

What is flushing?

Flushing is sense of warmth or feeling hot usually on the face, neck, ears, upper chest, and arms with accompanying skin colour changes ranging from pink to red to purple. Flushing episodes may last from a few minutes to a few hours or even longer. Flushing can be dry with no perspiration or wet and can be triggered by medical conditions and environmental factors.

Causes of flushing

Various medical conditions and environmental factors trigger flushing, as a result it can be challenging to diagnose the cause of flushing.

- Neuroendocrine cancer (more likely to be associated with dry flushing)
- Menopause (more likely to associated with perspiration)
- Emotional distress
- Some foods
- Alcohol intake
- Dermatological conditions (rosacea)
- Medication induced
- Other medical conditions

If flushing is persistent and the cause of the flushing has not been identified, it is vital to seek a diagnosis. Reporting flushing, its severity and frequency to a health care professional is essential.

When flushing occurs along with diarrhoea and abdominal pain, investigations for neuroendocrine cancer should be considered.

Flushing related to neuroendocrine cancer



Flushing



Diarrhoea gastric pain



Wheezing



Rapid heart rate

Flushing may be caused by some types of neuroendocrine cancer, due to excessive release of hormones by the tumour. This can lead to skin flushing along with diarrhoea and abdominal pain. If flushing occurs with these other symptoms in the presence of a neuroendocrine cancer it is known as carcinoid syndrome. Additional symptoms such as heart palpitations (the feeling of a racing heartbeat), headache, difficulty breathing or wheezing may also occur. Carcinoid syndrome is more common in people with a neuroendocrine cancer of the small bowel that has spread to the liver. It can also occur in lung and pancreatic neuroendocrine cancers; however this is less common.

Recognising that flushing can be caused by some neuroendocrine cancers is important. Flushing can be very distressing, and it has the potential to have a negative impact on the quality of life of people living with neuroendocrine cancer.



Support



Education



Research



Awareness



Advocacy



Management of flushing related to neuroendocrine cancer

Treatments

Treatments aim is to reduce and minimize the symptoms of flushing

- Somatostatin analogues (SSA's)
- Surgery to reduce the volume of cancer in the body
- Peptide receptor radionuclide therapy (PRRT)
- Liver directed therapies

Practical strategies to manage flushing

- Avoiding any known triggers such as:
- Alcohol
- Certain food and drinks (for example hot and spicy foods)
- Managing stress levels
- These modifications may assist to decrease the severity of flushing episodes.

Other resources

- **Carcinoid Syndrome fact sheet**

References

Neuroendocrine Tumours a guide for Nurses

eje.bioscientifica.com/view/journals/eje/177/5/EJE-17-0295.xml

last accessed 14/09/2021

If you need further support or information about neuroendocrine cancer, contact the
NET nurses at NeuroEndocrine Cancer Australia on 1300 287 363 Monday-Friday 9am-5pm



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