CLINICAL IMAGE

Case of Neuroendocrine tumor GIT.

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CASE: A 70 year old male presented with chief complaints of upper abdominal distension. Radiological and endoscopic evaluation revealed an ulceroinfiltrative growth in the upper part of the stomach. Intraoperatively an ulceroinfiltrative growth was noted in the stomach and gastrectomy was done. On gross appearance an ulceroinfiltrative growth was noted in the proximal stomach, measuring 2x1 cm. On cut section, growth was grey-white in colour and tumour infiltration was seen into the muscularis propria. Microscopically the tumour was arranged in nests separated by thin fibrovascular septa. Individual cells had moderate amount of eosinophilic cytoplasm and round to oval nuclei with stippled chromatin. Mitosis was <2 per 10 high power fields. No lymphovascular or perineural invasion was seen. All

regional lymph nodes were free of tumour. Immunohistochemistry revealed positivity for chromogranin A, synaptophysin and neuron specific Enolase. Ki-67 labelling index was <2%. The final diagnosis was given as well differentiated neuroendocrine tumour (WD-NET), G1 according to WHO 2010 classification.

Photomicrograph showing normal mucosal glands with underlying tumour cells arranged in nests, separated by thin fibrovascular septa. Cells have abundant to moderate cytoplasm with round to oval nuclei and on IHC showing positivity for synaptophysin.

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