TUMORI NEUROENDOCRINI GEP NELLA PRATICA CLINICA: I DUBBI DA RISOLVERE

La cardiopatia da carcinoide: quando e come intervenire

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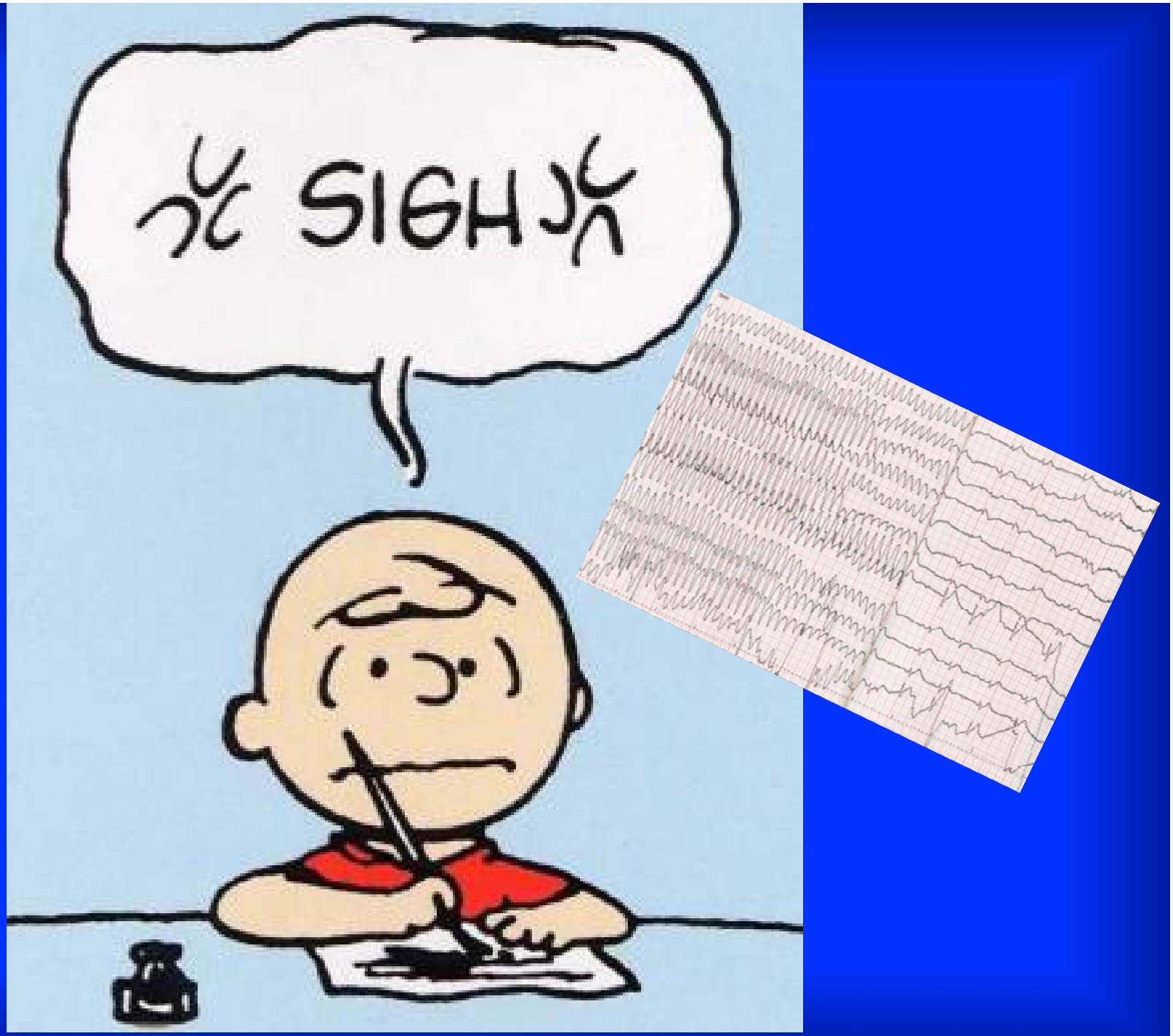
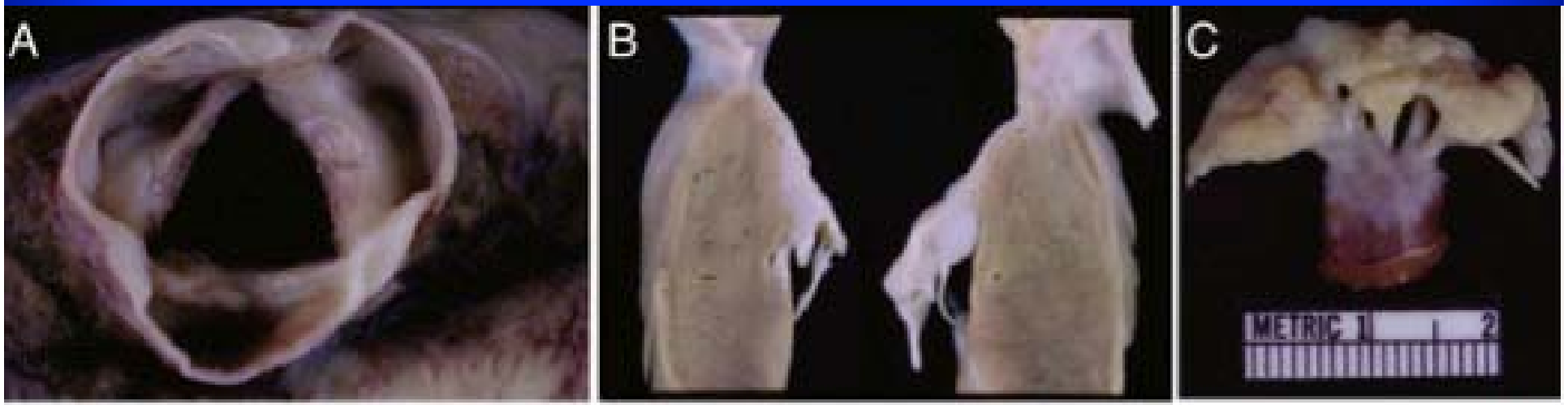
U.O Cardiologia - Gravedona

