

ROBOTIC INTRALUMINAL RESECTION OF A POSTERIOR FUNDIC GIST: PRESERVING THE STOMACH WITHOUT PARTIAL GASTRECTOMY

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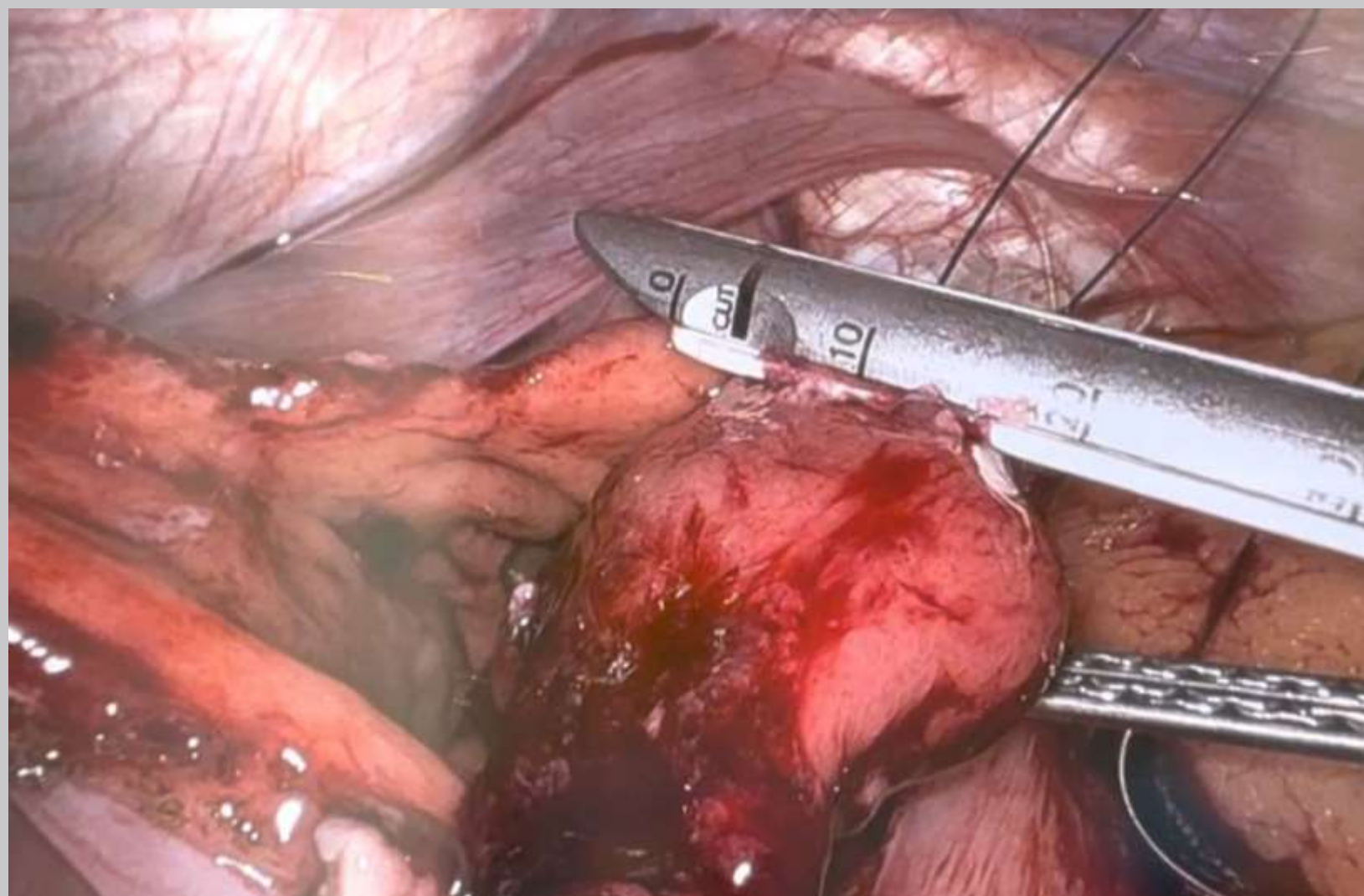
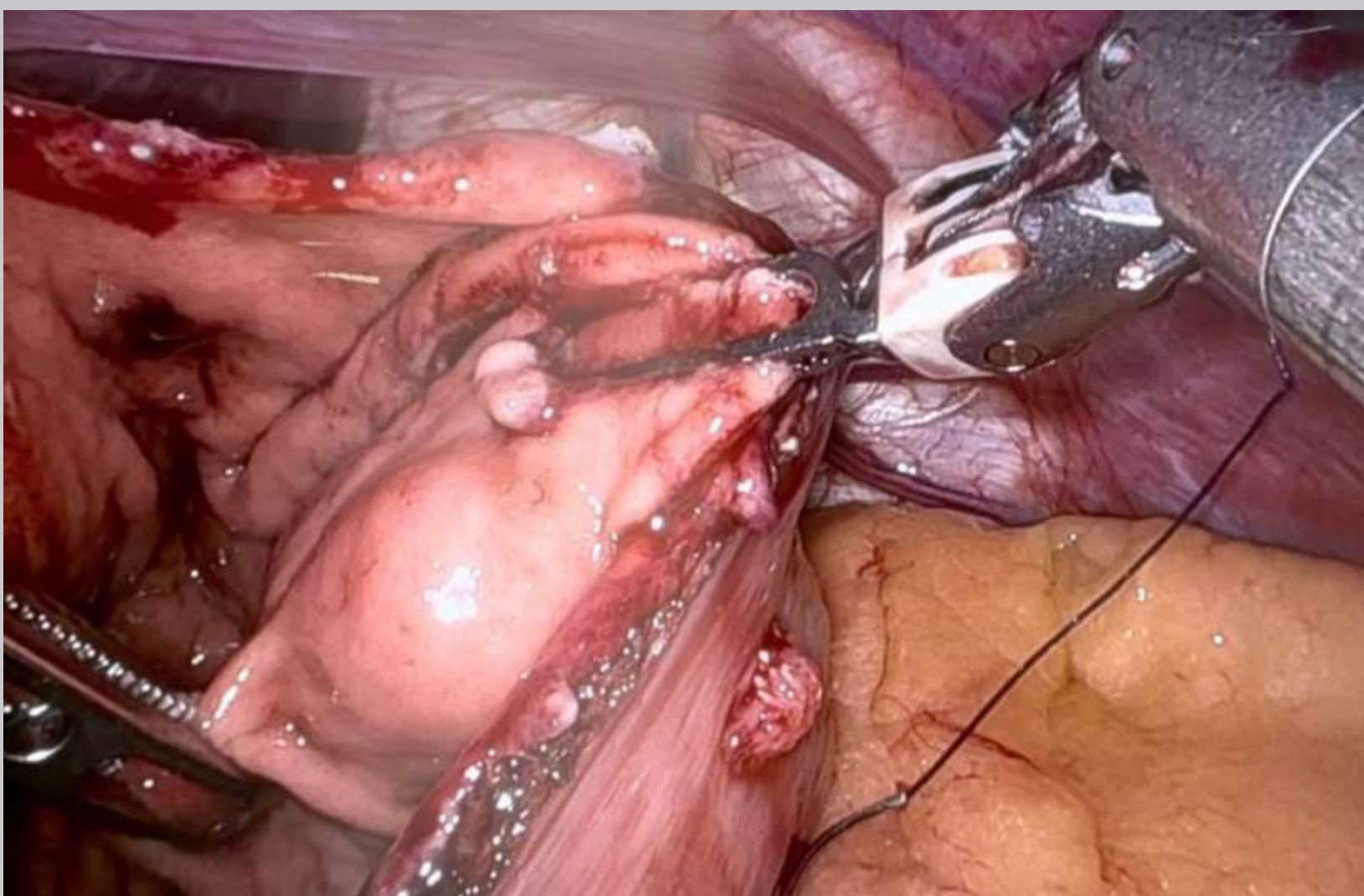


