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Importance of capsule endoscopy and enteroscopy in a multifocal neuroendocrine tumor of the ileum

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Dear Editor,

Neuroendocrine tumors of the small intestine (SI-NETs) are considered rare neoplasms, although their incidence is increasing. They account for approximately 30% to 50% of all small bowel neoplasms (1,2,4).

We present the case of a 67-year-old woman with a history of breast cancer in remission and prior obscure gastrointestinal bleeding, initially attributed to NSAID use. Two years after this episode, she was admitted again for melena associated with anemia. Both colonoscopy and upper endoscopy were unremarkable, prompting the performance of capsule endoscopy. This examination revealed, in the distal ileum, an ulcerated submucosal lesion approximately 20 mm in size with oozing bleeding, suggestive of a neuroendocrine tumor.A retrograde double-balloon enteroscopy was subsequently performed, reaching 80 cm into the ileum, where two ulcerated submucosal lesions measuring 20 mm each were identified, biopsied, and tattooed. Histological analysis confirmed a well-differentiated grade 1 neuroendocrine tumor with a Ki-67 index <3%. Staging was completed with thoracoabdominal-pelvic CT (TAP-CT) and enteric MRI, which showed no evidence of metastasis. Surgical resection was indicated and performed at another institution.

SI-NETs may remain asymptomatic or present with gastrointestinal bleeding, abdominal pain, diarrhea, carcinoid syndrome, or metastasis.

Endoscopic techniques play an essential role in diagnosis, not only for lesion localization and histological characterization but also for endoscopic resection in selected cases (2).

The role and diagnostic yield of capsule endoscopy are not yet fully established; however, it may aid in identifying multifocal NETs (reported in 30–50% of cases) and help detect the primary tumor when metastatic disease from an unknown primary is suspected. Nonetheless, capsule endoscopy may lead to false positives due to bowel contractions or the inability to precisely locate the lesion. Therefore, once a suspicious lesion is identified, balloon-assisted enteroscopy is required to confirm the findings and obtain histological samples. Biopsy specimens allow for mitotic count and Ki-67 index assessment, crucial for tumor grading (G1, G2, G3), which directly influences therapeutic decision-making (2,3).

The treatment of choice is surgical resection of the tumor along with locoregional lymphadenectomy, achieving excellent survival rates of approximately 93% in stage I and II disease, according to European guidelines (4,5).

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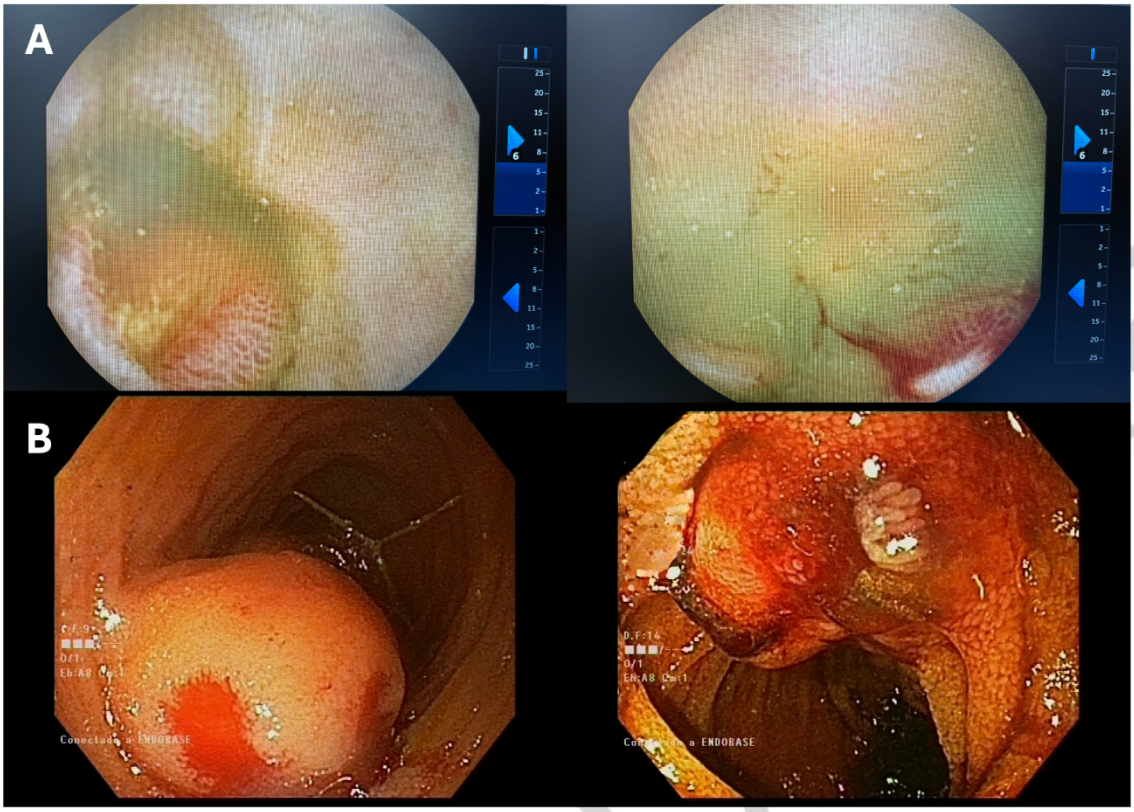

Figure 1: Jejunal neuroendocrine tumor. **A.** Capsule endoscopy image of jejunal NET with active bleeding.**B.** Balloon enteroscopy, biopsies of previously described NET.

Figure 1: Jejunal neuroendocrine tumor. A. Capsule endoscopy image of jejunal NET with active bleeding.B. Balloon enteroscopy, biopsies of previously described NET.