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Summary

ENDOSCOPIC RESECTION OF LARGE PEDUNCULATED TYPE 3 NEUROENDOCRINE TUMOR (NET) PRESENTING WITH ACUTE GASTROINTESTINAL BLEEDING: A CASE REPORT CHALLENGING CURRENT RECOMMENDATIONS

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A 54-year-old male with a 21 mm pedunculated Type 3 gastric neuroendocrine tumor was successfully treated with endoscopic resection despite guidelines recommending surgery for lesions larger than 20 mm.

KEY POINTS

- Type 3 gastric NETs are sporadic, typically solitary and aggressive lesions with higher metastatic potential, for which ENETS guidelines recommend surgical resection when larger than 20 mm.
- The patient presented with syncopal episodes and anemia; urgent endoscopy revealed a 20 mm pedunculated polyp (Paris 0-Ip morphology) in the gastric body, confirmed as a Type 3 NET with Ki67 initially 1%, later 8% (Grade 2).
- Staging with CT, 68Ga-DOTATOC PET, and endoscopic ultrasound excluded metastases, nodal involvement, and local invasion.
- Endoscopic resection using hot snare technique with endoloop achieved complete resection with clear margins, no vascular or lymphatic invasion, and no recurrence at six months.
- The authors suggest that pedunculated morphology may allow safe endoscopic treatment even for Type 3 NETs larger than 20 mm, and call for further studies to define the role of morphology in therapeutic strategies.

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