MEDICAL GRAND ROUNDS PARKLAND MEMORIAL HOSPITAL September 12, 1957

CASE #1,

CARCINOID TUMOT The patient, a 68 year old colored female, entered -57. Her complaints at that time were constipation of 4-6 months duration causing her to have a bowel movement as infrequently as once a week. No instance of melena or diarrhea was recalled. For about 2 months the patient had noted increasing anorexia leading to nausea and then vomiting one month prior to admission. Vomiting 2-3 times a day had occurred for approximately three weeks

but no hematemesis was noted. During the week before admission the patient experienced a diffuse aching pain over the entire abdomen. This was constant, not cramping, and could not be localized to any quadrant of the abdomen. A weight loss amounting to 40 lbs. had taken place during the period of the present illness.

Physical examination showed evidence of recent weight loss, B.P. 130/40, pulse of 90. Head and neck were normal except for bilateral arcus senilus. Lungs were clear. Heart was not enlarged. There were no murmurs but P2 > A2. Examination of the abdomen revealed a massively enlarged liver extending 10 cm. below the costal margin and into l.u.q. At least two firm nodules were palpable in the liver. No other masses were felt in the abdomen. On rectal examination a 1-2 cm. mass was palpated on the posterior aspect of the rectum.

The significant laboratory findings were a Hb of 8.7, BUN-19, Serum albumin-2.3, globulin-3.8, bilirubin total 2.0 mg%, prothrombin time-100%, alkaline phosphatase-11.4. X-ray of chest, abdomen, and upper GI series revealed no evidence of tumor. EKG showed left axis deviation.

appearance characteristic of carcinoid tumor.

-57 am exploratory laparotomy was performed. Numerous metastases were found in the liver and pelvis. One of the hepatic nodules was excised and the abdomen was closed.

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