Gravedona ed Uniti, 6 novembre 2021

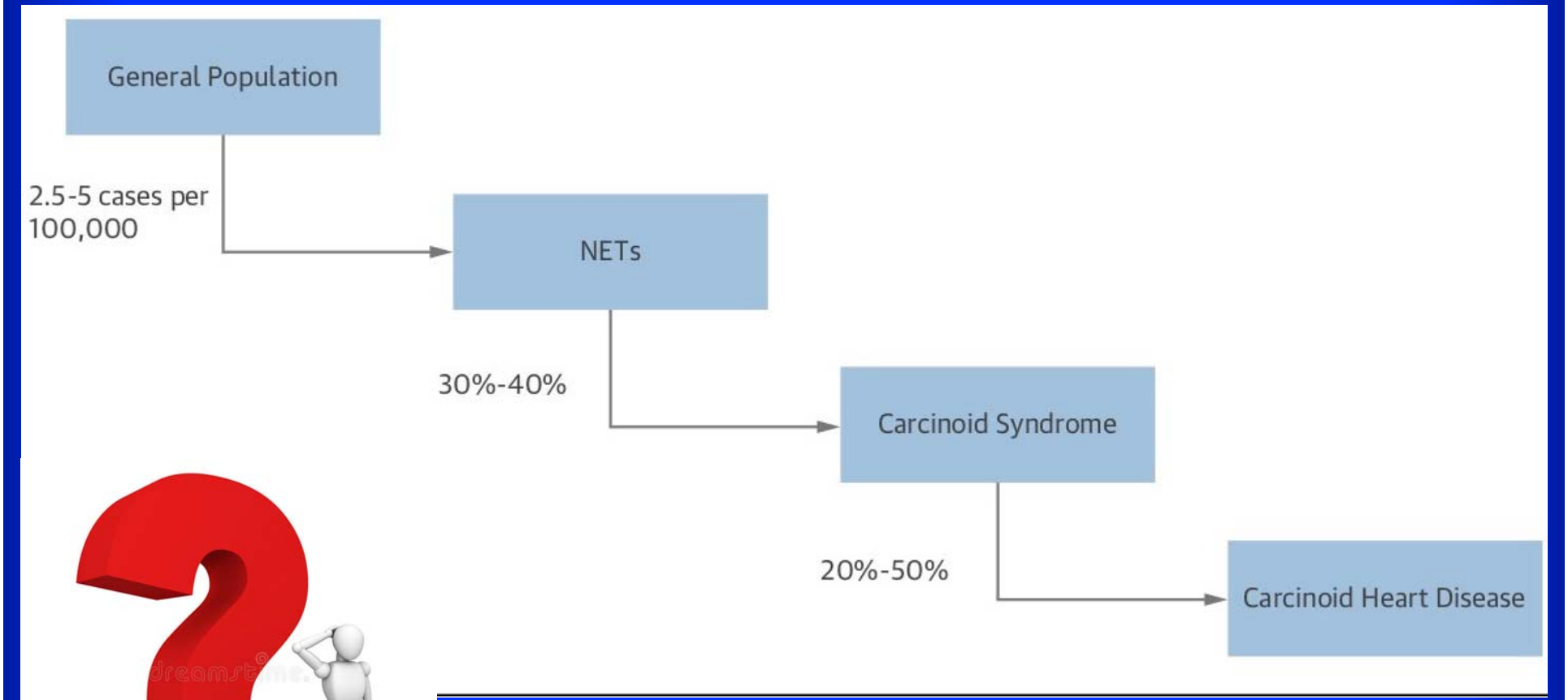

SIGH

CARDIOPATIA DA CARCINOIDE (CHD)



INTERESSAMENTO PRINCIPALE (90%) DELLE SEZIONI DESTRE: VALVOLA TRICUSPIDE E VALVOLA POLMONARE

CARDIOPATIA DA CARCINOIDE: NOVITA?



