

Gist Gastric Perforated

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Abstract

We report the case of a 77 year old male who came to the emergency department with epigastric pain accompanied by fever and chills. After the diagnosis of intra-abdominal abscess and gastric tumor, emergency surgery was performed. Resection of the tumor and abscess drainage was performed. The patient had good post operative course.

Keywords: GIST; Gastrectomy; Intra-Abdominal Abscess

Discussion

Introduction

Gastrointestinal Stromal Tumors (GIST) is specific mesenchymal tumors of the digestive system. They were described first by Mazor and Clark (1983) [1]. They originate from the interstitial cells of Cajal [2]. Its most common site is the stomach (50-60%) [3] and small intestine (25-30%), and extremely rare in the esophagus, colon, rectum and appendix [4]. There are additional locations at digestive gallbladder, pancreas, liver and bladder. It is usually an incidental finding on imaging for the study of other diseases.

Case Report

A 77 year male came to the emergency with epigastric pain radiating to the left upper quadrant of abdomen accompanied with fever and chills. No nausea or vomiting. As medical history we includes dBechet, Herpes Zoster, pneumonia, prostate adenoma, IAM 2006 and vena cavathrombosis. Abdominal examination revealed the presence of abdominal pain and distension without evidence of peritonitis. Analytical reveals the presence of leukocytosis.

Abdominal ultrasound and CT revealed retrogastric collection of 15 cm. Emergency surgery is performed with the diagnosis of perforated gastric tumor with peritoneal implants and extension at splenic hilum, performing atypical gastric resection. Histopathology reveals a gastric GIST. In subsequent tests no disease recurrence was observed. Adjuvant therapy was performed with Imatinib.

Gastrointestinal estromal tumors are extremely rare tumors, clinical presentation as perforated tumor is exceptional. His presentation is variable and depends on the size and location of the tumor. The most common signs and symptoms are mass effect and bleeding accompanied by abdominal discomfort and rarely with complications [5,6]. Perforation is extremely rare. There are 16 cases in medical literature of GIST tumors with this debut, all in jejunum [7], including a jejunal diverticulum [8]. No documented cases of gastric perforation until today, but there is an esophageal perforation [9].

Surgery is the only potentially curative treatment. It should be made a RO resection with clear margins of 1-2 cm preventing rupture of the tumor [10,11]. Lymphadenectomy is not required. Treatment with inhibitors of tyrosine kinase receptor (imatinib) marked a big change in the prognosis of GIST tumors has led to increased survival rates. The age of presentation, anatomic location, size and histology are the most important prognostic factors [5,11]. The diagnosis of perforated gastric tumor should be considered in emergency surgery as a differential diagnosis even when it is a rare entity in clinical practice.

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