INTRODUCTION

- Standard treatment for gastric GISTs is wedge or partial gastrectomy to achieve negative margins.
- Challenge: posterior fundic GISTs present difficult exposure, often requiring significant gastric resection and leading to anatomical distortion.
- Objective: to present a novel, organ-sparing robotic technique that avoids partial gastrectomy while maintaining gastric integrity.

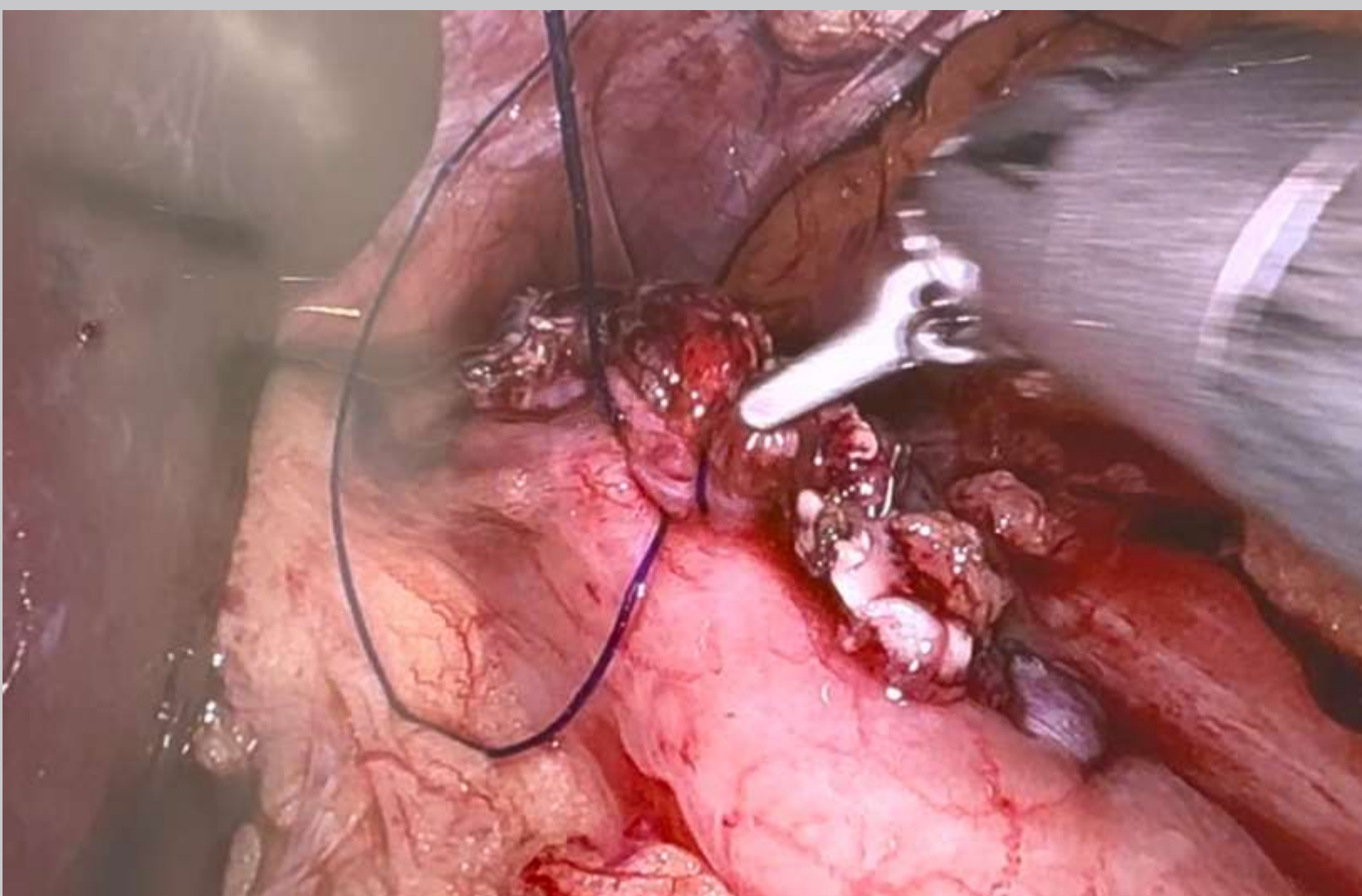
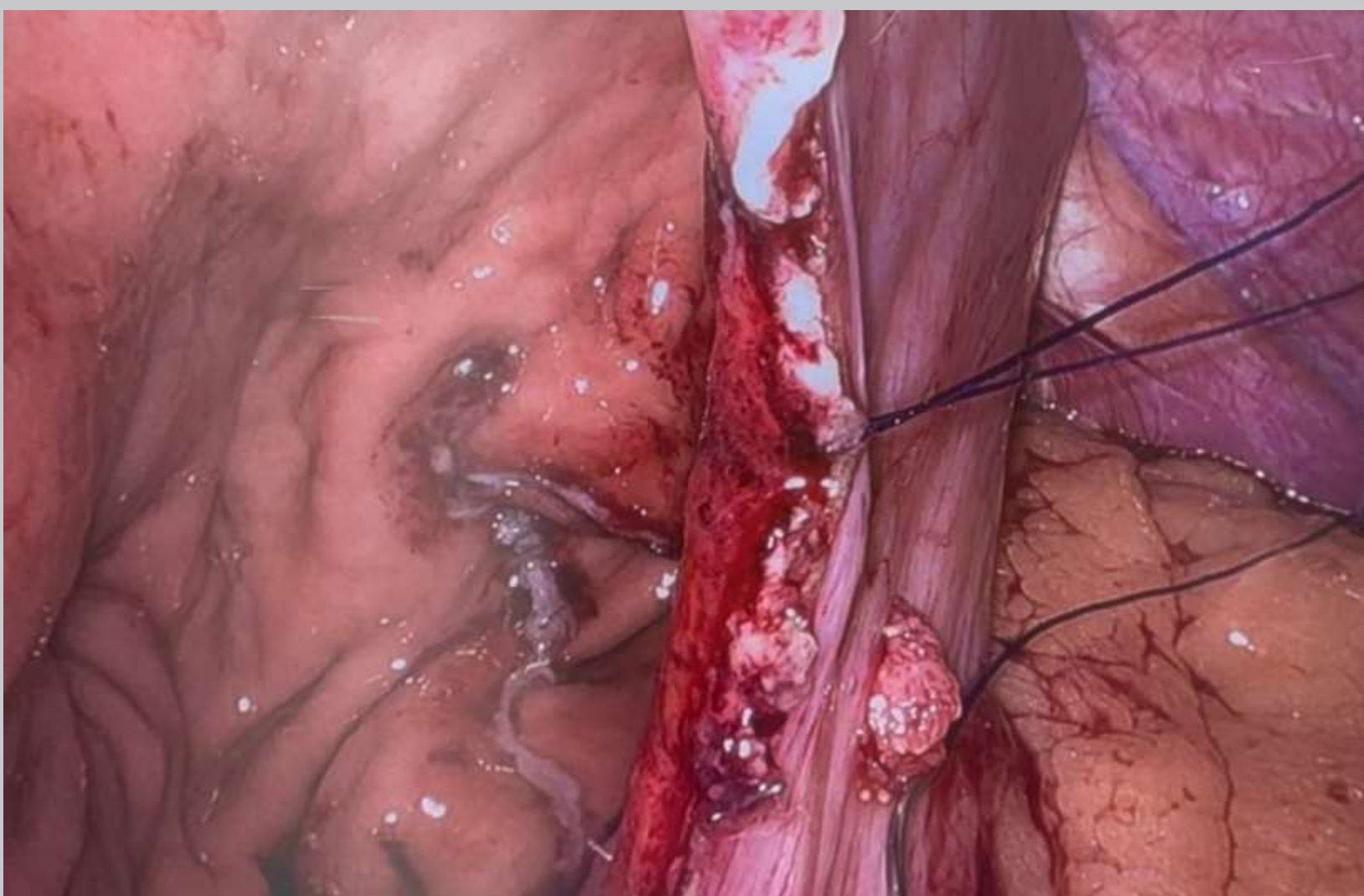
CASE PRESENTATION