Davar J et al. JACC 2017;69:1288-304

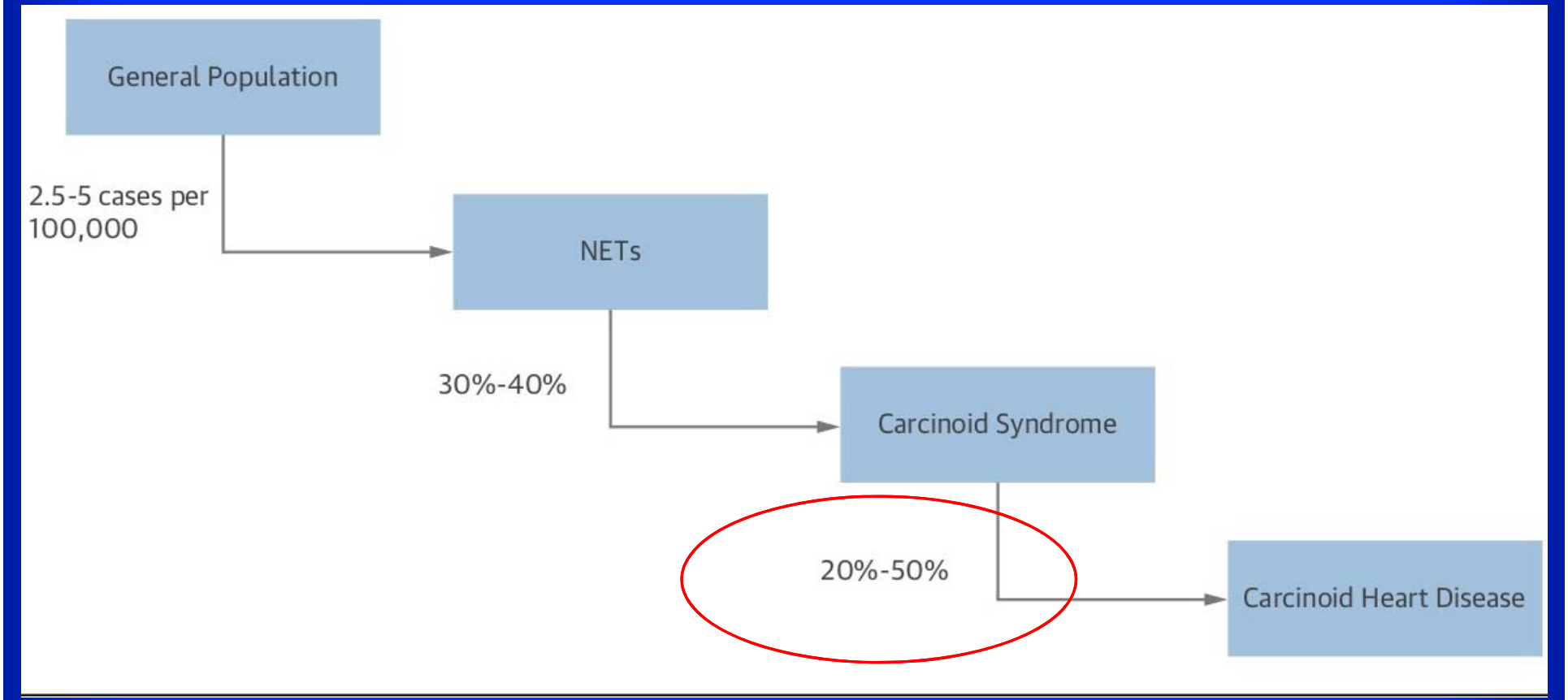
LA PRESENZA DI CHD INFLUENZA LA PROGNOSI

