Actas de Investigación Oncológica

Imagen clínica

# Verner-Morrison syndrome in a patient with high-grade metastatic pancreatic neuroendocrine tumor

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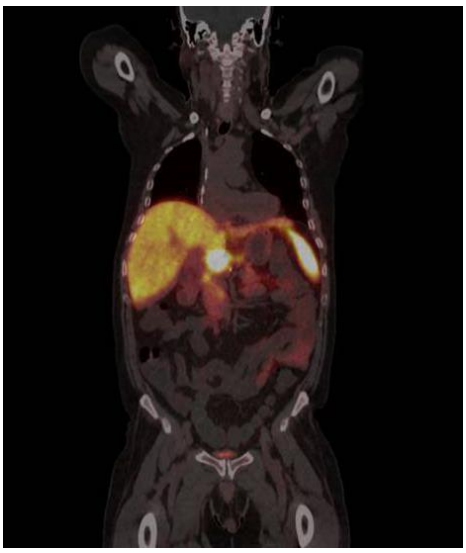
Verner-Morrison syndrome is a hypersecretion of vasoactive intestinal peptide (VIP) produced by low/intermediate grade pancreatic neuroendocrine tumors (NETs) that occasionally cause diarrhea, hypokalemia, and hypochlorhydria. However, this syndrome is much rarer in high-grade and undifferentiated NETs. We present the case of a 53-year-old patient diagnosed with metastatic high-grade pancreatic NET who was treated with cisplatin and etoposide with significant partial response to treatment. At 16 months, the patient presented tumor progression and profuse diarrhea, for which retreatment with chemotherapy based on cisplatin and etoposide was performed. Despite the chemotherapy treatment, the diarrheas did not stop, being the same profuse, liquid and between 6-8 times a day. These diarrheas were accompanied by severe hypokalemia, metabolic acidosis, and prerenal renal failure that led to several hospital admissions. It was performed a PET-galium scan, which was positive, indicating that the tumor had somatostatin receptors (shown in image). VIP levels were higher than the upper limit of analytical detection (100 pg/mL) and gastrin levels were 887 pg/mL (upper level 100 pg/mL). Treatment was started with subcutaneous octeotride 50 mcg every 8 hours. With this treatment, the diarrhea and hydroelectrolytic alterations resolved. The patient continues his outpatient follow-up with stable tumor disease at the end of chemotherapy.

The presence of a Verner-Morrison syndrome in a high-grade NET is atypical, presenting a clinical diagnosis and therapeutic challenge. This case serves to draw attention to the fact that in the presence of paraneoplastic alterations in high-grade NETs, the possibility of the existence of a paraneoplastic syndrome that may require direct endocrine treatment is suspected.





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