Endoscopically, the tumor was completely removed (Fig. 5), and this was confirmed histologically (Fig. 6). Immunohistochemical staining was strongly positive for synaptophysin and chromogranin. Recovery was uneventful and the patient was discharged the following day after a second-look endoscopy.

The present case illustrates that endoscopic en-bloc resection with the cap technique is an effective method for the curative treatment of carcinoid tumors in the narrow area of the duodenal bulb. Laparoscopic techniques may be considered as an alternative only in cases where endoscopy is deemed unsuitable [2].

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Endoscopy 2009; 41: E288 – E289
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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