Gastroenteropancreatic Neuroendocrine Tumors in Patients With HIV Infection: A Trans-Atlantic Series

Article in The American Journal of the Medical Sciences (AJMS) · February 2015
DOI: 10.1097/MAJ.0000000000000001
Source: PubMed

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Non-AIDS defining cancers are an important problem in HIV-infected patients. The occurrence of gastroenteropancreatic (GEP) tumors is also rather high and has been recently characterized in the setting of concurrent HIV infection. Although most GEP tumors have been described in Western countries, the gastrointestinal tract was identified as the primary site of neoplasm in 2 series. A retrospective chart review was performed in 2 tertiary care centers, recording demographic, symptoms and signs, diagnostic work-up, treatment, and outcomes of HIV-infected patients with GEP tumors. Twelve patients, mean age 42 years (range 27–60 years), were identified; 4 were diagnosed for tumors originating in their gastrointestinal tract, 3 in the pancreas, 1 in the hepatobiliary system, 1 in the ileum, 1 in the rectum, or systemic chemotherapy-induced secondary neoplasm, and 2 with primary neuroendocrine tumors (NETs) of unknown origin. Most patients were homosexuals, in advanced stage of disease, with a mean CD4 count of 497 cells/mm (range: 161-1153) and a mean HIV viral load of 4.5 log10 copies/mL. Most patients presented with gastrointestinal symptoms, such as diarrhea, weight loss, and abdominal pain. Diarrhea, weight loss, and abdominal pain were the most common symptoms in the current HIV series, and diarrhea the most common symptom in the previous 10 NETs series in the context of HIV infection.

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