

Clinical Pathologic Conference

2016.09.02

病人：尹○○

Age：40 y/o

Sex：male

身高：172 cm

體重：72.7 kg

BP：123/79mmHg

Citizenship: Taiwanese

Occupation: businessman

Presented by：腫瘤內科 周文其醫師 ① ⑤

Discussed by：一般外科 劉耿豪醫師 ③

放射腫瘤科 林信吟醫師

胃腸科 黃建豪醫師

放射診斷科 張鈞弼醫師 ②

核醫科 蘇子佩醫師

解剖病理科 吳仁欽醫師 ④

Moderator：薛純教授

Chief complaint: abdominal fullness for 2 weeks

Present Illness

This 40 year-old male patient was monitored regularly without any incidence because of chronic hepatitis B. In November 2015, he experienced progressive abdominal distension over a period of two weeks. There were no other accompanying symptoms including vomiting, diarrhea, constipation, epigastric hunger pain, or body weight change. CT scan showed one huge mass over left upper quadrant either from pancreas or stomach, and CT-guided biopsy was reported to be neuroendocrine tumor, grade III. Because of locally advanced stage, the patient started an induction concurrent chemoradiotherapy (CCRT) with 4 cycles of VP16 + cisplatin regimen from 2015/12/04 ~ 2016/3/01. Post-CCRT CT scan on 2016/03/22 showed no changes in overall tumor size but regression of solid components. Comparing whole body tumor scans before and after the CCRT also confirmed a partial metabolic response. He received a radical tumor resection with partial pancreatectomy, hemicolectomy, and transverse colectomy on 2016/4/15. His post-operative course was uneventful. Post-operative CT scan on 2016/7/13 showed no evidence of residual or recurrent tumor.

PHx: Hepatitis B carrier under regular follow-up

Thalassemia

No known drug or food allergy history

Denied recent traveling history within one month

No smoking and alcohol drinking

FHx: No family history of malignant disease

PE: GENERAL APPEARANCE: Fair looking, ECOG Performance status: 1
 CONSCIOUSNESS: Clear, E 4 V 5 M 6
 HEENT: Sclerae: not icteric
 Conjunctivae: not pale
 NECK: no thyroid goiter or lymph node palpable
 CHEST: clear breathing sound, bilateral symmetric expansion
 regular heart beat without audible murmur
 ABDOMEN: soft and distension, one fixed, indurated, painless mass 9.0*7.0cm
 over LUQ area, active bowel movement, no shifting dullness
 EXTREMITY: freely movable

Lab data:

Hb (g/dL)	13.4	CEA (ng/mL)	2.35 (N<5)
Hct (%)	41.2	CA199 (u/mL)	13.42 (N<37)
MCV (fL)	59.6	Cr (mg/dL)	1.04
RDW(%)	15.5	BUN (mg/dL)	10.4
Platelet (1000/uL)	218	ALT (u/L)	35
WBC (/uL)	9700	AST (u/L)	22
Segment (%)	67	ALK (u/L)	92
Lymphocyte (%)	25.3	Bili-T(mg/dL)	0.9
Monocyte (%)	6.2	Albumin (gm/dL)	4.73
Eosinophil (%)	1	Total protein (g/dL)	7.3
		AFP (ng/mL)	<2.0
		LDH (U/L)	203 (N<260)
		AC glucose (mg/dl)	81
		Chromogranin-A (ng/mL)	33 (N<84.7)

Imaging findings: to be presented.

Pathological findings: to be presented.

Treatment Plan: to be presented

Points of discussions:

1. Huge high grade neuroendocrine tumor after CCRT, to operate or not?
2. Desmoplastic small round cell tumor, an extremely rare malignant disease. How to provide an adequate adjuvant treatment in such disease entity?