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THE DIAGNOSIS OF GASTRINOMA IN ACUTE ABDOMINAL SURGERY

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Acute ulcer complications are certain hallmarks of Zollinger-Ellison syndrome. Nevertheless, the problem of prompt diagnostics encounters the technical and time-framing capabilities, so that syndromal diagnosis is rarely available in emergent care. The feasibility of urgent surgical measures outweighs the need for appropriate clinical diagnosis, but in gastrinoma it may be crucial to neglect possible complications. 7 (4 male/3 female) patients with acute peptic ulcer complications (5 – upper bleeding, 5 – perforation/penetration of duodenal/stump/anastomosis ulcers, 3 – acute erosions) underwent numerous surgical interventions (3 – gastrectomy, 4 – vagotomy, 6 – ulcer suturing), 2 survived, 5 died. In 3 cases the gastrinoma diagnosis was confirmed by serum gastrin measurement (370 – 1911 pg/ml) and in 2 was localised afterwards (1- pancreatic body, 1 – duodenum). In 5 cases the tumors (4 – head/body of the pancreas, 1 - duodenum) were discovered at autopsy, in one of them serum gastrin was just slightly elevated (120 pg/ml, N 15-85). The life-threatening ulcer complications in the urgent abdominal surgery always need gastrinoma alertness, and the establishing of the syndromal diagnosis must be carried out simultaneously with the urgent aid. Serum gastrin evaluation can take several hours, but when available may strongly support the treatment success despite the difficulties of the topical diagnosis

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