

A Rare Presentation of Carcinoid Heart Disease Secondary to a Thyroid Neuroendocrine Tumor

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Introduction

Carcinoid heart disease are rare neuroendocrine malignancy with an incidence of 5.1/100,000/year, occurring mainly in the gastrointestinal tract (67.5%) followed by the Broncho pulmonary system (25.3%) and occurs when large amounts of vasoactive substances such as serotonin, tachykinins, and prostaglandins reach the right side of the heart.

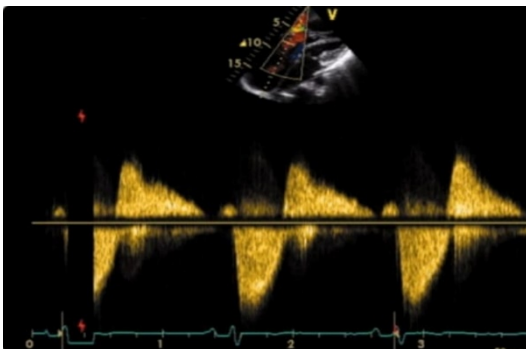
Case presentation

A 62-year-old female patient with hypertension, diabetes mellitus and hyperthyroidism. She complained of flushing, wheezy chest and dyspnea on an effort from 2 years and Physical examination showed normal BP, HR, and temperature.

Discussion

Echo findings have many keys:

- The right side of the heart was dilated with severe tricuspid regurgitation and thickened, shortened trileaflets with a Continuous wave Doppler profile showing the characteristic dragger-shaped spectrum with an early peak pressure and rapid decline. (Figure 1)
- paradoxical I septal motion with diastolic flattening dilated RA with volume overload not pressure overload. asked her to make 24-hour urinary excretion of 5- -hydroxyl dole acetic acid analysis(5HIAA) for confirming a diagnosis. asked her to do CT. Chest and neck.



(Figure 1)

Conclusion

ECHO is very important in diagnosis.

CT result confirmed the primary lesion is from the thyroid gland which is very rare.-5- hydroxy indole acetic acid analysis(5HIAA) result was very high.

Keywords

RA right atrium, 5- hydroxyl dole acetic acid analysis(5HIAA), dragger-shaped spectrum, Carcinoid heart disease.