A case of refractory hypercalcemia due to a pancreatic neuroendocrine tumor misdiagnosed as an adenocarcinoma

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Patients and Methods

✓ Chemooembolization of the liver metastases was performed and treatment with somatostatin analogues (SSA) was introduced allowing a good but transient control of the hypercalcemia. This phenomenon of tachyphylaxis, after a few months of therapy with SSAs, has been described in some patients with NETs.

✓ Due to the rise of calcium levels, the patient was referred for vectorized internal radiation therapy (Lutetium lu 177 dotata) which also transiently controlled her hypercalcemia.

Conclusions

✓ Herein, we report a case of pancreatic neuroendocrine tumor with hypercalcemia as a presenting feature initially misdiagnosed as an adenocarcinoma of the pancreas.

✓ Hypercalcemia was refractory to all therapy and was only transiently controlled with SSA and Lutathera despite the stability of her underlying disease.

✓ This case highlights the challenges in diagnosing and controlling hypercalcemia due to PTHrP hypersecretion in patients with NETs.

✓ Furthermore, it underscores the importance of reconsidering the initial diagnosis in front of an unusual course of the disease.

The authors declare no conflict of interest