INTRODUCTION

Neuroendocrine Tumors are neoplasm that arise from the cells of endocrine and nervous system, many of them are benign. Most commonly occurs in intestine but also found in the lungs and rest of body. They are also called APUDomas because these cells often shows amine precursor (L-Dopa and 5-hydroxytryptophane) uptake and decarboxylation to produce biogenic amines such as cathecholamine and serotonin, Bombesin and calcitonin. They just fueling growth to tumors only.

Embryologically arise from neural crest. Prevalance of NETs 35/lac in tumor cases. Among them 2/3 carcinoid and are 1/3 NETs. According to WHO, Neuroendocrine tumors are classified as well differentiated NE tumor (Carcinoid), Well differentiated NE Carcinoma (Atypical Carcinoid), Poorly differentiated NE Carcinoma (Small cell carcinoma) and Large cell NE carcinoma. Our aim of study to identified Neuroendocrine tumors in urinary tract tumor cases and to see there clinical presentation and surgical out come.

PATIENTS AND METHODS

Series of 6 patients of Primary Neuroendocrine Tumors of Kidney, U.bladder and Prostate gland were seen between 2001-2011 in the department of urology SMBBM University Larkana. Two cases of renal carcinoid, two cases of small cell carcinoma of urinary bladder and two cases of small cell carcinoma of prostate glands. Renal carcinoid tumors presenting with lumbar pain and microscopic haematuria and identified on the ultrasound. Small cell carcinoma of urinary bladder presenting with dysuria, gross haematuria and on ultrasound while small cell carcinoma of prostate gland presenting with irritatory and obstructive symptoms and confirmed on DRE. Results: 6 patients (5 male and 1 female), Mean age of patients were 45 years and range was 35-55 years. All patients treated primarily by definitive surgery like Radical Nephrectomy, TURBT and Pallitive TURP and all tumors confirmed on histopathological examination and referred to LINAR Larkana for proper managements. Conclusions: primary neuroendocrine tumors of Kidney, U.bladder and Prostate gland are rare tumors. Carcinoid tumors have good prognosis but small cell carcinoma have poor prognosis so require prompt treatment.
TURP and 6 Neuroendocrine tumors confirmed on histopathological examination. (Fig.1-3). All patients referred to LINAR Larkana for proper management.

In our study mean age of patients was 45 years and range was 35-55 years which is comparable to other studies while none patients associated with familial syndrome because of few cases.

Renal carcinoid tumors presenting with lumbar pain and microscopic haematuria and identified on the ultrasound. In some cases Renal carcinoid presenting with Carcinoid Syndrome like Flushing, Diarrhoea, Asthma, CCF, abdominal cramps and peripheral oedema due to serotonin (5HT) or Substance P.

Small cell carcinoma of urinary bladder presenting with dysuria, gross haematuria and identified on ultrasound while small cell carcinoma of prostate gland presenting with irritatory and obstructive symptoms and on DRE prostate nodular and hard. While CT scanning done for staging purpose, which is comparable to Cerulli C and Sciarra Sciarra et al studies. However Serum Chromogranin A, Urine 5-Hydroxy indole acetic acid, Neuron-Specific Enlase and Synaptophysin, Octreotide Scintigraphy and MRI also indicated in some cases. Various treatment options are available for treatment of Neuroendocrine tumors like somatostatin analogues (Octreotide), Interferon, radioactive labelled hormone (Octreotate to lutetium-177, Ytrium-90 and indium-111), Radiofrequency ablation and Radical surgery.

We managed primary all with definitive surgery like Radical Nephrectomy, TURBT and Pallitive TURP and all tumors confirmed on histopathological examination which is comparable to Cheng L et al and Cerulli C et al. Renal carcinoid still on followup while one case of small cell carcinoma of prostate gland expired due to brain metastasis and other lost followup due to referred to LINAR Larkana.

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REFERENCE


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Article received on: 19/10/2012
Accepted for Publication: 22/01/2013
Received after proof reading: 03/12/2013

The greatest pleasure in life is doing what people say you cannot do.

Walter Bagehot