

## C-7

# The Hidden Cost of Enzyme Therapy: Oxalate Nephropathy in a NET Patient with Pancreatic Insufficiency

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## BACKGROUND

Pancreatic exocrine insufficiency (PEI) is an often overlooked cause of chronic diarrhea in patients with neuroendocrine tumors (NETs). When inadequately treated, PEI can lead to serious complications such as oxalate nephropathy (ON), which may result in kidney damage and impact the feasibility of oncologic therapies like peptide receptor radionuclide therapy (PRRT).

## METHODS

We retrospectively reviewed the clinical course, imaging, laboratory values, and management strategy of a patient with metastatic NET who developed oxalate nephropathy in the setting of untreated PEI.

## RESULTS

We present a 67-year-old male with a small bowel NET who developed persistent, uncontrolled diarrhea for several years. The diarrhea was attributed to multiple factors, including secretory NET (i.e. carcinoid syndrome), bile acid diarrhea, and PEI secondary to somatostatin analogue therapy. Due to financial constraints, the patient was unable to consistently take pancreatic enzyme replacement therapy (PERT). Years after the diagnosis of NET, the patient developed a new onset worsening of kidney function. Further work up including a kidney biopsy confirmed ON, which significantly limited subsequent treatment options, including PRRT.

## CONCLUSIONS

Routine screening for pancreatic exocrine insufficiency and early initiation of pancreatic enzyme replacement therapy should be considered in all NET patients with chronic diarrhea to prevent oxalate nephropathy and preserve future treatment options.

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