

## GASTROINTESTINAL STROMAL TUMOR OF ILEUM WITH METASTASIS : A CASE REPORT

**Dr. Pallawit Pallav Sahay**

Junior Resident (Academic), M.S. General Surgery, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand.

**Dr. Sandip Kumar\***

Associate Professor, Department of General Surgery, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand. \*Corresponding Author

**Dr. Yusuf Ahmad**

Junior Resident (Academic), M.S. General Surgery, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand.

### ABSTRACT

Gastrointestinal stromal tumors are rare neoplasm. Although they represent only 0.1% to 3% of all gastrointestinal malignancies, they account for 80% of gastrointestinal mesenchymal neoplasm. Here we report a rare case of GIST of ileum with liver and lymph node metastasis. Patient underwent resection of GIST with adjoining lymph nodes. After resection, patient was advised imatinib 400mg once daily for 4 months. However, patient presented after 3 months with complaint of bleeding per rectum. This may be due to non gastric lesion of high risk group.

**KEYWORDS :** Gastrointestinal Stromal Tumor, Inguinal Lymphnode, Imatinib.

### INTRODUCTION

Gastrointestinal stromal tumors are the most common mesenchymal neoplasms of the gastrointestinal tract. GISTs may be found anywhere in the GI tract, from the oesophagus to the internal anal sphincter. The most common GI location is the stomach (56%), followed by small intestine (32%), colon, rectum (6%), and oesophagus (<1%). The remaining 5% of lesions occur in other less common locations, including the mesentery, pelvis, pancreas, liver, omentum and genitourinary tract.

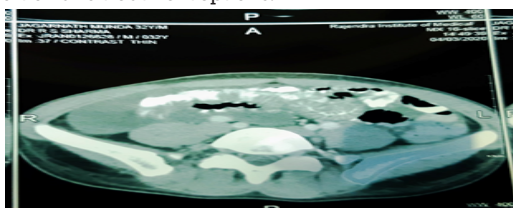
Here we report a rare case of GIST with liver and mesenteric and paraaortic lymph node metastasis along with hydronephrosis.

### CASE REPORT

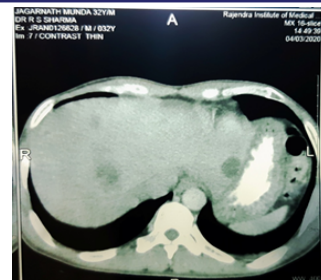
A 31 year old man, came with complaints of right upper abdominal pain and supra pubic discomfort since 3 month. Patient also complained of bleeding per rectum since last 4 days. Patient was on treatment with Imatinib as per his previous reports and diagnosis of GIST of ileum.

Physical examination of the patient revealed a 7x7 cm round, non tender, firm mass in right iliac region with slight abdominal distension. Patient was severely pale and was in the state of shock. No space occupying lesion was found on DRE. Patient was managed by anticoagulants, electrolyte correction and blood transfusion.

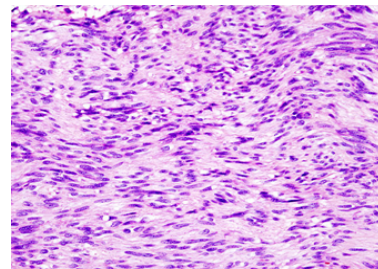
CECT of whole abdomen showed an ill defined exophytic heterogeneously enhancing soft tissue lesion measuring 9.1x5.1x4.8cm with adjacent bowel wall thickenings in small bowel in RIF. Hepatomegaly with multiple hypodense lesions of varying sizes are seen scattered in right and left lobes of liver, largest one in segment VII measuring 3.5x3.0x2.8cm. Multiple small mesenteric lymph nodes are seen, largest one measuring 7.5mm. This time patient was also advised Regorafenib for 4 months after discussing the present condition and treatment options.



CT scan of whole abdomen showing heterogeneous enhancements in small bowel.



CT Scan showing hepatomegaly with hypodense lesions in right and left lobe of liver.



Microscopic picture of specimen demonstrating GIST

### DISCUSSION

The case we reported herein is a high grade GIST according to JOENSUU Criteria of National Institute of Health Consensus Classification for Selecting Patients with GIST for Adjuvant Therapy. Tendency to metastasize to lymph nodes and liver is rarely seen in GIST. The prevalence is reported to range from 1.1% to 3.4%. The complication of bleeding per rectum may be due to tumour rupture.

Complete surgical resection remains the mainstay of treatment for primary GISTs and is the only potentially curative therapy. Imatinib is the first line therapy for advanced (unresectable primary, recurrent, or metastatic) GIST. Sunitinib is indicated as a second line therapy for patients with advanced GIST and Regorafenib is now approved as third line treatment in patients with advanced GIST. It is a multitargeted tyrosine kinase receptor inhibitor that is active against KIT.

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