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#15241 : Recurrent colic abdominal pain: GIST gastrointestinal stromal tumors

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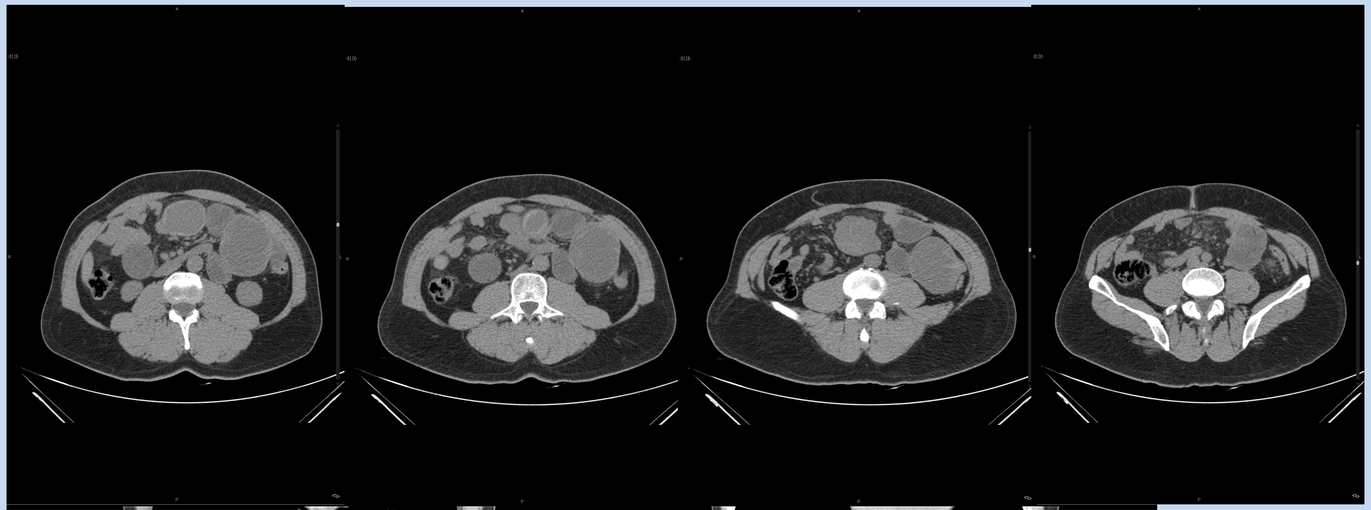
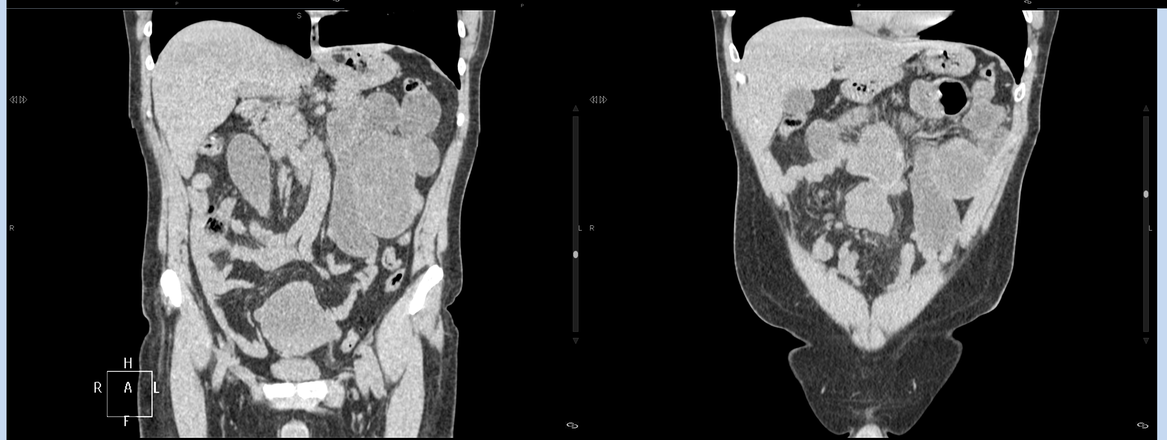
Gastrointestinal stromal tumor (GIST), is one of the most frequent mesenchymal tumors of the gastrointestinal tract, are tumors whose behavior is induced by genetic mutations. In 90% of patients this disease is related to a mutation in the receptor gene called KIT, involved in the regulation of the proliferation of interstitial cells of Cajal.

Often, there is a history of vague abdominal pain or recurrent discomfort, they are mild discomfort at first and they get worse over months or years. The intestinal obstruction is rare due to its extraluminal growth, for this reason the diagnosis is delayed until the tumor is large. It is quite common the appearance of anemia due to small losses of blood continued over





The abdominal scanner allows the diagnosis of GIST, however small tumors can remain hidden, especially in cases of little exhaustive examinations.

The definitive diagnosis is made by tumor biopsy.

Small GISTs appear as intramural masses and when they grow most of them do so out of the intestine. Calcifications and cavities may appear due to tumor necrosis. The tumor can directly invade structures in the abdomen such as the liver and peritoneum. Unlike gastric adenocarcinoma or gastric or small bowel lymphoma, malignant adenopathies are rare in GIST.

The anatomopathological study of the biopsies confirmed the diagnosis.

We present the case of a male of 50 years of age who goes to the emergency department for abdominal pain.

The patient reported a year earlier episodes of abdominal pain of the colic type, of changing location (mesogastrium, left flank, left iliac fossa). These episodes of pain last approximately 5 days and disappear. They are accompanied by abundant nausea and vomiting, retention, dark and malodorous and difficulty in the emission of feces and gases.
On examination, a soft, mobile and painful mass in the mesogastrium is palpated in the abdomen.

Abdominal scan was performed in which mesenteric masses of cystic nature were observed in mesogastrium, left vacuum and hypogastrium. These masses are of large size, with smooth external profiles with irregularities in their internal contour with isolated pseudopapillary growths, contact with numerous small bowel loops that are displaced without signs of infiltration.
The anatomopathological study of the biopsies confirmed the diagnosis.