- Patient: 60-year-old male with a history of H.pylori and chronic GERD.
- Finding: a 2.5-3 cm subepithelial lesion was identified on the posterior wall of the gastric fundus during a routine EGD.
- Diagnosis: endoscopic biopsy confirmed GIST.



THE SURGICAL TECHNIQUE: INTRALUMINAL RESECTION

- **Step 1: Access & Localization**
 - With the patient in a robotic setup, intraoperative EGD is used to locate the endophytic tumor.
 - A small, full-thickness anterior gastrostomy is created robotically to provide direct intraluminal access.
- **Step 2: Intraluminal Resection**
 - Robotic instruments are passed through the gastrostomy into the stomach.
 - The tumor is resected from inside the stomach using a robotic stapler, ensuring a full-thickness resection with clear margins.
- **Step 3: Closure & Confirmation**
 - The anterior gastrostomy is closed primarily in layers.
 - Repeat EGD confirms hemostasis and a negative air leak test.



CONCLUSION

- The procedure was well-tolerated with an uneventful postoperative course.
- The patient resume oral intake early and was discharged without complications.
- Pathology: confirmed complete GIST excision with negative margins (R0).
- Key benefit: oncologic goals met while avoiding the anatomical distortion of conventional wedge resection.

RESULTS

- Robotic intraluminal resection via anterior gastrostomy is a safe and effective organ-preserving technique for challenging posterior fundic GISTs.
- This minimally invasive approach achieves complete oncologic resection while maintaining gastric integrity and function, expanding surgical options for select patients.

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