5 x 3.5 cm periprostatic mass upon abdominal contrast-enhanced CT scanning. Transrectal biopsies revealed a paraganglioma. The urinary levels of the catecholamine metabolites were found increased. The paraganglioma showed uptake of iodine-123-metaiodobenzylguanidine by SPECT scanning, indicating a solitary lesion. Successful preperitoneal endoscopic resection of the tumour was performed, which resulted in a decrease in blood pressure and a normalization of the urinary catecholamine metabolites. None of the to date known genetic mutations that have been shown to relate to the existence of paragangliomas were identified in the current case. CONCLUSION: An intra- or periprostatic localization of a paraganglioma is very rare. We reviewed the literature and found 6 other cases. Three of the described cases presented with lower urinary tract symptoms. In these three patients, the tumour had a size of 4 cm or larger and in 67 per cent of these cases the paragangliomas were situated within the prostate. The periprostatic region might be considered as a possible location for paragangliomas, especially in the presence of lower urinary tract symptoms even though they were absent in the current case.

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[23]
TÍTULO / TITLE: - Malignant extra-adrenal pancreatic paraganglioma: case report and literature review.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - BMC Cancer. 2013 Oct 20;13(1):486.
●● Enlace al texto completo (gratuito o de pago) 1186/1471-2407-13-486
AUTORES / AUTHORS: - Al-Jiffry BO; Alnemary Y; Khayat SH; Haiba M; Hatem M
RESUMEN / SUMMARY: - BACKGROUND: Pancreatic paragangliomas are rare tumors, with only 16 reported cases to date. One of these cases demonstrates metastasis to lymph node, while another case was functional, however, none of these cases showed malignant and large, pancreatic paraganglioma with marked invasion. Also another unique feature was the age of our patient compared to the average reported ages in published literature (42--85 years). CASE PRESENTATION: A 19-year-old woman presented with a one-year history of intermittent abdominal pain. Physical examination showed a palpable mass in the right upper abdomen, but initial laboratory results were within normal ranges; tumor markers (CEA, AFP, and CA19-9) were negative. An abdominal and pelvic computed tomography (CT) scan showed a well-defined retroperitoneal para-aortic mass. The CT scan revealed that the surrounding lymph nodes were not enlarged, but the liver showed evidence of parenchymal infiltration. Intraoperatively, a large, firm tumor originating from the head

of pancreas was found pushing on the caudate hepatic lobe and the inferior vena cava (IVC). The tumor was resected through a pancreaticoduodenectomy, involving segment VI of the liver and a small segment of the IVC. The blood pressure spiked (>220 mm Hg) when the tumor was manipulated during the operation. The final pathology report showed a 9-cm tumor with lymphovascular invasions; immunohistochemistry was positive for synaptophysin and chromogranin. All resection margins were negative and 1/15 lymph nodes was positive for metastasis. Post-operative recovery was unremarkable. One month after discharge, the patient was re-admitted with abdominal pain and found to have an abdominal collection at the resection site, which was drained under CT guidance. She received a therapeutic dose of I131-metaiodobenzylguanidine (MIBG). Follow-ups showed the absence of recurrence, and she has remained disease free. CONCLUSION: This patient was an extraordinary example of a rare tumor. Even more remarkable was that the tumor was malignant with lymph node invasion. To our knowledge, a case similar to that presented here has not been previously reported in the literature.

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[24]

TÍTULO / TITLE: - Paraganglioma of the vulva: a case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Int J Clin Exp Pathol. 2013 Sep 15;6(10):2247-50.

AUTORES / AUTHORS: - Liu YQ; Yue JQ

INSTITUCIÓN / INSTITUTION: - Department of Pathology, People's Hospital of Yingcheng Yingcheng, Hubei, China.

RESUMEN / SUMMARY: - Paraganglioma is a neuroendocrine neoplasm, which is extremely rare in the vulva and only one case has been reported. Here we present a case of vulvar paraganglioma in a 48-year-old woman and a literature review. The patient found a lump located in the genitals below the symphysis pubis 3 months before presentation when she complained that the lump was increasing in size. A 3.2 cm x 2.3 cm x 1.5 cm nodule was excised from subcutaneous soft tissue in the vulva. Microscopy showed a diversity of cell morphologies and structures in the rich vascular network of the tumor separated the chief cells into round cell nests (Zellballen pattern). Some areas of the tumor presented epithelioid and spindle-shaped cells with increased cell density and indistinct structural characteristics. Hyaline degeneration of collagen fibers or mucoid degeneration was found in tumor interstitium. Immunohistochemical staining showed diffused expression of synaptophysin in the chief cells, focal expression of S-100 protein in the sustentacular cells and high expression of CD34 in the vascular components. Based on morphological and immunohistochemical results, a rare paraganglioma of the vulva was diagnosed.

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[25]

TÍTULO / TITLE: - Concurrent primary carcinoid tumor arising within mature teratoma and clear cell renal cell carcinoma in the horseshoe kidney: report of a rare case and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Int J Clin Exp Pathol. 2013 Oct 15;6(11):2578-84.