LA SOPRAVVIVENZA A 3 ANNI NEI PAZIENTI CON CHD E' DEL 31% CONTRO IL 68% IN CASO DI ASSENZA DI CHD

LA SOPRAVVIVENZA A 2 ANNI DI PAZIENTI IN CLASSE NYHA III E IV è DEL 10%

Nguyen A et Al. J Thorac Cardiovasc Surg 2019;158:99-107

CARDIOPATIA DA CARCINOIDE: PRIMO INTERVENTO → PREVENIRE



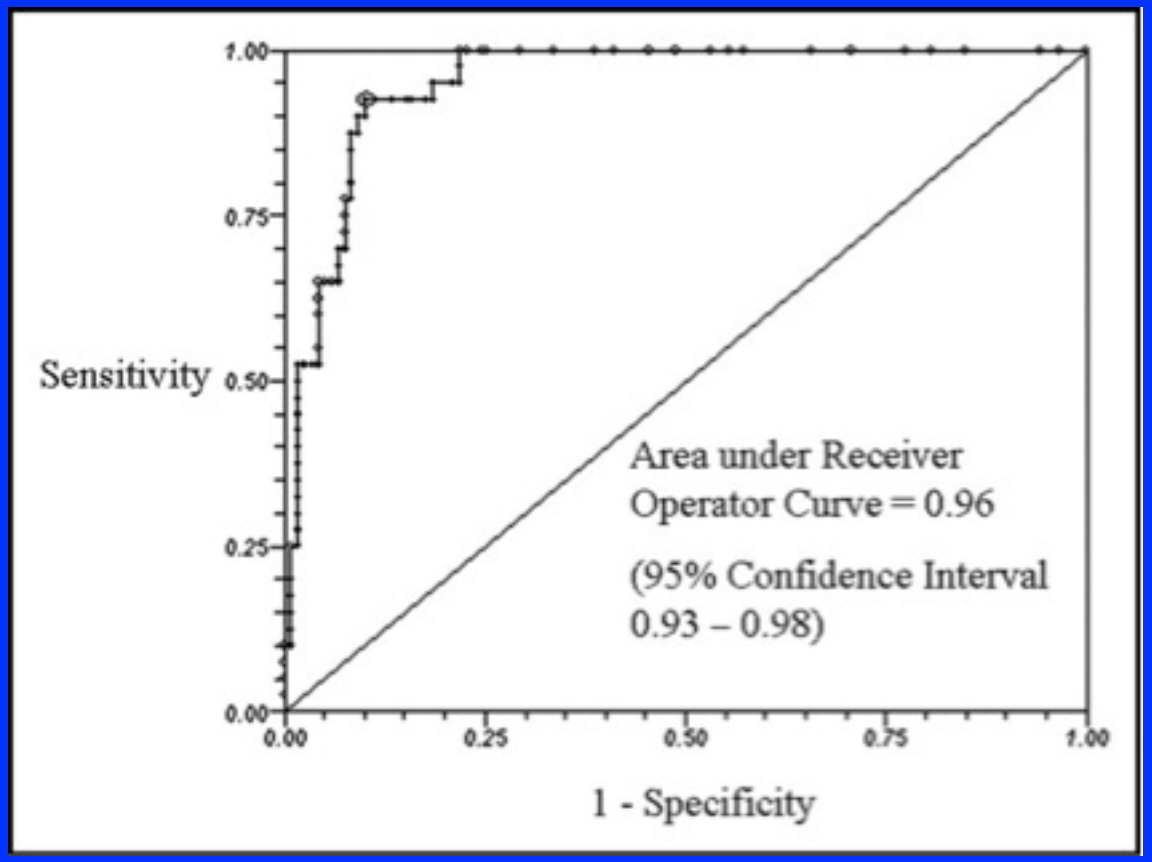
Davar J et al. JACC 2017;69:1288-304

CARDIOPATIA DA CARCINOIDE: PRIMO INTERVENTO → PREVENIRE

Variable	CHD		p Value
	Present	Absent	
Age (yrs)	65 (22–86)	65 (30–87)	0.72
Women	14 (47%)	55 (46%)	0.93
Newly diagnosed patients	6 (20%)	29 (24%)	0.81
Time from diagnosis of carcinoid tumor (yrs)	5 (1–16)	4.5 (0.4–20)	0.87
Presence of liver metastases	29 (97%)	102 (78%)	0.12
Therapy			
Somatostatin analogue	22 (73%)	86 (72%)	0.86
Duration of therapy (mo)	27 (13.5–40)	24 (12–40)	0.87
Chemotherapy	0 (0%)	8 (7%)	0.16
Targeted radionuclide	6 (20%)	16 (13%)	0.25
Interferon	0 (0%)	7 (6%)	0.32
Duration of therapy (mo)	0	4.5 (3–12)	N/A
Iodine-123 metaiodobenzylguanidine	5 (3%)	15 (13%)	0.37
Surgical resection	14 (47%)	70 (58%)	0.25
Tumor grade			
Intermediate	2 (7%)	5 (4%)	0.43
Low	28 (93%)	115 (96%)	0.43
CgA (pmol/L)	1,000 (56–1,000)	238 (37–1,000)	<0.0001
Peak 5-HIAA (μmol/24 h)	880 (111–2,228)	0 (0–200)	<0.0001

