Jejunal gastrointestinal stromal tumor: a diagnostic challenge


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ABSTRACT

Gastrointestinal stromal tumors (GIST) are rare mesenchymal tumors of the gastrointestinal tract and a rare cause of gastrointestinal bleeding. These tumors usually affect people over 50 years of age and they exhibit a wide range of clinical manifestations, including asymptomatic patients, nonspecific symptoms, obstruction or bleeding, which may delay diagnosis. Early diagnosis and treatment are crucial because GISTs can be aggressive and metastasize.

This case highlights the importance of considering GISTs in the differential diagnosis of obscure gastrointestinal bleeding.

INTRODUCTION

A 65-year-old patient was admitted due to anemia and gastrointestinal bleeding as melena. Gastroscopy and colonoscopy did not reveal the source of the bleeding, showing only hematic debris in the colon. Capsule endoscopic study was carried out with evidence of an active bleeding without any underlying lesions at jejunum level. Prior to enteroscopy, the patient presented hemodynamic instability, therefore a CT angiography was performed and it revealed a small exophytic lesion in
the proximal jejunum, neoplastic in appearance, with a point of contrast extravasation. Finally, surgical intervention was agreed, subsequently identifying a tumor with active bleeding in the proximal jejunum was identified, with resection and primary anastomosis afterward. The histopathological analysis confirms the suspicion of gastrointestinal stromal tumor (GIST) of mixed type and low histological grade.

DISCUSSION

GIST are the most frequent mesenchymal neoplasms in the gastrointestinal tract. Although they can appear in any part of the gastrointestinal tract, the most frequent location is the stomach (52%), followed by the small intestine (25%) (1). The most common symptom is gastrointestinal bleeding, which can occur in 25-50% of patients, and anemia due to continuous blood loss is also frequent (2). A 25% of GIST present with gastrointestinal bleeding and anemia due to continuous blood loss. High suspicion is required in patients with obscure GI bleeding, especially in those patients whose upper and lower endoscopy are negative. This subgroup of patients with obscure GI bleeding represent a challenging diagnosis requiring additional diagnostic methods such as capsule endoscopy, which is the first-line procedure after a negative endoscopic study (3). If potentially lesions are identified, enteroscopy is the gold standard to confirm it and, if possible, treat the underlying lesions. Also, within the diagnostic arsenal for obscure GI are imaging tests such as angioCT. Once GIST is confirmed, complete surgical resection remains the mainstay treatment for non-metastatic GIST (4). However, if metastatic disease is present, KIT inhibitors, such as Imatinib, are the treatment of choice.

REFERENCES


Figure 1: A. Small-bowel capsule endoscopy with active bleeding. B. CTA angiogram showing a small exofitic lesion with active bleeding (arrow). C. Intraoperative view of an exofitic tumor in the jejunul loop. D. Surgical specimen after surgical resection.