

ERRATUM

Addendum to “The importance of MLPA technique in the diagnosis of multiple endocrine neoplasia type”, Endocrinología, Diabetes y Nutrición 71 (2024) 221-225



Addendum a «La importancia de la técnica MLPA en el diagnóstico de la neoplasia endocrina múltiple tipo 1», Endocrinología, Diabetes y Nutrición 71 (2024) 221-225

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Following up on the previously published case report, we hereby provide an update on the recent progression of the patient, who was admitted to the Medical Oncology service after the identification of new lesions consistent with neuroendocrine neoplastic disease. A ^{68}Ga -DOTATOC PET/CT scan revealed pathological uptake in the lesser gastric curvature and the tail of the pancreas, thus confirming the presence of neuroendocrine tumors expressing somatostatin receptors, classified as Krenning³.

To confirm the nature of the lesions, we performed endoscopic biopsy of the gastric lesion. Histologic examination revealed the presence of a well-demarcated and pseudocapsulated neuroendocrine tumor, with surgical margins free of tumor infiltration. Tumor was staged as intermediate grade (G2), with a Ki67 proliferation index of 6% and 2

mitoses for every 2 mm² of examined tissue. Immunohistochemistry confirmed the expression of neuroendocrine markers, such as TTF1, chromogranin, synaptophysin, and INSM1, while testing negative for CK20, SATB2, and CDX2, thus ruling out other possible origins of the tumor.

These findings highlight the characteristic progression of MEN1 and underscore the importance of advanced imaging modalities and molecular diagnostic techniques in its clinical management. In particular, the use of PET/CT with labeled analogs and detailed histopathological diagnosis allows for better characterization of MEN1-related lesions. Furthermore, these results emphasize the relevance of continuous and personalized follow-up in this group of patients, including periodic evaluation of potentially metastatic or multifocal lesions.

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