Bhattacharyya S. et al Am J Cardiol 2008; 101:378-381

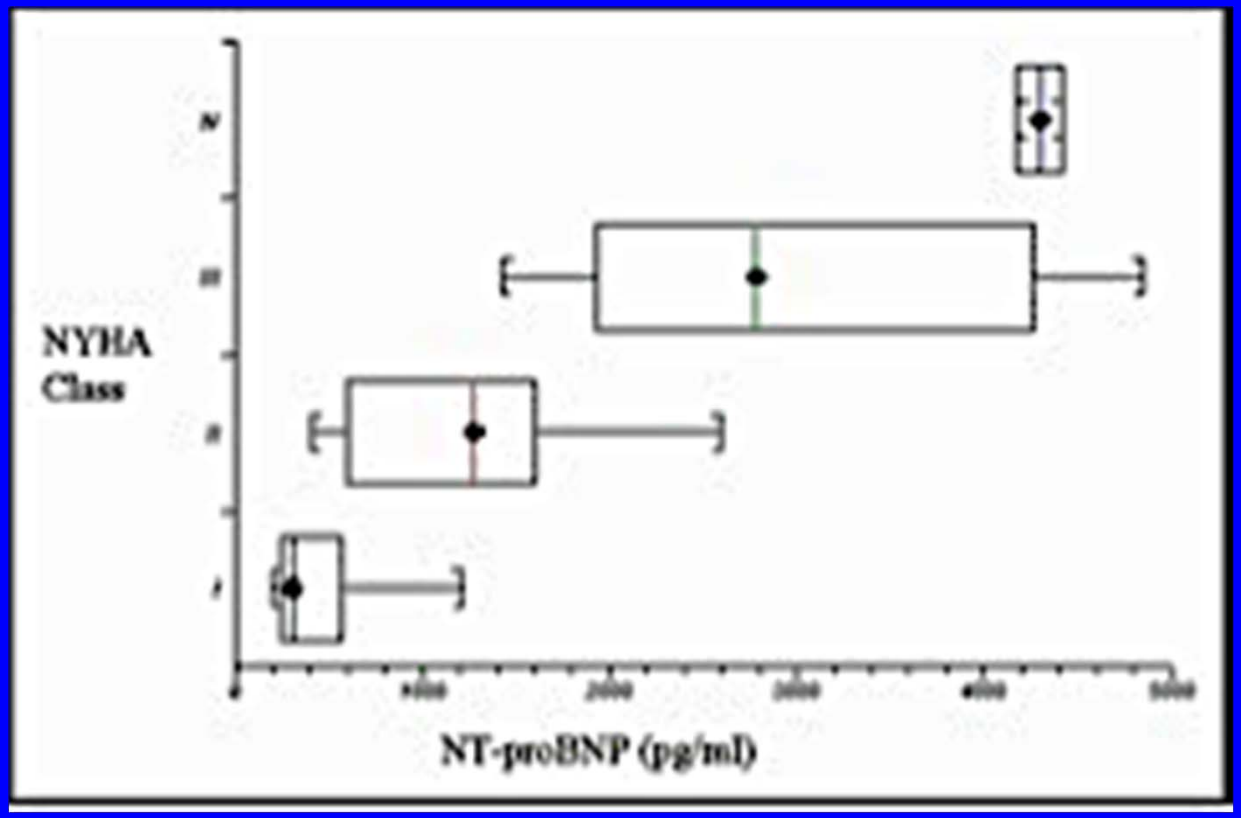
CARDIOPATIA DA CARCINOIDE: SCREENING



PRO-BNP CUT OFF 260 pg/ml: sensibilità 91%, specificità 92%, VPN 98%, VPP 71%

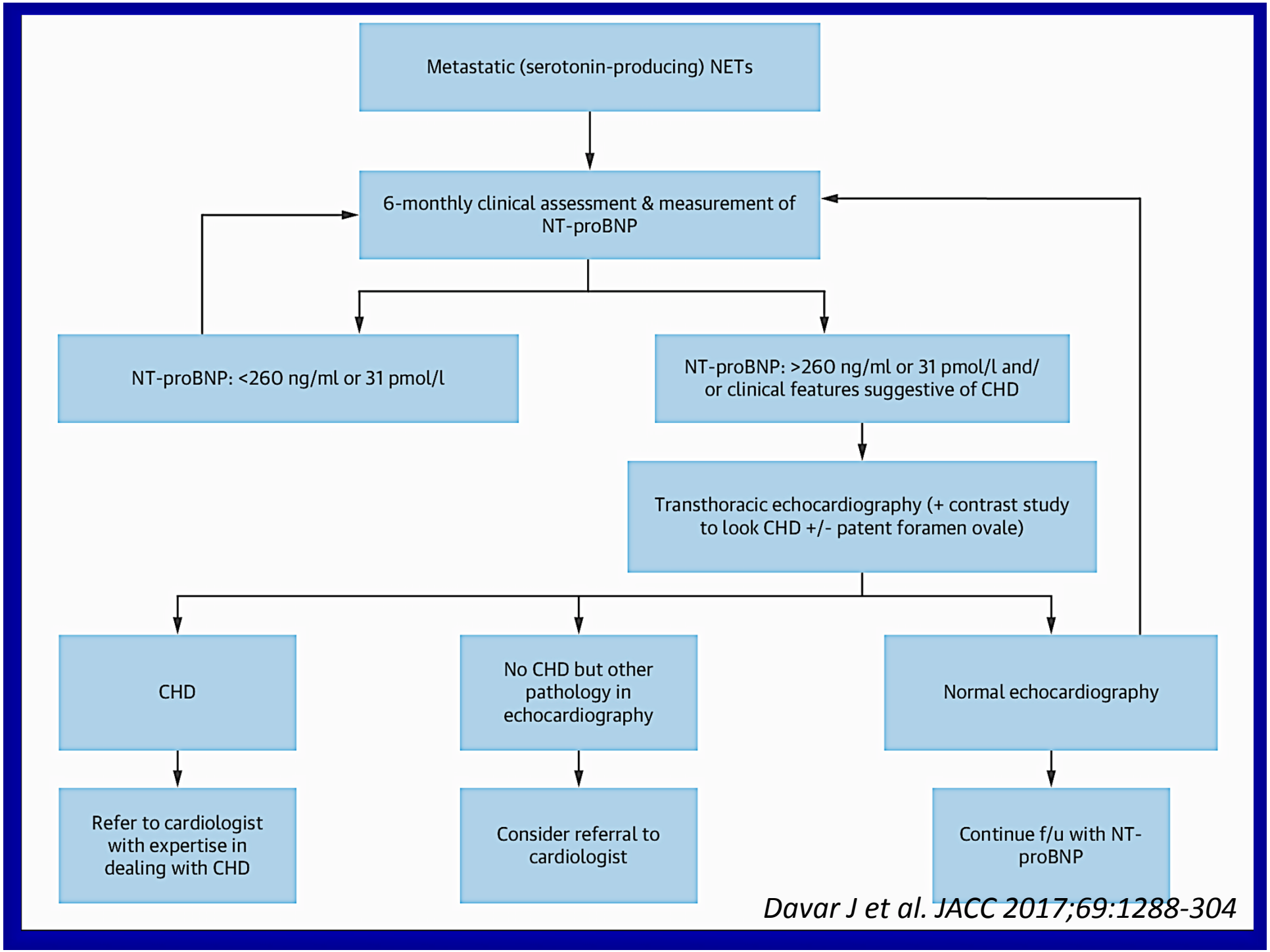
Bhattacharyya S. et al Am J Cardiol 2008; 102:938-942

