Extra-gastrointestinal Stromal Tumor: Report of Two Cases

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Gastrointestinal stromal tumors (GIST) usually originate from the gastrointestinal wall. GISTs not originating from the gastrointestinal tract, named extragastrointestinal stromal tumors (EGIST) are very rare. This study aims to find the characteristics of EGIST by reviewing the literature. In the past 6 years, we have treated 2 patients with EGIST. One was a 49-year-old man and the other, a 72-year-old woman. Both of them presented with a large palpable abdominal mass. One patient underwent a pancreaticoduodenectomy because the tumor was located near the duodenum; the other received resection of the tumor without the need for resection of the gastrointestinal tract. We searched on PubMed and reviewed 119 published cases of EGIST, including the two patients treated by us, in the related English literature from 1953 to March 2007. Both of our patients survived postoperatively and are still living well, of one survival already exceeding 5 years. Based on the reviewed studies, the incidence of EGIST is slightly higher in women. Owing to a leak of symptoms in the beginning period, the EGIST can reach a relatively large size. Curative resection is at present the main option for EGIST.

Key words: extragastrointestinal stromal tumor, tumor excision

Gastrointestinal stromal tumors (GISTs) are the most common primary mesenchymal neoplasms of the tubular gastrointestinal tract[1] and may arise anywhere from the esophagus to the rectum. Recently, mesenchymal tumors with similar clinicopathologic and immunohistochemical (IHC) profiles have been seen increasingly in the omentum, mesentery, gallbladder, liver and retroperitoneum. They are defined as extra-gastrointestinal stromal tumors (EGISTs).[2-5]

In the past 6 years, we have treated 2 cases of EGIST. The English literature relating to EGIST was reviewed in order to clarify the characteristics of EGISTs.

Case Report

Case 1

A 72-year-old woman was referred to our hospital from a primary care physician for the management of an abdominal mass. Abdominal fullness had developed gradually during the past 6 years. However, she felt that the mass grew most rapidly in the last 2 years. An abdominal computed tomography (CT) study revealed a huge mass occupying the right lower quadrant of the abdominal cavity (Fig 1). Physical examination showed a palpable right lower abdominal mass. Her pelvic examination was normal. Angiography showed a hypervascular mass with blood supply from a small branch of the right translumbar artery and right internal iliac artery. She underwent a laparotomy, and a 13 × 8 × 7cm right lower retroperitoneal mass was found. This tumor was completely removed without the need for resection of the gastrointestinal tract.

Pathologic examination revealed the tumor was an EGIST with 15 mitoses per 50 HPFs. IHC stain showed

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