



## A RARE CASE OF GIANT GASTROINTESTINAL TUMOR

## Surgery

**Dr. Vrushab Rode\*** Department of Surgery, Smt Kashibai Navale Medical College, Pune. \*Corresponding Author

**Dr. Sandip Jadhav** Department of Surgery, Smt Kashibai Navale Medical College, Pune.

**Dr. Hemant Lekawale** Department of Surgery, Smt Kashibai Navale Medical College, Pune.

## ABSTRACT

Advances in the identification of gastro intestinal stromal tumors its molecular and immune histochemical basis and its management have been water shed in the treatment of gastro intestinal stromal tumors. Gastro intestinal stromal tumor (GIST) is now defined as a specific KIT expressing and KIT signalling driven mesenchymal tumor of gastro intestinal tract. The Imatinib drug which blocks the C-KIT receptor shows remarkable efficacy in the treatment of GIST.

We hereby report a case of GIST in 47 years old male complaining of abdominal pain since 6 months along with palpable mass involving whole of abdomen. It was confirmed on Usg, CT Scan and true cut biopsy. Laparotomy revealed a solid cystic mass 28 x 30 x 26 cm in size weighing 3 kgs that was well defined arising from greater curvature of stomach. Complete tumor resection was performed. Histopathological examination revealed features of GIST. It was CD 117 positive and DOG positive

## KEYWORDS

Gastrointestinal ,GIST, Lump.

## INTRODUCTION:

Gastro Intestinal Stromal Tumor (GIST) is the term for a specific immune histo chemically, KIT positive mesenchymal Neoplasm of the gastro intestinal tract and abdomen. GIST's constitute a majority of mesenchymal tumors. Pathologic activation of KIT signal transduction appears to be a central event in GIST pathogenesis.<sup>1,2,3</sup>

Gastro Intestinal Stromal Tumors (GIST) is now defined as a specific KIT expressing and KIT signalling driven mesenchymal tumor of gastro intestinal tract.

The most common site is by far stomach (60 – 70%), followed by small intestine, rectum and colon. Only small number of cases have been reported in the esophagus and appendix<sup>4,5</sup>.

## Case history

47 year old male patient came with complains of pain and lump in abdomen since 6 months. The mass was involving whole of the abdomen and approximately 30 x35 x26 cm in size. It was ill defined with variable consistency which was partly cystic and partly solid.

## Investigation

Usg was suggestive of hetrogenous mass of 20 x 25 x 26 cm covering whole of the peritoneum. CT abdomen pelvis was suggestive of mass in abdomen of size 18 x 25 x 28 cm extending from the left dome of diaphragm superiorly and up to superior wall of urinary bladder inferiorly.

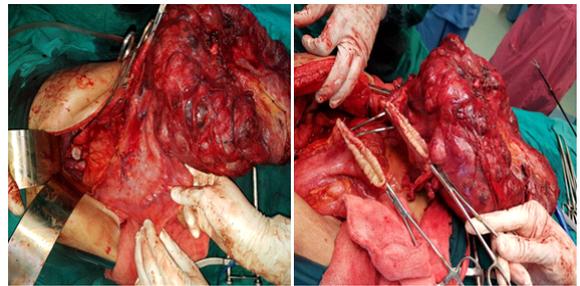
The lesion was pushing the bowel loop toward periphery and pancreas posteriorly with abutting the superior wall of the urinary bladder with fat planes maintained.

A pre operative true cut biopsy was done which was suggestive of GIST.

## OPERATIVE NOTES

Patient underwent an exploratory laparotomy. There was evidence of solid cystic lesion covering almost whole of the peritoneal cavity. Mass was arising mainly from the greater curvature of stomach extending from fundus to body. Distal body and pylorus was preserved from the growth.

Mass along with proximal stomach and esophago - gastric junction was resected with adequate margin of 5 cm, For stomach and 2 cm for esophagus. Distal end of stomach closed in 2 layers followed by hand Sewen Esophago gastric anastomosis. Pyloroplasty done.



## Histo pathology

Post operative histopathology of the specimen was suggestive of GIST with high malignant Potential. It was CD117 focally positive and DOG positive. Ki 67 labelling index 10%

## Post operative

Post operatively patient was discharged on tablet imatinib for 3 years. Patient was asked for follow up after 3 months, then after 6 months and then after 1 year with Usg and fresh endoscopy reports. The 3 monthly endoscopy and usg reports were disease free with no evidence of recurrence

## DISCUSSION

A review of literature revealed that GISTS of the size and weight similar to present case has been rarely reported .Small GISTS are typically incidentally detected on the external aspect of stomach or intestines during radiologic studies or surgery for unrelated condition. Less frequently, GIST is an incidental endoscopic finding. Gastro Intestinal bleeding or vague pain is the most common symptoms of GIST.

Preoperative radiologic studies by CT scan or magnetic resonance imaging are very helpful in determining the tumour configuration and its extension and relationship with adjacent organs. Large GIST in the stomach and intestines often form external bulging masses, whose extensive extra-GI component can mask the tumour origin from the stomach or intestines. These tumours are often centrally necrotic and cystic containing hemorrhagic necrotic material or fluid and viable tumour only as a narrow peripheral rim.

Main stay in the treatment is complete surgical resection of tumour along with adjuvant chemotherapy with tyrosine kinase inhibitor. large sized GIST tumours are high risk candidate for surgery which has poor prognosis and high recurrence rate.

**REFERENCE:**

1. Heinrich MC, Rubin BP, Longley BJ, Fletcher JA, Biology and genetics aspects of gastro intestinal stromal tumors: KIT activation and cytogenetic alteration *Hum Pathol* 2002; 33:484-495.
2. Hirota S, Isozaki K, Mariyama Y, Haschimoto K, Nishida T, Ischiguro S, Kawano K, Hanada M, Kurata A, Takeda M, Tunio GM, Matsuzawa Y, Kanakura Y, Shinomura Y, Kitamura Y: Gain of function mutation of C-KIT in human gastro intestinal stromal tumours *science* 1998; 279: 577-580.
3. Miettinen M., Majidi M., Lasota J; Pathology and diagnostic criteria of gastro intestinal stromal tumors (GISTS), a review *Eur J. Cancer.* 2002; 38: 539-551.
4. Miettinen M, Sarloma, Rikala M, Sobin LH, Lasota J; Esophageal Stromal tumors; A Clinicopathologic immuno histochemical and molecules genetics study of 17 cases and comparison with esophageal Leiomyomas and Leiomyosarcomas. *Am J. Surg. Pathol.* 2000; 24: 211-222.
5. Miettinen M, Sobin LH; Gastrointestinal stromal tumors in the appendix: a clinicopathologic, immunohistochemical study of four cases. *Am J Surg Patho* 2001 ;5: 1433-1437