

UNDERWATER ENDOSCOPIC MUCOSAL RESECTION OF A DUODENAL NEUROENDOCRINE TUMOUR WITH PREVIOUS BIOPSIES

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Poster

Oesophagus

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A 68-year-old male with a 10mm duodenal subepithelial lesion initially diagnosed as foveolar hyperplasia was ultimately found to be a Grade 1 neuroendocrine tumour and successfully treated with underwater endoscopic mucosal resection.

KEY POINTS

- Initial biopsies showed polypoid foveolar hyperplasia, but further sampling from within the biopsy slit revealed a well-differentiated Grade 1 neuroendocrine tumour with elevated chromogranin A at 1056ug/L.
- Endoscopic ultrasound demonstrated a 7mm x 8mm hypoechoic submucosal lesion, with differentials including GIST or pancreatic rest, and PET DOTATE scan showed tracer-avid focus in the duodenum.
- Underwater endoscopic mucosal resection was chosen over conventional EMR or laparoscopic surgery due to concerns about perforation risk from prior biopsy fibrosis, and the procedure was completed without bleeding or perforation.
- Final histology confirmed Grade 1 NET with clear margins, Ki-67 index of 2%, and tumour cells positive for synaptophysin and chromogranin.
- The case illustrates diagnostic and therapeutic considerations for duodenal subepithelial lesions, particularly when prior biopsies complicate endoscopic resection planning.

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