Ga-68 DOTATATE Avid Ectopic Adrenocorticotropic Hormone Secreting Pulmonary Carcinoid Tumour detected on PET/CT

Dr L Harry, Professor Mariza Vorster, Dr V Pillay, Dr B Hadebe, Dr M Patel, Dr L Gabela, Dr S Masikane, and Dr L Nxasana

University of Kwa-Zulu natal (UKZN)



Introduction

Ectopic ACTH syndrome (EAS) is a rare condition characterized by tumoral ACTH (adrenocorti-cotropic hormone) production and hypercortisolism. Ectopic ACTH secretion has been found to account for approximately 10% of Cushing syndrome (1, 2). Of the causes of ectopic ACTH, pulmonary carci-noids comprise approximately 21% (2).

Pulmonary carcinoid tumours are a rare cause of ectopic ACTH syndrome with the incidence of Cushing syndrome in pulmonary carcinoid tumours being approximately 1% (3). The localization of the source of an ectopic ACTH can be a diagnostic challenge, however is crucial as surgical removal of the offending lesion can be curative for hypercortisolism.

Conventional imaging such as computed tomography (CT) and/or magnetic resonance imaging (MRI) is often used as the initial imaging modality (4, 5), although its sensitivity for the detection of the source of an ectopic ACTH is suboptimal, ranging from 52% to 66%. Gallium-68 DOTATATE PET/CT ([68Ga] -DOTA-(Tyr3) -octreotate]] is an FDA-approved high resolution diagnostic tool for imaging neuroendocrine tumours (including carcinoids) (5). Wannachalee et al demonstrated the high sensitivity of [68Ga]-DOTATATE in the localization of ectopic ACTH secreting tumours, for both occult primary tumours and metastatic lesions (5).





Pre-surgery and post-surgery images of Ga-68 DOTATATE Avid Ectopic Adrenocorti-cotropic Hormone Secreting Pulmonary Carcinoid tumour

Case Description

Here we present a 39 year male who presented with biochemical abnormalities and new onset diabetes and hypertension; a diagnostic work up for Cushing syndrome was undertaken; and it was found that 24-hour urine free cortisol, midnight cortisol and ATCH levels were elevated. The MRI showed no pituitary lesion and CT was unremarkable. This alluded to an ACTH –dependant aetiology and the patient was referred for a [⁶⁸Ga] -DOTATATE PET/CT scan to assist in the detection and/or localization of a possible ACTH-dependent primary lesion. The scan showed pathological uptake in a parenchymal nodule in the right lower lobe, thought likely to represent the ACTH-secreting tumour. This was confirmed on histopathology post surgical intervention. Patient had resolution of symptoms and was placed on surveillance. A repeat [⁶⁸Ga] -DOTATATE PET/CT scan was done 4 months later to assess for residual tumour which revealed residual post-surgical inflammatory changes in the region of the right lobectomy

Potassi- um (mmol/ L)	ACTH (mmol/ L)	Cortisol (mmol/ L)	Urine Cortisol 24hr (mmol/ L)	Chro- mogran in A (mmol/
2,7	55,1	1747		
2,5	57,7	1791	3610	90,2
2,5	44,2	1822	4719	
2,6	69,7	1934	524	
4,5	84,6	2589	422	
2,5	79,5	2494		
2.2	71.5	2650		
2.6	63.9	2628		
3.1	62.8	2558		
3.7	58.8	1594		
2.6	30	1712		
3.3	30	1484		
2.7	53.5	1274		
2.5	55.5	1145		
3.6	67.9	1087		
4.2	26	865		
4.0	8.1	572		
4.5	2.0	287		
4.6	6.9	3989		
4.6	2.1	874		
3.7	2.1	1428		
3.9	4.4	658		
4.3	2.9	907		

Conclusion

Ectopic ACTH secretion from pulmonary carcinoid tumours (typical or atypical) can present as a challenge in diagnosis and management; however [68Ga]-DOTATATE can be useful as an initial diagnostic modality when this rare condition which has a high mortality and morbidity.

References:

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