UK and Ireland Neuroendocrine Tumour Society

UKINETS bitesize guidance
Management of Carcinoid Crisis

These guidelines are for management of carcinoid crisis – for peri-operative management of patients with neuroendocrine tumours please see separate guidelines

Complication of carcinoid syndrome due to the release of serotonin, histamine and other vasoactive peptides from the neuroendocrine tumour
Triggers include surgery, anaesthesia, tumour biopsy, invasive procedures such as embolisation, PRRT, or can occur spontaneously

Symptoms

Diarrhoea, flushing, bronchospasm, hypotension or hypertension, tachycardia

If patient has haemodynamic instability request support from critical care team

Treatment

- **Octreotide – iv bolus 100mcg (can be repeated as required) followed by iv octroetide infusion 50mcg/hr (monitor for hyperglycemia and. bradyarrhythmias on octreotide infusion)**
- **Corticosteroids – iv hydrocortisone 100mg**
- **Antihistamine – iv chlorphenamine 10mg**
- **IV fluids**
- **Vasopressors**

Hypotension: IV fluids; consider phenylephrine, noradrenaline or vasopressin
Hypertension: optimise analgesia and consider magnesium or GTN infusion in acute setting
Avoid drugs that cause histamine or serotonin release - thiopentone, suxamethonium, atracurium, morphine, tramadol, dopamine, isoprenaline

References

- European Neuroendocrine Tumor Society (ENETS) 2022 Guidance Paper for Carcinoid Syndrome and Carcinoid Heart Disease. Journal of Neuroendocrinology Volume 34 Issue 7 July 2022
- UKINETS bitesize guidance – Perioperative management of patients with neuroendocrine tumours

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