

# A Delayed Diagnosis of a Functional Gastrinoma Mistaken for Atypical Crohn's Disease

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## INTRODUCTION

The triad of abdominal pain, vomiting and diarrhea is the typical presentation for many gastrointestinal diseases. Thus, a comprehensive diagnostic workup is often indicated. Here we present a protracted but ultimately successful diagnostic evaluation for these symptoms with an unexpected result.

## CASE PRESENTATION

**HPI:** 51 y/o M with no known PMH p/w 5 days of intractable diarrhea vomiting, and epigastric pain.

### Initial Hospital Course:

**CT A/P:** non-specific bowel thickening suggestive of duodenitis

### Notable bloodwork:

CRP: 92.7 // Fecal calprotectin: 409 // Gastrin: 707

### GI consultation w/ bidirectional endoscopy:

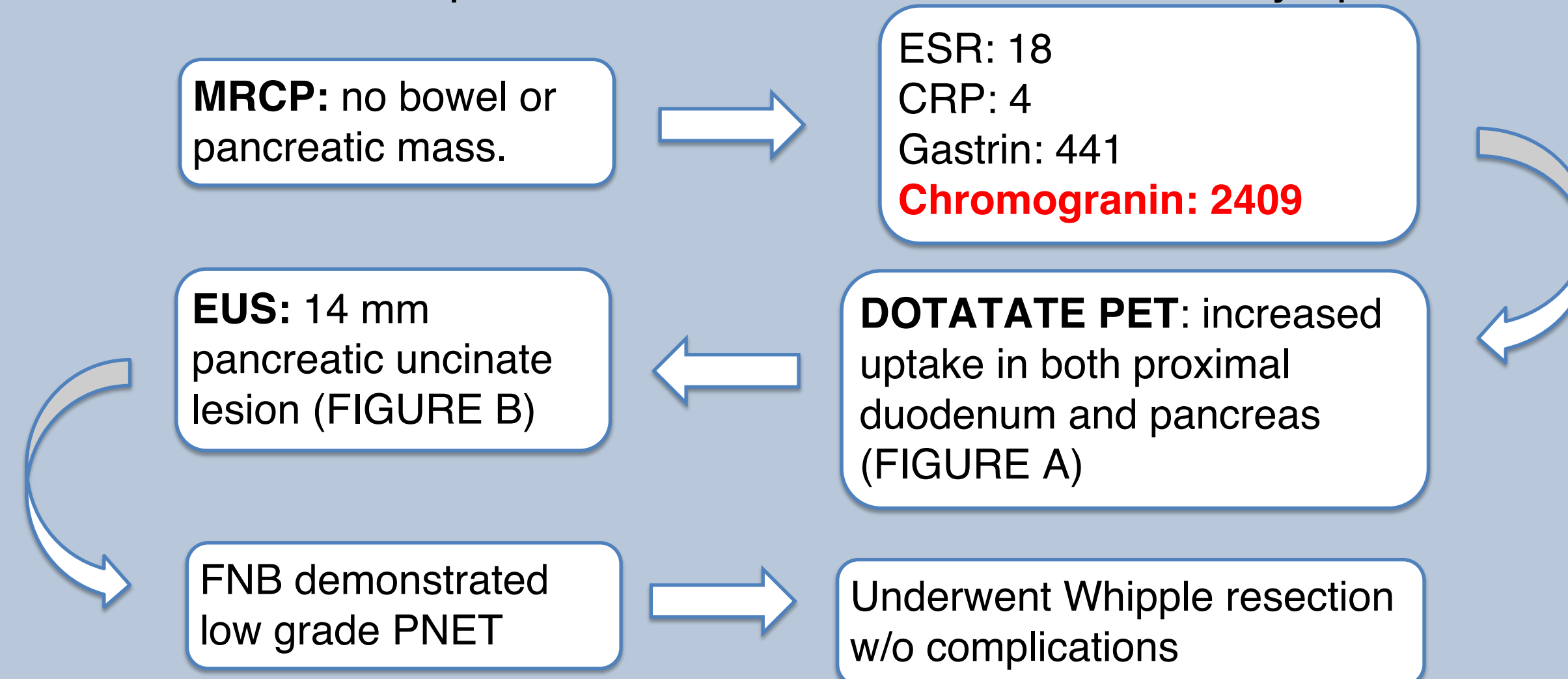
**Colonoscopy:** no polyps, lesions, ulcers

**Push Enteroscopy:** duodenal and jejunal ulcers with biopsies suspicious for atypical Crohn's Disease

**Initial Treatment Plan:** Treatment for Crohn's disease with outpatient Remicade infusions

## SUBSEQUENT DIAGNOSTIC COURSE

Patient unable to initiate outpatient IBD therapy due to severe persistent symptoms requiring multiple ER visits. Further investigation on repeat admission was performed with ultimate resolution of symptoms:



