Carcinoid tumors are rare neuroendocrine tumors that have been reported in a wide range of organs but most commonly involve the gastrointestinal tract (stomach, ileum, appendix, and colon), and rarely ovary and thymus. We present a case of a 56-year-old Nigerian man with a cecal carcinoid tumor that was surgically removed. A 56-year-old Nigerian man, presented to our hospital with a year history of right-sided lower abdominal fullness, audible bowel sounds, occasional diarrhea, nausea, vomiting, and epigastric pain. There was no history of hematochezia or passage of melena stool. Colonoscopy revealed a cecal mass occupying more than two-thirds of the cecal lumen. Histology confirmed carcinoid tumor (well-differentiated neuroendocrine tumor), which was surgically removed. Carcinoid tumors are slow growing rare neuroendocrine tumors. Mortality is low if it is diagnosed early.

**Keywords:** Carcinoid tumor, cecal, gastrointestinal, slow growing

**Case Report**

**A** 56-year-old Nigerian man, presented to our hospital with a year's history of right-sided lower abdominal fullness, audible bowel sounds, occasional diarrhea, nausea, vomiting, and epigastric pain. There was no history of wheezing, flushing, weight loss, jaundice, hematochezia or passage of melena stool. A general physical examination was essentially normal. A complete blood count, liver function test, blood chemistry, electrocardiographic findings, and chest x-ray were also essentially normal. Urinary 5-hydroxy indole-acetic acid (5-HIAA) and serum serotonin were normal. Abdominal computerized tomography (CT) scan revealed a cecal mass with no evidence of lymh node involvement or metastases. Colonoscopy revealed a right-sided cecal mass occupied by an exophytic polypoid mass. The mass was biopsied and histology confirmed the diagnosis of carcinoid tumor.

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mass occupying more than two-thirds of the cecal lumen [Figure 1]. Exploratory laparotomy was carried out in which a tumor measuring about 11 cm by 9 cm attached to the cecum was seen. There was no evidence of lymph node involvement. A hemicolectomy was carried out, and the tumor was removed with part of the colon [Figure 2]. Histology confirmed carcinoid tumor (well-differentiated neuroendocrine tumor) [Figures 3 and 4]. The patient was discharged eighth day postoperatively. He is presently doing well with resolution of his abdominal symptoms, and being followed up and evaluated for any evidence of metastasis with periodic abdominal CT scan, and urinary 5-HIAA every 3 months.

**DISCUSSION**

Carcinoid tumors are slow-growing with diverse biologic and clinical features. Patients with colonic carcinoid tumors most commonly present in the seventh decade of life with a slight female predominance. Approximately, two-thirds of these tumors are found in the right side of the colon, most of them in the cecum. Our patient was a 56-year-old Nigerian man who had a cecal carcinoid tumor, which was seen at colonoscopy and confirmed histologically. The literature have reported the absence of carcinoid syndrome in over 95% of patients with the carcinoid tumor. Most patients do not become symptomatic until they have advanced disease. Our patient did not have clinical features of carcinoid syndrome at presentation.

The average tumor diameter at presentation is 2–10 cm, and over two-thirds of patients have either nodal or distant disease at the time of presentation. The size of the tumor that was radically removed in our patient was 11 cm by 9 cm. In rare cases, when patients present with early-stage disease, local excision has been reported to be effective. The majority of patients, however, are treated with radical colectomy. Our patient had a fairly big tumor for which he had hemicolecctomy at laparotomy. It has been reported that carcinoid tumor is rare in our environment. This fact is buttressed by our patient being the first documented case of cecal carcinoid tumor in our hospital. Serum levels of serotonin and other vaso-active peptides need to be measured especially when there are clinical features of carcinoid syndrome, and further investigations which include CT should be carried out to look for any possible metastasis.
patient did not have features of carcinoid syndrome, and his urinary (5-HIAA), and serum serotonin were normal. He had resolution of his abdominal symptoms, and he is being followed up post-op for any possible evidence of tumor recurrence or metastasis.

**Conclusion**

Carcinoid tumors are one of the very few tumors with potential of complete cure, if diagnosed and removed early. Surgical resection remains the treatment of choice for primary and respectable disease. This should be done as early as possible before metastasis occurs.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

**References**