CARDIOPATIA DA CARCINOIDE: SCREENING

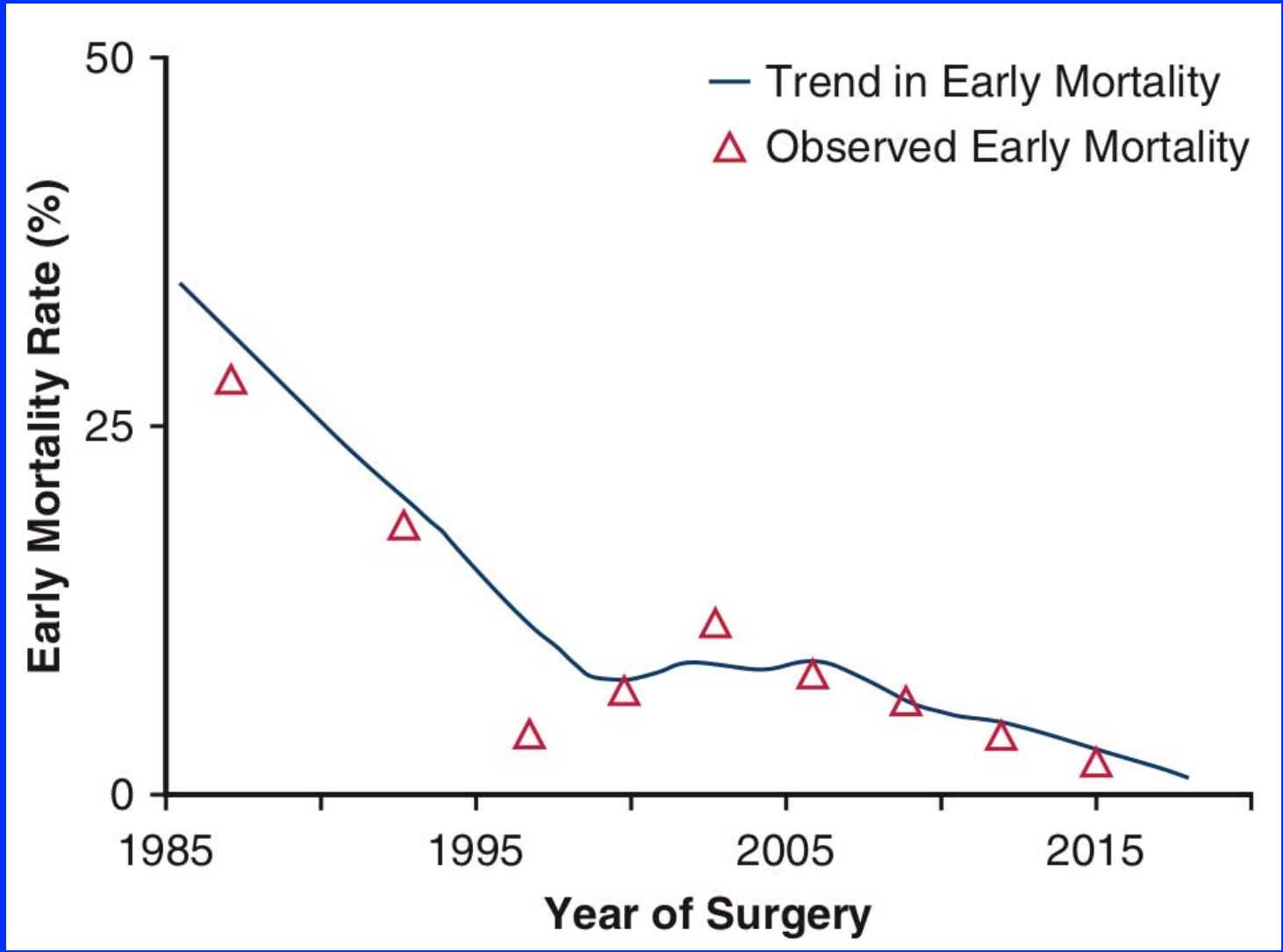


CLASSE NYHA I: 40% DEI PAZIENTI

Bhattacharyya S. et al Am J Cardiol 2008; 102:938-942

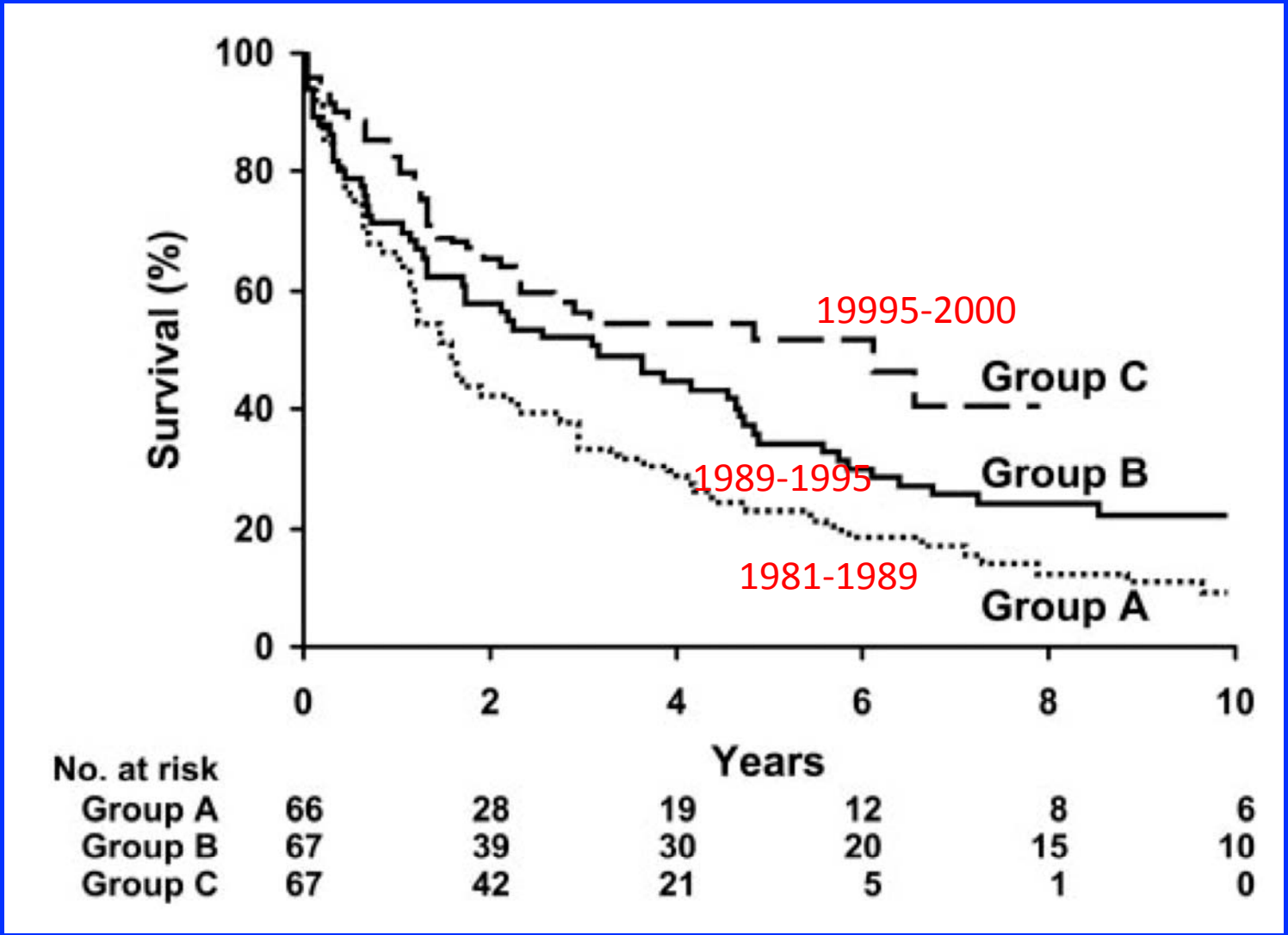

Metastatic (serotonin-producing) NETs
6-monthly clinical assessment & measurement of NT-proBNP
NT-proBNP: <260 ng/ml or 31 pmol/l
NT-proBNP: >260 ng/ml or 31 pmol/l and/ or clinical features suggestive of CHD