AUTORES / AUTHORS: - Sun K; You Q; Zhao M; Yao H; Xiang H; Wang L

INSTITUCIÓN / INSTITUTION: - Department of Pathology, The First Affiliated Hospital, College of Medicine, Zhejiang University Hangzhou, Zhejiang 310003, China.
RESUMEN / SUMMARY: - Primary carcinoid tumor arising in a mature teratoma of the horseshoe kidney is exceptionally rare and only 4 such cases have been reported in the world literature to date. The simultaneous occurrence of different subtypes of renal cell carcinoma (RCC) or RCC coexistence with non-RCC neoplasms from the same kidney is unusual and infrequently reported. Herein we report a case of primary carcinoid tumor arising within mature teratoma, concurrent with a clear cell RCC in the horseshoe kidney of a 37-year-old man. Histologically, both the carcinoid tumor and clear cell RCC demonstrated the characteristic morphology in their classic forms. In addition to the carcinoid tumor, the mature teratoma consisted of variably sized, large cystic spaces lined by cytologically bland mucinous columnar epithelium, pseudostratified columnar epithelium, ciliated epithelium and mature smooth muscle fibers were also identified within the cystic wall. Furthermore, foci of round, small nodules composed of mature prostatic acinus were noted in the teratoma which was confirmed by exhibiting strong immunoreactivity for prostate specific antigen. The present case serves to expand the histologic component that may be encountered in the mature terotoma of the kidney and further broadens the spectrum of primary tumors occurring in the horseshoe kidney.

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[26]
TÍTULO / TITLE: - Cervical lymph node metastasis in chromophobe renal cell carcinoma: a case report and review of the literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Case Rep Otolaryngol. 2013;2013:814175. doi: 10.1155/2013/814175. Epub 2013 Sep 25.
●● Enlace al texto completo (gratuito o de pago) 1155/2013/814175
AUTORES / AUTHORS: - Bouadel N; El Ayoubi F; Bennani-Baiti AA; Benbouzid MA; Essakalli L; Kzadri M; El Ayoubi A
INSTITUCIÓN / INSTITUTION: - Department of Otorhinolaryngology, Head and Neck Surgery, Hospital des Specialites, CHU Ibn Sina, Rabat, Morocco.
RESUMEN / SUMMARY: - The metastasis of chromophobe renal cell carcinoma to head and neck region, described herein, has never been reported before to our knowledge. A 56-year-old woman with a history of nephrectomy, that revealed chromophobe renal cell carcinoma six years before, presented left cervical mass. Imaging showed with left cervical lymphadenopathies and thyroid nodule. Surgery with histopathological examination confirmed that it was a left central and lateral jugular lymph node metastasis of chromophobe renal cell carcinoma treated postoperatively by antiangiogenic therapy. The patient was successfully treated by surgery and antiangiogenic drugs with stabilization and no recurrence of the metastatic disease. The case and the literature reported here support that chromophobe renal cell carcinoma can metastasize to the head and neck region and should preferentially be treated with surgery and antiangiogenic therapy because of the associated morbidity and quality-of-life issues.

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[27]
TÍTULO / TITLE: - Mixed large cell neuroendocrine carcinoma with squamous cell carcinoma of the rectum: Report of a rare case and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Int J Surg Case Rep. 2013 Sep 25;4(12):1076-1079. doi: 10.1016/j.ijscr.2013.08.021.
●● Enlace al texto completo (gratuito o de pago) 1016/j.ijscr.2013.08.021
AUTORES / AUTHORS: - Vardas K; Papadimitriou G; Chantziara M; Papakonstantinou A; Drakopoulos S
INSTITUCIÓN / INSTITUTION: - First Department of Surgery and Transplant Unit, Evaggelismos General Hospital, Athens, Greece. Electronic address: costas_vardas@yahoo.gr.
RESUMEN / SUMMARY: - INTRODUCTION: Mixed large cell neuroendocrine neoplasms of the rectum are rare and aggressive neoplasms. Survival is poor due to the high rate of lymph node metastases and distant metastases at the time of diagnosis. PRESENTATION OF CASE: We report a case of a 50-year-old male patient with a mixed large cell neuroendocrine carcinoma with squamous cell carcinoma of the rectum located 8cm from the anal verge, treated with low anterior resection and total mesorectal excision with free surgical margins. There were lymph nodes metastases but no distant metastases at the time of diagnosis. The patient refused to receive adjuvant chemotherapy and died 6 months later due to liver failure as a result of multiple hepatic metastases. DISCUSSION: There are not known predisposing factors for the development of neuroendocrine rectal carcinoma. A neuroendocrine carcinoma of the rectum is a rare tumor with an incidence of less than 0.1% of all colorectal malignancies. The median survival ranges from 5 to 10.4 months in several studies and there are not sufficient data in bibliography about ideal adjuvant therapy after resection of mixed squamous large cell neuroendocrine carcinoma of the rectum. CONCLUSION: Low anterior resection and total mesorectal excision with free surgical margins in the presence of lymph nodes metastasis is not a sufficient treatment for rectal neuroendocrine carcinoma. More studies should be done in order to determine the ideal adjuvant treatment of these rare and aggressive tumors.

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[28]
TÍTULO / TITLE: - Pulmonary atypical carcinoid tumor in a 15-year-old girl: a case report and review of the literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Rare Tumors. 2013 Sep 26;5(3):e45. doi: 10.4081/rt.2013.e45.
●● Enlace al texto completo (gratuito o de pago) 4081/rt.2013.e45
AUTORES / AUTHORS: - Geramizadeh B; Reza Foroutan H; Shokripour M; Reza Dehghanian A
RESUMEN / SUMMARY: - Primary pulmonary neoplasms in children are very rare, and because of their rarity, delays in diagnosis and treatment are common. Bronchial typical carcinoid accounts for 80% of primary malignant tumors, but, there are less than 40 proven cases in children reported in literature. Atypical carcinoids (AC) are the least common type of pulmonary carcinoids among children and to the best of our knowledge less than 10 cases have been reported in the English literature so far. Herein we present an extremely rare case of AC in a 15-year-old child and review the previously reported and published cases of pulmonary AC in pediatric age group.
