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A RARE PRESENTATION OF WILD TYPE OF GIST IN THE STOMACH

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ABSTRACT

Gastrointestinal tumors are the most common mesenchymal tumors of GI tract, found in the stomach (40-60%) , small intestine (30%), colon(15%). Patients are generally asymptomatic and few represents with bleeding ulcers , surgery remain the mainstay of treatment . We present here a case report of 55 year old male presented with complaint of weakness and dark tarry stools ,on examination there was a intrabdominal lump felt in the epigastric region, after cect abdomen and endoscopic evaluation preoperative diagnosis was made of gastrointestinal tumor of stomach . Resection of the tumour was done.

INTRODUCTION

Gastrointestinal stromal tumours (GISTs), first described by Mazur and Clark in 1983, are rare mesenchymal tumours of the alimentary tract . Pathologic activation of KIT signal transduction appears to be a central event in GIST pathogenesis [1] These mutations increase tyrosine kinase receptor activity, resulting in uncontrolled proliferation of stem cells that differentiate into intestinal cells of Cajal [2]. Approximately 15% of GISTs do not have detectable mutations in the receptor tyrosine kinase genes, *KIT* or *PDGFRA, t*ermed as 'wild-type' (wt) GIST, [3] . The majority of cases present as symptomatic disease. Small GISTs are usually asymptomatic and are incidentally found during radiologic evaluation, endoscopy, or at the time of surgery for another cause.

CASE REPORT

A 55 year old male patient presented with: - a complaint of weakness, dark tarry stools with no complaint of pain abdomen ,no past medical history , no previous surgical history

On general physical examination - pallor +++ , no lymphoedema, no cyanosis, no clubbing,
no supraclavicular lymph node enlargement

Per abdomen examination showed - vague intrabdominal mass,firm margins not well defined ,
over epigastric region.

Laboratory investigations - hb-3g/dl pbf- microcytic hypochromic anaemia

Upper GI endoscopy- stomach - fundus- full of altered blood
body, antrum - large polypoidal lesion on lesser curvature

FINDINGS

RADIOLOGICAL :



FIGURE -1

CECT WHOLE ABDOMEN: A large, well circumscribed, smoothly marginated lobulated mass arisng from the pyloric and antral regions of the stomach projecting intraluminally measure approximately 7cm x 7.4 cm x 7.7cm. There is no evidence of invasion into surrounding structures [figure 1]

INTRAOPERATIVE:

Patient was planned for surgical resection of tumour with gastrojejunostomy along with roux- en-y jejunojejunostomy done with linear staplers. smooth , well circumscribed mass was present intraluminally which was resected.
Figure 2 : A. and B

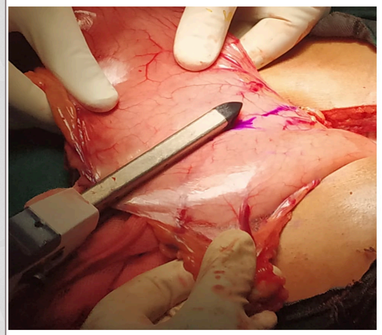
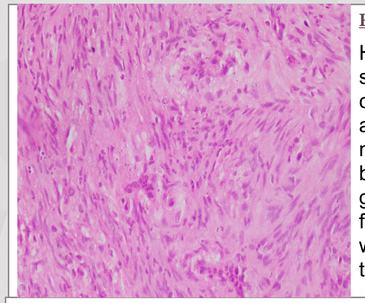


Figure 2 : A



2 :B



PATHOLOGICAL:

H&E showed cellular proliferation arranged in short intersecting fascicles ,spindle to epitheloid cells with pale to eosinophilic fibrillar cytoplasm and cytoplasmic vacoules at both ends of the nucleus with low mitotic figures suggestive of benign GIST. The final diagnosis was gastrointestinal stromal tumour with low mitotic figures in histopathological examination , cd117 was negative, patient started with imatinib therapy

DISCUSSIONS

Gastrointestinal stromal tumors are neoplasms with a genetic origin. They are very similar to other family oncologic syndromes like NEM 1 and 2, VHL, and carney complex (e.g. gastric leiomyosarcoma, pulmonary, and functioning extra adrenal paraganglioma). Immunohistochemical resources (i.e. KIT, CD117, CD34, S-100 protein,Actin, Desmin, etc.), and imaging studies are crucial for getting a right diagnosis. In absence of metastatic disease, the GIST curative treatment is the complete surgical resection.[4]

CONCLUSION

We report a case of of pedunculated wild type of gastric GIST. After R0 resection, immunohistochemical reports were negative for genes. Further studies are needed to to analyze the molecular genetics of the tumour

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