Transthoracic echocardiography (+ contrast study to look CHD +/- patent foramen ovale)
CHD
No CHD but other pathology in echocardiography
Normal echocardiography
Refer to cardiologist with expertise in dealing with CHD
Consider referral to cardiologist
Continue f/u with NT-proBNP
Davar J et al. JACC 2017;69:1288-304

CARDIOPATIA DA CARCINOIDE: CHIRURGIA



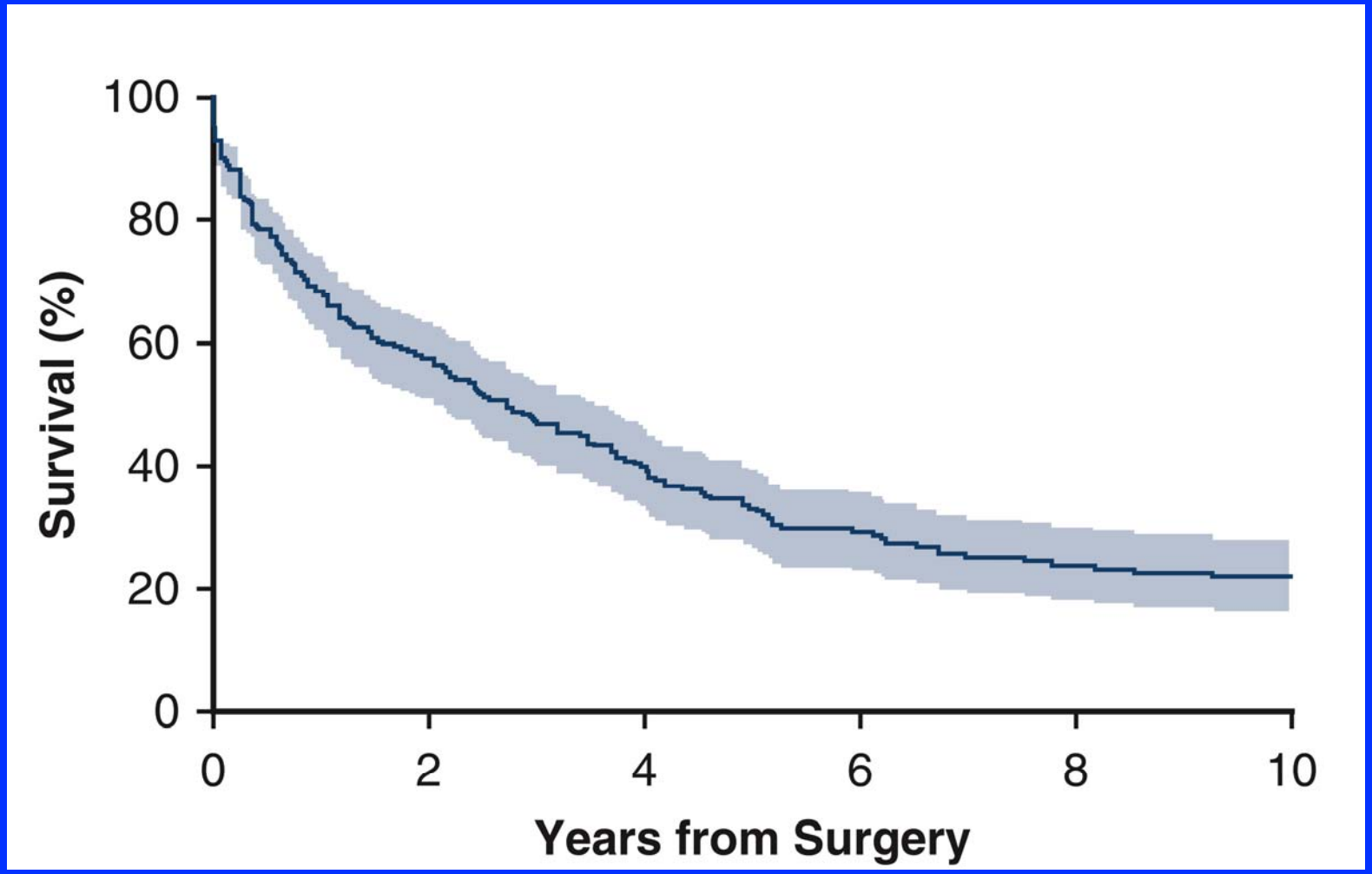
Nguyen A et Al. J Thorac Cardiovasc Surg 2019;158:99-107

