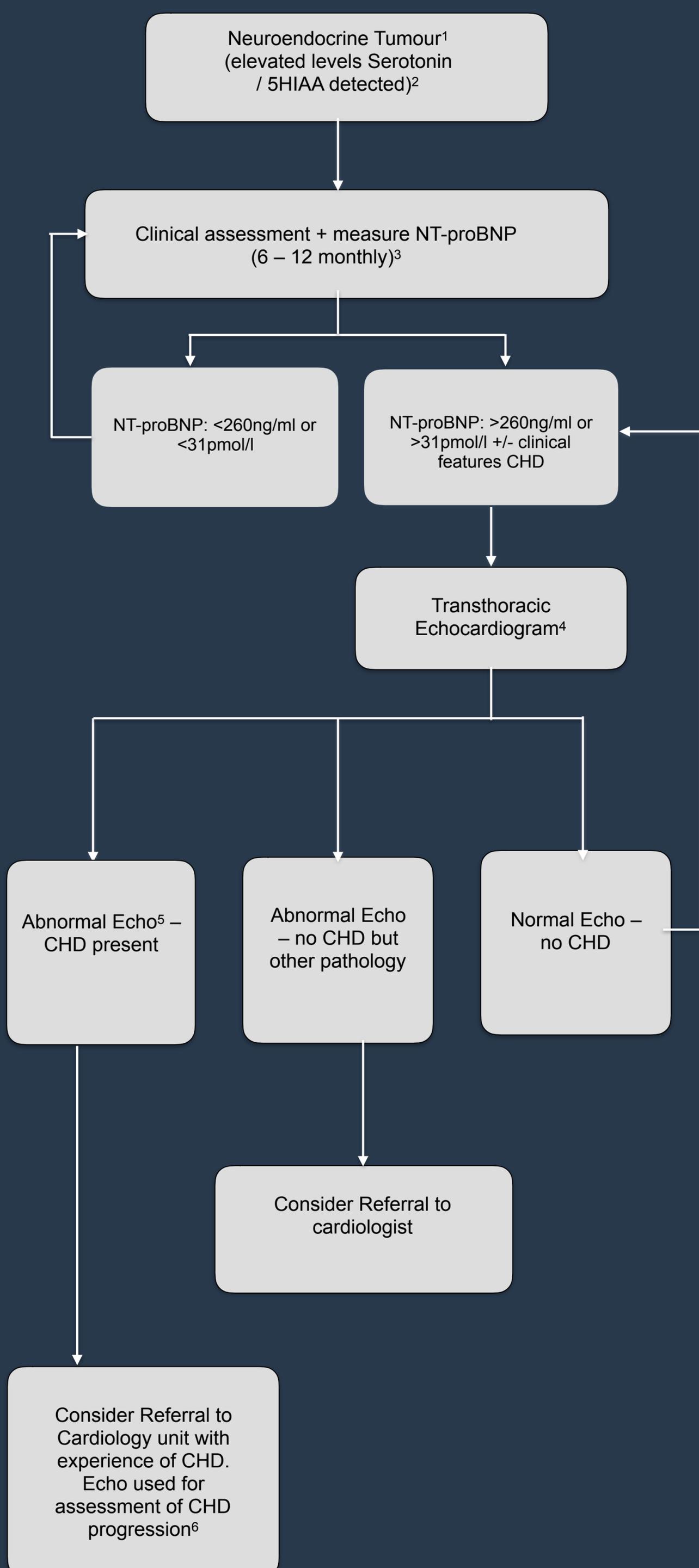


Carcinoid Heart Disease

PAGE 1 - MANAGEMENT ALGORITHM



Carcinoid Heart Disease

PAGE 2 - NOTES & REFERENCES

Majority of neuroendocrine tumours causing CHD will have metastases. However, primary ovarian and testicular NET can cause CHD without distant spread.

Whole blood/urinary/plasma/serum 5HIAA.

No definitive evidence of clinical significance in frequency of assessment.

Transthoracic Echocardiography is preferred diagnostic modality as widely available and well validated. Other echocardiography techniques, such as 3D, colour flow or spectral doppler, may give additional information on pulmonary valve status. Contrast studies may help in detecting patent Foramen Ovale.

Other, rare, cardiac manifestations of neuroendocrine cancer such as cardiac or pericardial metastases may also be detected. These should be managed through the specialist neuroendocrine multidisciplinary team including cardiology and cardiac surgery.

Severity of carcinoid heart disease can change over short periods of time (< 6 months). Frequency of echocardiography surveillance of CHD is suggested 6 monthly for mild CHD and 3 – 6 monthly in moderate/severe CHD.

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