## IMAGING

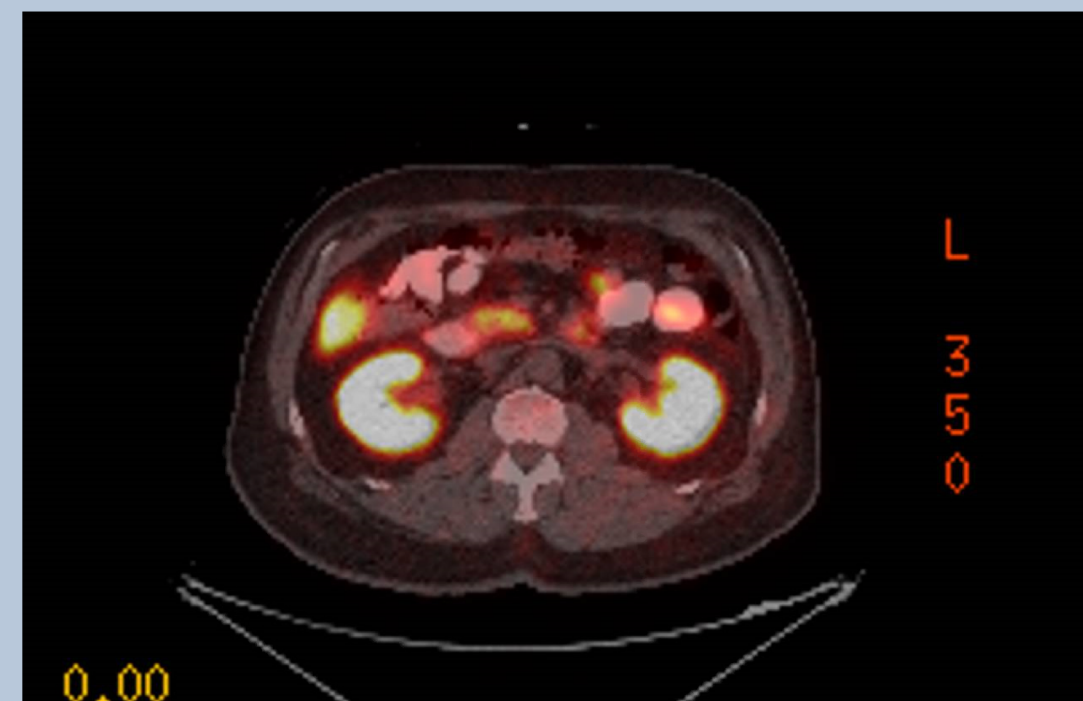


Figure A: DOTATATE PET demonstrating increased uptake in the proximal duodenum and pancreas suggestive of NET

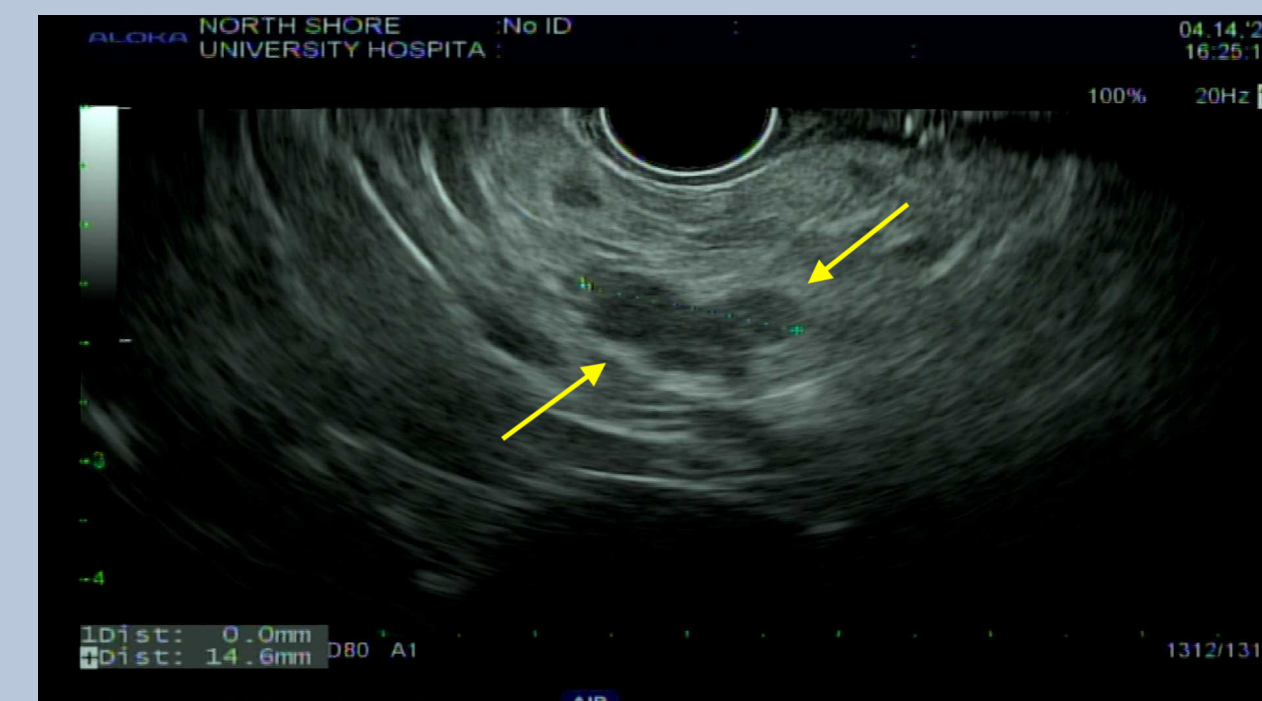


FIGURE B: EUS demonstrating 14 mm pancreatic uncinete lesion (yellow arrow), biopsied w/ fine needle biopsy.

## DISCUSSION

- Initial work up suspicious for IBD given endoscopy findings however severe persistent symptoms suggested alternate process
- Neuroendocrine tumors only are seen in 3/1,000,000 people, of which only 10% are functional and can present with these symptoms
- CT and MRI have poor detection rates for NETs (59% and 20%) in those w/o hepatic metastases
- DOTATATE PET has a detection rate of 92% for NETs, EUS has 77% detection

## TEACHING POINTS

- A broad differential should be considered in patients w/ common but protracted symptoms
- Consider higher yield imaging modalities (DOTATATE PET, EUS) in patients with w/ high clinical suspicion of NET

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