CARDIOPATIA DA CARCINOIDE: CHIRURGIA



Moller J et all. Circulation 2005;112:3320-

CARDIOPATIA DA CARCINOIDE: CHIRURGIA



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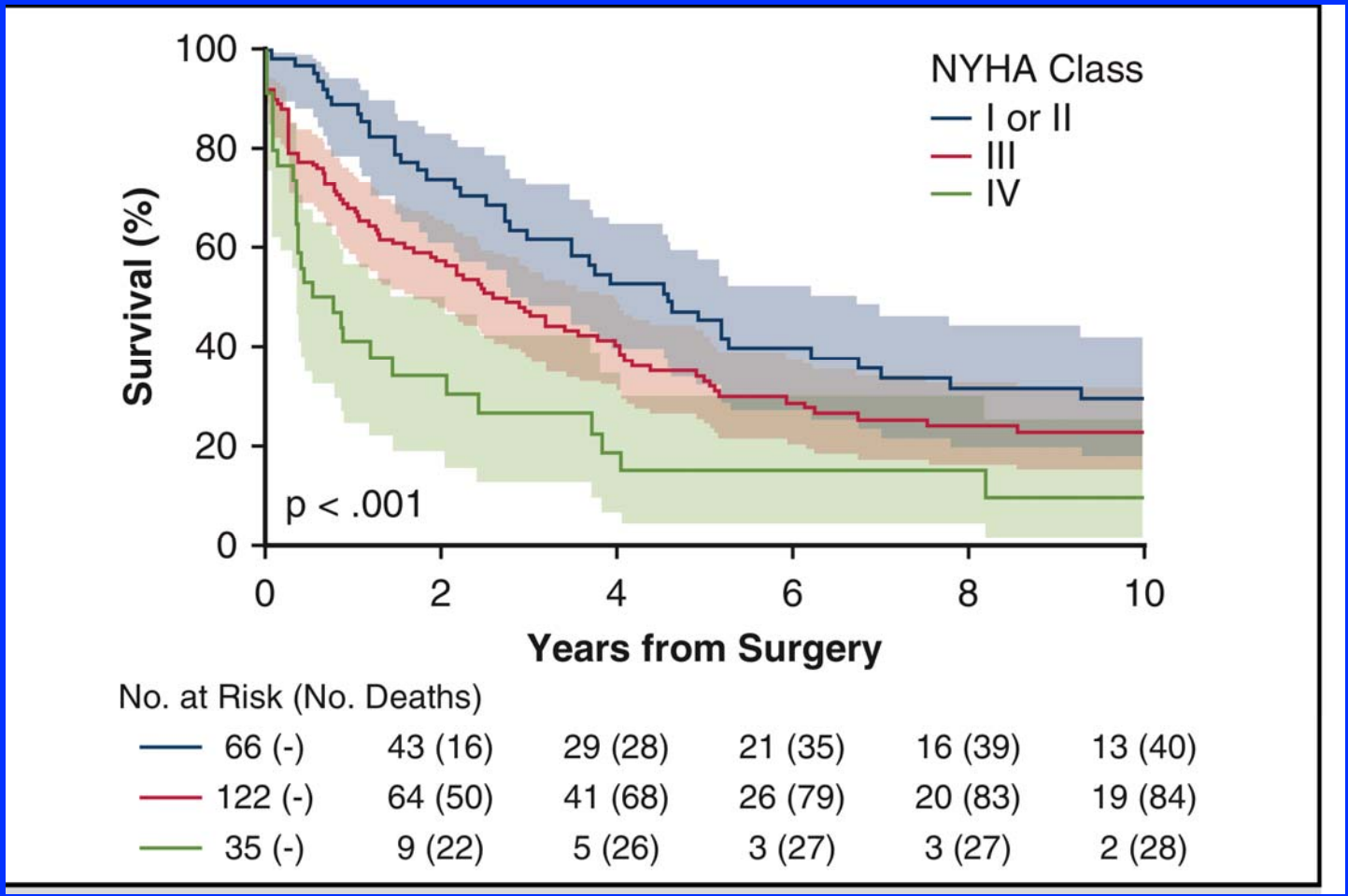
CARDIOPATIA DA CARCINOIDE: CHIRURGIA



Nguyen A et Al. J Thorac Cardiovasc Surg 2019;158:99-107

CARDIOPATIA DA CARCINOIDE: CHIRURGIA

→ QUANTE VALVOLE ?

→ SCELTA DEL TIPO DI VALVOLA

→ RISCHIO DI REINTERVENTO

→ PFO? CHE RUOLO?

→ TRATTAMENTO PERCUTANEO?

C O N C L U S I O N I

→ L'USO DI ANALOGHI DELLA SOMATOSTATINA SEMBRA ABBIA UN RUOLO NEL RALLENTARE LO SVILUPPO DI CHD

→LO SCREENING PER IDENTIFICARE PRECOCEMENTE CHI SVILUPPA CHD E' IMPORTANTE E IL PRO-BNP PUO' AIUTARE

→ LA CHIRURGIA PRECOCE RIDUCE I RISCHI OPERATORI MIGLIORANDO LA SOPRAVVIVENZA

Grazie per l’attenzione!