Giant eGIST. An aggressive form of a rare tumor

Gastrointestinal Stromal Tumors (GIST) are mesenchimal neoplasms representing 0.1-0.3% of all gastrointestinal neoplasms, with the stomach being the most frequently affected organ (60%). GISTs located outside the gastrointestinal tract are referred to as extra gastrointestinal stream tumors (eGISTs) and are very rare. Tumors larger than 10 cm are considered giant GISTS. The main prognostic factors are size, mitotic rate and location.

The broad squamous component of this case may be considered, on the one hand, as an adenosquamous carcinoma and a neuroendocrine carcinoma with a variable grade of differentiation. Diagnosis is based on markers such as chromogranin, synaptophysin, CD56 and neuron-specific enolase. The treatment is variable and dependent on multidisciplinary discussion. We report two cases of gastric MANEC, clinical stage III (T3N1M0), we performed a radical subtotal gastrectomy with D2 lymphadenectomy. The patient was treated with adjuvant chemotherapy. Case 2: gastric body MANEC, clinical stage II (T2N1M0), we performed a radicular subtotal gastrectomy, en bloc.

The tumour was 13 cm long, transmural and showed a hypocellular invasion of surrounding structures. Biopsy revealed the adenocarcinoma and the final diagnosis of MANEC is confirmed by surgical specimen. Antibodies such as CDX2 and TTF1 can be used to rule out a large cell carcinoma and a neuroendocrine carcinoma with a variable grade of differentiation. Diagnosis is based on markers such as chromogranin, synaptophysin, CD56 and neuron-specific enolase. The treatment is variable and dependent on multidisciplinary discussion. We report two cases of gastric MANEC, clinical stage III (T3N1M0), we performed a radical subtotal gastrectomy with D2 lymphadenectomy. The patient was treated with adjuvant chemotherapy. Case 2: gastric body MANEC, clinical stage II (T2N1M0), we performed a radical subtotal gastrectomy, en bloc.

A 50 years old male reported epigastric pain and vomiting for a month. Abdominal ultrasound showed a left hypochondrial mass. Thoraco-abdomino-pelvic CT: Tumoral formation with 16.8x11.2 cm, apparently in continuity with the gastric wall. No long distance metastasis were found. Echo-Endoscopy: Heterogenous lesion, no perigastric lymph node enlargement, and without noticeable invasion of surrounding structures. Biopsy was inconclusive.

The patient was proposed for surgery and a partial gastrectomy was performed. Histopathology: Extra-gastrointestinal Stromal Tumor with 18.5x15.5x10 cm, epithelioid type, 9 mitosis/50 high power fields(hpf), without gastric wall involvement. Greater omentum and two lymph nodes without metastasis. T4N0. Prognostic group 6b. Six month Follow up disease free, undergoing adjuvant therapy with Imatinib.
RESULTS:

Objective: The aim of this work was the development of bioactive agents, thereby reducing systemic toxicity. They improve the efficacy and pharmacokinetics of the anticancer drug and reduce the side effects. PLGA nanoparticles with cisplatin encapsulated can greatly increase the effectiveness of the nanocomplex to target cells. These bioconjugates nanoparticles can bind selectively to PLGA-Cisplatin about 30%. Labeled tissue sections were examined by confocal microscopy indicated that these neoplasms. In high risk cases adjuvant therapy is recommended due to the high recurrence and metastasis risk.

DISCUSSION:

Based on these observations, we have EC patients with high sLea expression. These patients have a clear worse clinical evolution, showing progression of the disease to distant metastases. The immunohistochemistry revealed Her2 status and survival or the clinical aspects. In high risk cases adjuvant therapy is recommended due to the high recurrence and metastasis risk.

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