

Letters to the Editor

Pancreatic neuroendocrine tumors

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Dear Editor,

Endocrine or pancreatic neuroendocrine tumors (PNET) were first cited in the 1950s; they may be sporadic or associated with hereditary syndromes, benign or malignant, functioning or non-functioning.

Nowadays, NF-PNETs are the most frequent and their prevalence ranges from 50% to 91%. In our current series (including 70 cases, 33% malignant, 52 operated) the frequency was 72% as compared to 37% in the historical series (1).

Many of them are incidentalomas (40% in our experience versus 20% in the historical series). These demographic data are very similar to the series of 79 cases operated in our country, reported by Cienfuegos et al. (2) (Table I).

Endoscopic ultrasonography (EUS) associated with computed tomography (CT), with or without fine-needle aspiration (FNA), is the best strategy for insulinomas and NF-PNET. Probably in gastrinomas, the best option is the association of EUS with Octreoscan (4) although our results are not aligned with those of other authors (4), since Octreoscan had a diagnostic sensitivity lower than 50%.

In our current series, after NF-PNETs (72%), Zollinger-Ellison syndrome (ZES) was the most prevalent one, with 11 cases (15%), five with MEN-1 (multiple endocrine neoplasia).

Endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA), Octreoscan and intraoperative ultrasonography (IOUS) were primordial for each localizations.

Chheda et al. (5), in a retrospective series of 70 patients, registered 87% of non-functioning tumors, with an overall

Table I. Series

	Cienfuegos (2) Pamplona	Chheda (5) India	Our serie Barcelona
PNET	79 cases in 21 years	70 cases in 3 years	70 cases 22 years
X years	In 55 years	In 55,5 years	In 55 years
M/F	50,1% M	88% M	60% M
N-F	73%	87%	72%
Incidental	44%	?	40%
HM	30%	57%	33%
Surgery	100%	34%	74%
Survival 5 years	90% ?	90-94%	75%

PNET: Pancreatic neuroendocrine tumors; N-F: Non-functioning; HM: Hepatic metastasis; M: Male.

survival of 90%, in spite of the fact that most patients had metastasis.

Cienfuegos et al. (2), in their series of 79 operated PNET (operative mortality about 1.2%), published a frequency of non-functioning tumors of 73%, with 44% of incidentalomas and a rather high 5-year disease free survival, although 30% were metastatic.

We want to congratulate Cienfuegos et al. (2) for their excellent work, even though their survival rate surprises us.

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