Duodenum

Duodenum

Incidence These are exceptionally rare tumours, accounting for 1–3% of all GI-NETs. Pathology They are usually small (<20 /uni00A0 mm) and submucosal. They can be functional (gastrin, somatostatin) or non-secreting. Gastrinoma is often associated with MEN /uni00A0 1. Clinical presentation Gastrinoma presents as per type II gastric NETs or as part of MEN /uni00A0 1. Somatostatinoma is associated with NF-1 and gallstones. Diagnosis (including staging) Gastrin will be elevated in gastrinoma and low in other cases. Chromogranin A is often elevated for all NETs. Identification and staging is achieved using a combination of endoscopy , EUS, CT and SRS. Patients must be screened for genetic disease. Treatment (medical and surgical) PPI therapy successfully manages gastrinoma. In the presence of MEN /uni00A0 1, parathyroidectomy reduces gastric acidity . Duodenal gastrinomas are often elusive and can be successfully managed with PPIs. However, when localised and in the absence of lymph node metastases, resection is the treatment of choice, either endoscopically or by open surgery (see Further reading

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