CARCINOID CRISIS

Key Concerns:

NET of the small intestine are the most common causes of the carcinoid syndrome that occurs in 20-30% of patients with liver metastases from these NET. The classical (typical) carcinoid syndrome is usually characterised by cutaneous flushing, gut hyper-mobility with diarrhoea and bronchospasm with wheezing and shortness of breath.

Carcinoid crisis can be life threatening
At risk patients:

- Any patient with a serotonin releasing NET
- Any patient with a raised 5H1AA
- Serotonin releasing NET patients undergoing any surgery - pre operative risk. Ensure all patients have an At Risk Carcinoid Crisis Card  www.netpatientfoundation.org

Be aware of breakthrough symptoms:
- Flushing
- Diarrhoea
- Unstable blood pressure
- Bronchospasm
- Dizziness
- Low B3

A less common atypical carcinoid syndrome may be encountered in patients with tumours originating from the lung, the stomach and duodenum. The syndrome consists of patchy, intensely red flush, sweating, itching, sometimes also cutaneous oedema bronchoconstriction, salivary gland swelling, lacrimation, and cardiovascular instability mainly manifested as hypotension.
CARCINOID HEART DISEASE (CHD)

Key Concerns:

CHD occurs in more than half of the patients with carcinoid syndrome, with serotonin being an important mediator. However, it can remain undiagnosed as shown in a recent study of 150 patients with carcinoid syndrome, of whom 37% with CHD exhibited no physical signs.

At risk patients:

- Any patient with a serotonin releasing NET
- Any patient with a raised 5H1AA
- Be aware of symptoms:
  - Asymptomatic!!
  - Fatigue
  - Dyspnea
  - Oedema
  - Ascites

- Be aware of diagnostic procedures:
  Diagnosis of CHD requires 2-dimensional echocardiography and Doppler examination to assess the severity of valvular stenosis and regurgitation (CHD guidelines), NT-proBNP has been shown to exert a high sensitivity and specificity (87 and 80%, respectively) in predicting CHD and it has also been shown to correlate with patient survival. Severe tricuspid regurgitation also strongly correlates with poor survival in patients with carcinoid syndrome.