

Restless Leg Syndrome as the Presenting Symptom of Neuroendocrine Tumor

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Abstract : Introduction: Restless Legs Syndrome (RLS) is a common, under-recognized disorder that disrupts sleep and diminishes quality of life (1). The most common conditions highly associated with RLS include renal failure, iron and folic acid deficiency, peripheral neuropathy, pregnancy, celiac disease, Crohn's disease and rarely malignancy (2). Despite a clear relation between low peripheral iron and increased prevalence and severity of RLS, the prevalence and clinical significance of RLS in iron-deficient anemic populations is unknown (2). We report here a case of RLS due to iron deficiency in the setting of neuroendocrine tumor. Report of Case: A 35 year-old man was referred to our clinic with general weakness, weight loss (10 kg in 2 months) and 2-month history of uncomfortable sensations in his legs with urge to move, partially relieved by movement. The symptoms were presented very day, worsening in the evening; the discomfort forced the patient to get up and walk around at night. RLS was severe, with a score of 22 at the International RLS rating scale. The patient had no past medical history. The patient underwent a complete set of blood analyses and the following abnormal values were found (normal limits within brackets): hemoglobin 9.9 g/dl (14-18), MCV 70 fL (80-94), ferritin 3.5 ng/mL (13-150). Brain and spine magnetic resonance imaging was normal. The patient consulted with gastroenterology clinic and gastrointestinal system endoscopy was performed for the etiology of the iron deficiency anemia. After the gastric biopsy, results allowed us to reach the diagnosis of neuroendocrine tumor and the patient referred to oncology clinic. Discussion: The first important consideration from this case report is that the patient was referred to our clinic because of his severe RLS symptoms dramatically reducing his quality of life. However, our clinical study clearly demonstrated that RLS was not the primary disease. Considering the information available for this patient, we believe that the most likely possibility is that RLS was secondary to iron deficiency, a very well-known and established cause of RLS in the literature (3,4). Neuroendocrine tumors (NETs) are rare epithelial neoplasms with neuroendocrine differentiation that most commonly originate in the lungs and gastrointestinal tract (5). NETs vary widely in their clinical presentation; symptoms are often nonspecific and can be mistaken for those of other more common conditions (6). 50% of patients with reported disease stage have either regional or distant metastases at diagnosis (7). Accurate and earlier NET diagnosis is the first step in shortening the time to optimal care and improved outcomes for patients (8). The most important message from this case report is that RLS symptoms can sometimes be the sign of a life-threatening condition. Conclusion: Careful and complete collection of clinical and laboratory data should be carried out in RLS patients. In particular, if RLS onset coincides with weight loss and iron deficiency anemia, gastric endoscopy should be performed. It is known that malignancy is a rare etiology in RLS patients and to our knowledge; it is the first case with neuroendocrine tumor presenting with RLS.

Keywords : neurology, neuroendocrine tumor, restless legs syndrome, sleep

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