

# Patient with diarrhoea, abdominal pain and weight loss

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## CASE REPORT

A previously healthy 59-year-old Caucasian woman presented with intermittent watery diarrhoea, abdominal pain and a 5 kg weight loss in two months. When present, the diarrhoea occurred multiple times during the day and night without blood or mucus. Sometimes she was nauseous and had to vomit. Furthermore, she complained of general malaise.

Laboratory evaluation including electrolytes and liver parameters showed no abnormalities. An ultrasound of the abdomen showed multiple lesions suggestive of metastases in the liver. Later a CT scan was performed (*figures 1 and 2*).

## WHAT IS YOUR DIAGNOSIS?

See page 460 for the answer to this photo quiz.

Figure 1. Abdominal CT scan 1



Figure 2. Abdominal CT scan 2



ANSWER TO PHOTO QUIZ (ON PAGE 459)

PATIENT WITH DIARRHOEA, ABDOMINAL PAIN AND WEIGHT LOSS

DIAGNOSIS

The CT scan shows a thickened ileum (centre of *figure 1*) with a tumour mass accompanied by a local desmoplastic mesenteric reaction, i.e. the formation of fibrous tissue, with spiculation of the adjacent mesenteric fat and a calcification (centre of *figure 2*). These radiological signs are highly suggestive of a carcinoid tumour.<sup>1</sup> Biopsy of a focal liver lesion showed a metastasis of a carcinoid, probably of mid-gut origin, both histologically and immunohistochemically. A SPECT scan using In-111-octreotide performed some days later was positive for both lesions. Urine samples disclosed elevated levels of 5-hydroxyindoleacetic acid. A resection of the affected ileum was performed because of recurrent bowel obstruction. The specimen showed a carcinoid tumour with a diameter of 3 cm. It was penetrating through the wall of the gut. Focal disseminated tumour cells were found in the adjacent fat and lymph nodes.

The patient was treated with long-acting octreotide and thereafter with lutetium-177 (177Lu) octreotate because of persistent diarrhoea.

REFERENCE

1. Buckley JA, Fishman EK. CT evaluation of small bowel neoplasms: spectrum of disease. *RadioGraphics* 1998; 18:379-92.

Figure 1. Abdominal CT scan 1



Figure 2. Abdominal CT scan 2

