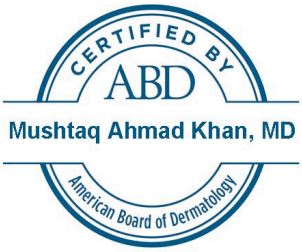

Evaluation Of The Patient With A Flushing Disorder

It is important to consider the clinical characteristics of the flushing before embarking on extensive evaluation.
Localized or Generalized, Associated Symptoms, Frequency & Duration, Known Triggers & Aggravating factors,
Associated Symptoms may be respiratory, gastrointestinal, headache, itch, hives, facial swelling, hypertension, hypotension, palpitations, &/or sweating.

Physiologic: Blushing, embarrassment, anger and other emotions. Reassurance. Self limited.
Menopausal: 80% with profuse sweating. Gyn evaluation & Rx for hormonal change.
Drugs: Niacin, Alcohol, Prescription, Over-the-counter and Home remedies
Foods: Spicy, Sour, Nitrites, sulfites, alcohol, Spoiled Scombroid Fish Poisoning (histamine intoxication).
Treatment is symptomatic. Avoiding the exacerbating factor resolves the problem.

Neoplastic Syndromes causing Flushing and other related Symptoms
Associated Symptoms may be respiratory, gastrointestinal, headache, itch, hives, facial swelling, hypertension, hypotension, palpitations, &/or sweating.

Mastocytosis: TMEP, UP, Systemic - Itching and redness. Darier's sign. Bx. Serum Tryptase and Urine Histamine levels.
Carcinoid Syndrome: Age around 50, 1.5/100,000 population 10% have Tumors with > 50 mg/day of 5-HIAA excreted Foregut: Purplish,Violet Flush 5-Hydroxytryptophan & other hormones Midgut: Pink-Red Serotonin & Other mediators
Tumors: Neuroendocrine neoplasia, Carcinoid, Mastocytosis may be the underling cause of these symptoms.

Clinical Evaluation & Work Up: Patient needs to have a complete medical evaluation. A comprehensive Diary listing the frequency, severity and duration of symptoms may delineate the cause (trigger) as well as what terminates (stops) the episodes. Listing all food, drinks, prescription and non-prescription products, home remedies, hobbies, social and physical activities may pinpoint to certain factors that may aggravate the problem if not cause it. Once that information is available, an elimination strategy can be employed to avoid suspected agents to see if that eliminates the episodes of flushing. A physician may decide to place the patient on a low histamine diet to see if it makes a difference. If the flushing reactions continue unchanged, then further workup may be undertaken. Always be on the outlook for a treatable cause.

Diagnostic Testing: In patients in whom 5-HIAA excretion is not increased, disorders that involve systemic activation of mastocytes (eg, systemic mastocytosis with increased urinary levels of histamine metabolites and increased serum tryptase level) and idiopathic anaphylaxis may be responsible. Localization of the tumor involves angiography, CT, or MRI, the same techniques used to localize a nonfunctioning carcinoid. Localization may require extensive evaluation, sometimes including laparotomy. A scan with radionuclide-labeled somatostatin receptor ligand indium-111 pentetreotide or with iodine-123 metaiodobenzylguanidine may show metastases.

Treatment: Surgical resection may be curative in the absence of metastases, whereas surgical debulking, while not curative, may help relieve symptoms and possibly prolong survival in patients with hepatic metastases.

Prognosis of patients with carcinoid syndrome depends on “primary site, grade, and stage”.
Despite metastatic disease, these tumors are slow growing, and survival of 10 to 15 years is not unusual.