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POORLY DIFFERENTIATED T3N1M0 GASTROINTESTINAL STROMA TUMOR FROM ASCENDING COLON, A CASE REPORT

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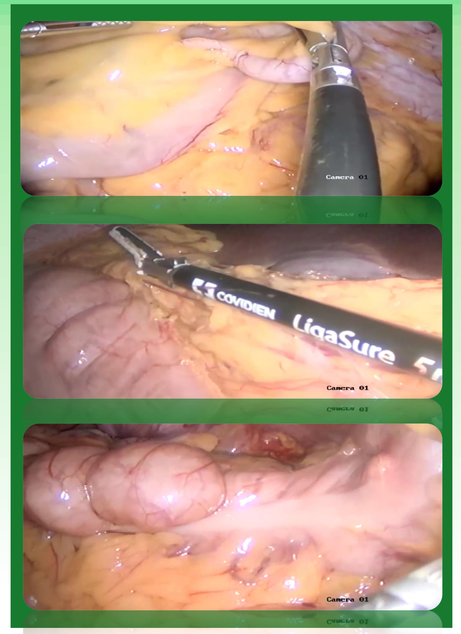
INTRODUCTION

Gastrointestinal stromal tumors (GIST) correspond to 1% of digestive tract tumors, representing the most common gastrointestinal mesenchymal tumor. Up to 6,000 new cases are estimated per year in the United States, 60% of GISTs develop in the stomach, 30% in the small intestine, and only less than 5% become colorectal. Molecularly, the discovery of a biomarker that reflects its origin and the presence of gain-of-function kinase mutations in these tumors set the stage for a more precise diagnosis and the development of kinase inhibitor therapy, coupled with excisional surgical treatment. The most frequent gastrointestinal symptoms of presentation do not vary with respect to other gastrointestinal tumors: digestive tract bleeding, weight loss, intestinal obstruction, abdominal pain or acute abdomen are late expressions of the disease, in the colorectal form the most frequent symptoms are abdominal pain, lower gastrointestinal bleeding, palpable abdomino-pelvic mass, and occasionally intestinal perforation.

We present the case of a 57-year-old male patient treated at a high specialty unit in Mexico City, in whom a suggestive evolution of tumor activity was detected; The objective of this work is to present a laparoscopic diagnostic and therapeutic approach to a histological type of infrequent neoplasia at the colonic level.

CASE REPORT

This is a 57-year-old male patient, resident of Mexico City, who presents to the colon and rectal tumor service of the C.M.N. SXXI, Oncology U.M.A.E. Oncology with a history of 2 years of evolution with silent, colicky pain in the lower abdomen, which has intensified for 6 months, requiring oral analgesics more frequently. Fifteen days prior to the evaluation of him, he presented an episode of hematochezia, a diagnostic protocol with colonoscopy was started, a tumor was detected in the ascending colon, previously to be sent to a third-level unit; carcinoembryonic antigen (CEA) is requested, which is quantified at 1.55 ng / ml, a colonoscopy study is repeated in the unit, finding a tumor-like lesion 1 meter from the anal verge and 5 centimeters (cm) from the cecum, computed tomography (CT) without evidence of metastatic lesions in the liver or lung, with wall thickening in the ascending colon and right pericolic lymphadenopathy; it is decided to protocolize for surgical treatment. Right mesocolectomy and ileo-transverse mechanical anastomosis laparoscopic approach were performed without eventualities, with a tumor found 5 cm from the hepatic flexure of 7x5 cm in the ascending colon, with colonic lumen obstruction in 80%, multiple 5 (milimeters) mm adenopathies in the transverse mesocolon , liver without data of tumor activity, rest of the abdominal cavity without data of tumor activity.



