CASE REPORT : GASTROINTESTINAL STROMAL TUMOR (GIST) MISDIAGNOSED AND TREATED AS PANCREATIC PSEUDOCYST

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INTRODUCTION

Abdomen is considered a “Pandora’s Box” for surgeons. It has always baffled surgeons as various conditions present with similar signs and symptoms, making the diagnosis challenging. Nowadays, with various diagnostic tools, one should always use all the resources available before going ahead with an operative plan.

CASE

• **Present History:** 72 year old female presented with nausea, anorexia, pain in abdomen and mass per abdomen since 2 months.

• **Past history:** She was diagnosed with chronic pancreatitis with pancreatic pseudocyst for which she underwent laparoscopic cystogastrostomy 4 years back.

• **Examination**: Fixed non tender non pulsatile firm intraabdominal mass occupying the epigastric, umbilical , left hypochondriac and left lumbar regions; no guarding, rigidity or tenderness. Rest of the systemic examination was within normal limits.

INVESTIGATIONS

• **Abdominal ultrasound:** Solid hypoechoic moderately vascular lesion noted near the pancreatic tail, posterior to the stomach.

• **Contrast CT (A+P) :** 13.2 x 9.6 x 13.9 cm heterogeneously enhancing lobulated soft tissue lesion along the greater curvature of stomach with multiple areas of necrosis, abutting the body region of pancreas with maintained fat plane with normal pancreas, highly suggestive of GIST/ soft tissue sarcoma. (Fig.1)

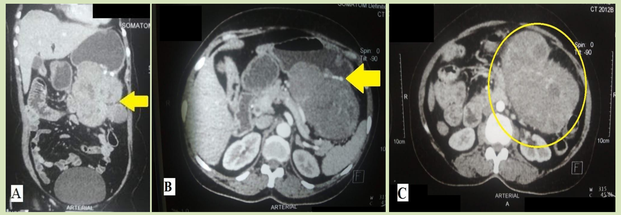


Figure 1: A & B. Tumor arising from stomach (yellow arrow) with evidence of normal pancreas ; **C.** Large tumor abutting surrounding structures

• **Upper GI endoscopy:** Puckering at the upper body of stomach without any evidence of growth.

•**EUS guided FNAC:** Confirmed the diagnosis of GIST. Tumor cells were positive for CD-117 (*c-kit*) and negative for S-100 .

MANAGEMENT

• **SURGERY** : revealed a large greyish brown encapsulated, firm, lobulated mass arising from greater curvature of stomach, abutting the transverse colon, duodenum, pancreas, spleen.(Fig.2A). Pancreas was found to be grossly normal. (Fig.2B).

•Total Gastrectomy was performed along with omentectomy and excision of suspicious gastric nodes, followed by loop esophagojejunostomy. Tumor was taken down with the specimen en masse. .(Fig.2. C,D).

•**PATHOLOGY :** ***Gross-*** Bosellated 18 x12 x 10 cms sized unifocal tumor attached to posterior wall of stomach.

Microscopy- Low grade (G1) spindle cell type GIST with mitosis <5/50 HPFs without involvement of lymph nodes. Margins were free of tumor cells. Pathological stage classification : pT4N0.

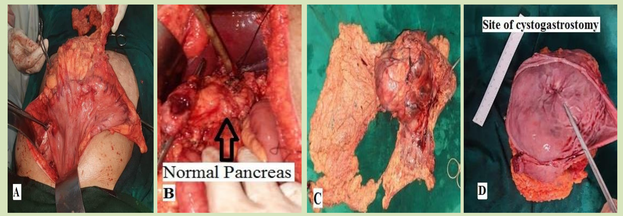


Figure 2A &B Tumor arising from greater curvature with evidence of normal pancreas **C &D** Gross specimen

DISCUSSION

•GISTs are the most common mesenchymal tumors of the gastrointestinal tract , arising from the interstitial cells of Cajal, mostly solid tumors rarely presenting as cystic lesions.[1,2]

•Most GISTs remain silent until they grow big and cause compression symptoms or present with non-specific abdominal pain,discomfort.or a palpable lump.[3] Pancreatic pseudocyst presents similarly with upper abdominal mass, weight loss, repeated abdominal pain.

•In the setting of a normal pancreas, as evident on imaging and intraoperatively, it is highly likely that our patient had gastric GIST during the previous surgery as well.

•We conclude with the suggestion that a high index of suspicion along with utilization of intraoperative frozen section, although not routinely done in cases of pancreatic pseudocyst, can help in clinching the diagnosis with certainty and aid in decision making.

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