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Functional neuroendocrine tumours of pancreas

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Introduction : Fascinating small & Rare Tumors of Pancreas. Incidence less than 1 per 1 lakh person per year. Puzzling clinical presentation. Excellent outcome when picked early & treated. Surgery mainstay of resectable tumors. Diagnostic modalities range from simple to highly technical methods but Diagnosis, localization & Treatment clearly defined. No longer a matter of debate.

Methods : We studied the Clinical Spectrum of Functional NET of Pancreas in medical college Hospital. As far Localization & diagnostic modalities . To analyze management & outcome. Feasibility To Undertake Such Surgeries In Hospital Without a Specialty Department. Retrospective analysis of 27 Histopathologically proven Functional NET of Pancreas – from 1998 to 2020 .Demographic data, Clinical presentation, Tumor characteristics, Management & Outcome were analyzed

Results : The most common NET was Insulinoma, followed by other tumors like gastrinoma, and Glucaganoma. USG-Sensitivity small tumors: 10-30% Liver Mets : 90%. CT With / without Angiography. MRI. Intraoperative USG- sensitivity very High, Palpatory Method- Very Useful. PETwith C11-%HTP or C11 L Dopa, are recent investigations. General Tumor markers Chromogranin A– 90-100%, Synaptophycin, Pancreatic Polypeptide- 40-60%HCG / Alpha/Beta—15-20

Conclusions : Treatment is either enucleation or pancreatic resection depending on size of tumor. Enucleation has the Benefit of sparing normal pancreatic parenchyma as long as integrity of PD is preserved. Laparoscopic resection of pancreatic endocrine tumors is becoming common, For patients with unresectable disease, New somatostatin analog – LANREOTIDE- remains biologically active for up to 2 weeks following a single injection and controls symptoms.

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