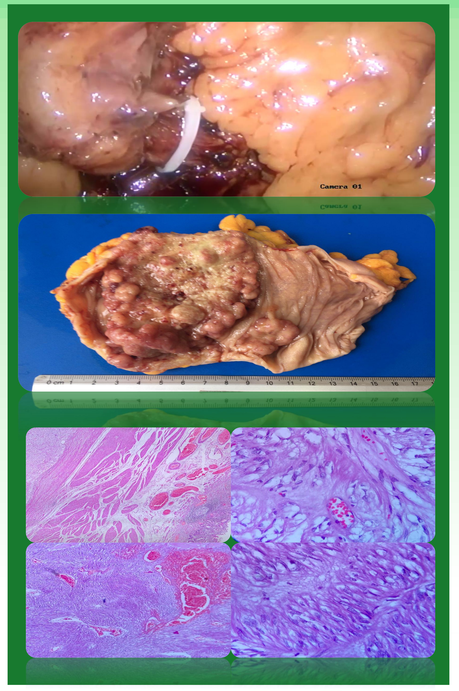
The patient evolves satisfactorily, it is started orally 3 days after surgery with adequate tolerance and progression, and it is discharged on the fifth day after surgery. Histopathological result was obtained seven days later with a report of a 7.5x5.5 cm mesenchymal lesion in the ascending colon compatible with gastrointestinal stromal tumor, up to 46 to 50 mitoses per field, histological grade G2, 50/50 positive regional lymph node harvest, tumor borders negatives. Patient currently undergoing semi-annual follow-up for clinical stage IIIB with CT and CEA, at the moment without disease recurrence.

DISCUSSION

Gastrointestinal stromal tumors (GIST) at the colorectal level are extremely rare, Reddy and Fieshman and the National Cancer Institute (NIH) report that they correspond to less than 1% of the GISTs of the entire digestive tract, although in Europe according to what Franka Menge and Cols report. they reach up to 5%, in Mexico there is no registry of GIST at the colorectal level.

GISTs appear by a mutation in the tyrosine kinase c-kit of the ICCs that regulate gastrointestinal peristalsis, this is expressed as a continuous active state of the tyrosine kinase, which has been shown by the expression of the surface markers CD34 (hematopoietic progenitor antigen), CD117 (c-kit, a transmembrane tyrosine kinase). The mutation of these gene alters the normal function of tyrosine kinase, which is cell proliferation through a stimulating factor of stem cells, which causes the constitutive activation of tumor growth.

Surgical treatment has always been the mainstay of the approach; in our country, according to the TNM classification obtained by CT, the therapeutic approach can be decided, from a clinical stage IIA it can be decided to carry out neodyuvance with or without adjuvant or surgical treatment and adjuvant. Imatinib, a tyrosine kinase inhibitor, is the treatment with the best results for GIST according to what has been reported in the international literature, Azfar Khan Niazi and Cols. report that Imatinib has improved survival in patients with partial resection or positive tumor borders, although some physicians have indicated that Imatinib has not been able to completely cure patients; Therefore, choosing patients with few or no recurrence risk factors for neadjuvant treatment with Imatinib is a good way, not so in patients with important risk factors according to what was reported by Miettinen and Cols.



In the case of our patient with pericolic lymph node invasion without evidence of positive main or central lymph nodes, a right mesocolic resection was performed with histopathological report of disease-free borders and lymph node harvesting of 50 positive pericolic lymph nodes that so far have only need follow-up with CEA, CT and colonoscopy without finding of disease recurrence, 12 months after tumor resection.

Haixin Zhang refers that 45 to 60% of colorectal GISTs reach R0 resection and this may increase if the patient is taken to neoadjuvant treatment, the duration of the neadjuvant treatment remains controversial, including up to 12 months of presurgical therapy and according to the NCCN guidelines, Imatinib continues to be the first-line of treatment due to its anti-tyrosine action. Another prognostic factor is the tumor implantation due to tumor rupture or incomplete resection as an important factor for recurrence. The free edges achieved in the mesocolic resection in the case of our patient allowed an R0 resection without the need for therapeutic adjuvant, although with a high risk of recurrence due to the mitotic index reported higher than 10. The follow-up of our patient according to the NCCN guidelines and clinical stage IIIB was performed initially at 3 months with CEA and CT, colonoscopy at 6 months and the most recent report of CEA at 9 months late with 1.1 ng / ml value, with no evidence of recurrence by CT or colonoscopy

CONCLUSION

Colorectal GISTs are an extremely rare histological type of colorectal cancer, they require a diagnostic and therapeutic approach similar to any type of colorectal tumor and the definitive diagnosis is made histopathologically. R0 resection will always be the best prognostic and survival factor, and neoadjuvant therapy can be planned to achieve R0 surgical resection.

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