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Clinical Image

Gastric Gastrointestinal Stromal Tumor with Pancreatic Invasion: A Rare Presentation

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Image Case Presentation:

Gastrointestinal stromal tumours (GISTs) are mesenchymal neoplasms that most commonly arise in the stomach and may occasionally reach an exceptionally large size and invade adjacent organs. Their management depends on tumour extent, metastatic disease and molecular characteristics, with tyrosine kinase inhibitors playing a central role in advanced disease [1-3].

We present the case of a 65-year-old woman who presented with several weeks of nausea, vomiting and significant weight loss. Physical examination revealed a large, painless abdominal mass. Computed tomography (CT) demonstrated a heterogeneous intra-abdominal mass measuring approximately 28 cm, with extensive central necrosis and peripheral enhancing soft tissue, displacing the stomach, spleen, bowel and other abdominal structures; the pancreas could not be clearly delineated (Figure 1).

Keywords:

- Gastrointestinal Stromal Tumour
- GIST
- Gastric Tumour
- Pancreatic Invasion
- Computed Tomography

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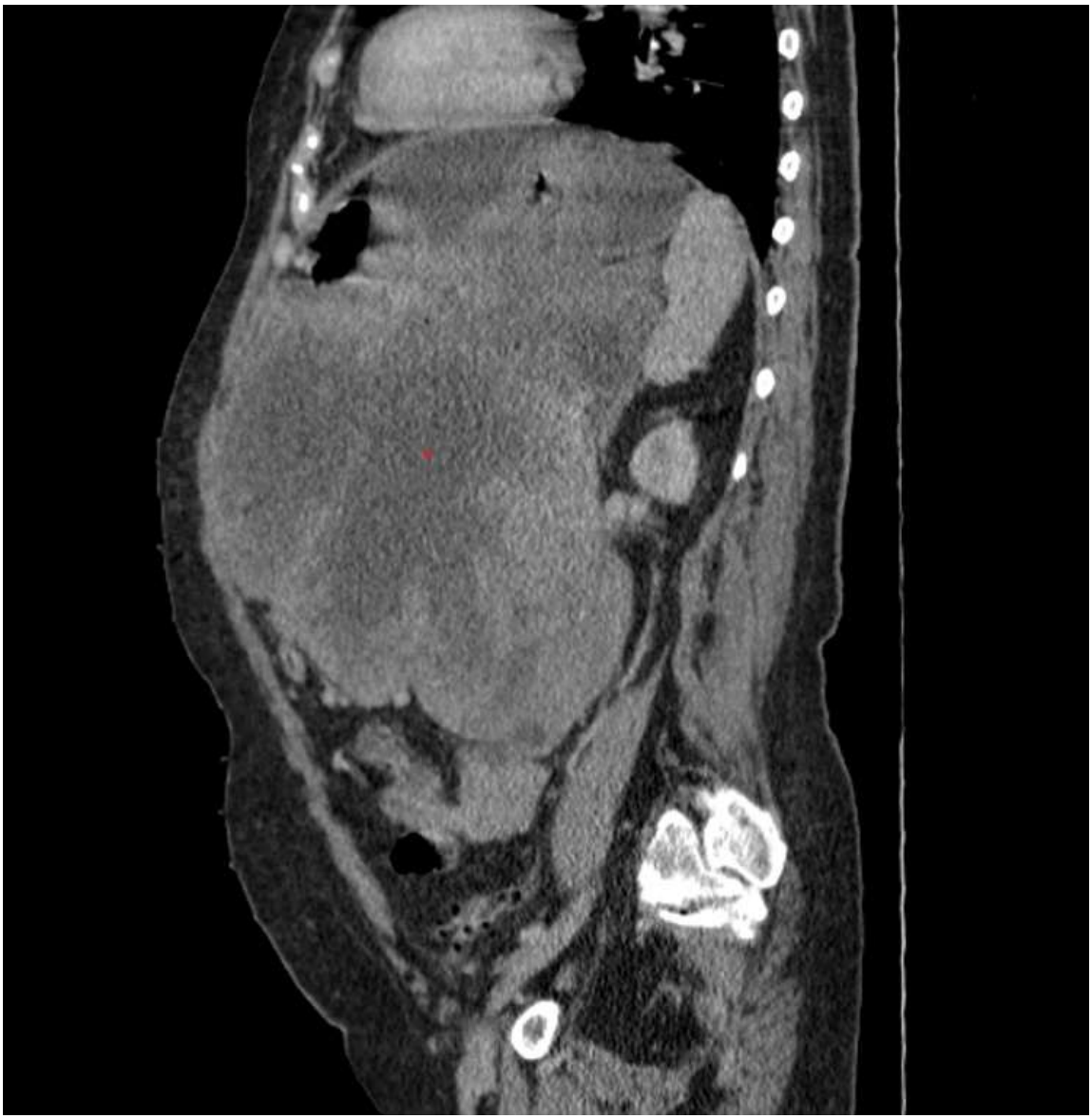

Figure 1: Initial contrast-enhanced abdominal computed tomography, sagittal reconstruction, demonstrating a giant heterogeneous intra-abdominal mass occupying most of the abdominal cavity, with extensive central low attenuation and a peripheral enhancing soft-tissue component.

The patient underwent extensive en bloc resection, including near-total gastrectomy, distal pancreatectomy, splenectomy, left colectomy and cholecystectomy. Histopathological examination demonstrated a 30-cm high-grade gastric GIST with pancreatic invasion (pT4N0M1R1). Immunohistochemistry was positive for CD34, CD117 and DOG1, and three peritoneal metastatic nodules were identified. Imatinib therapy was initiated. Two years later, CT demonstrated extensive recurrent disease, with a 20 × 10 cm partially necrotic subhepatic mass invading the liver parenchyma and hepatic hilum (Figure 2).

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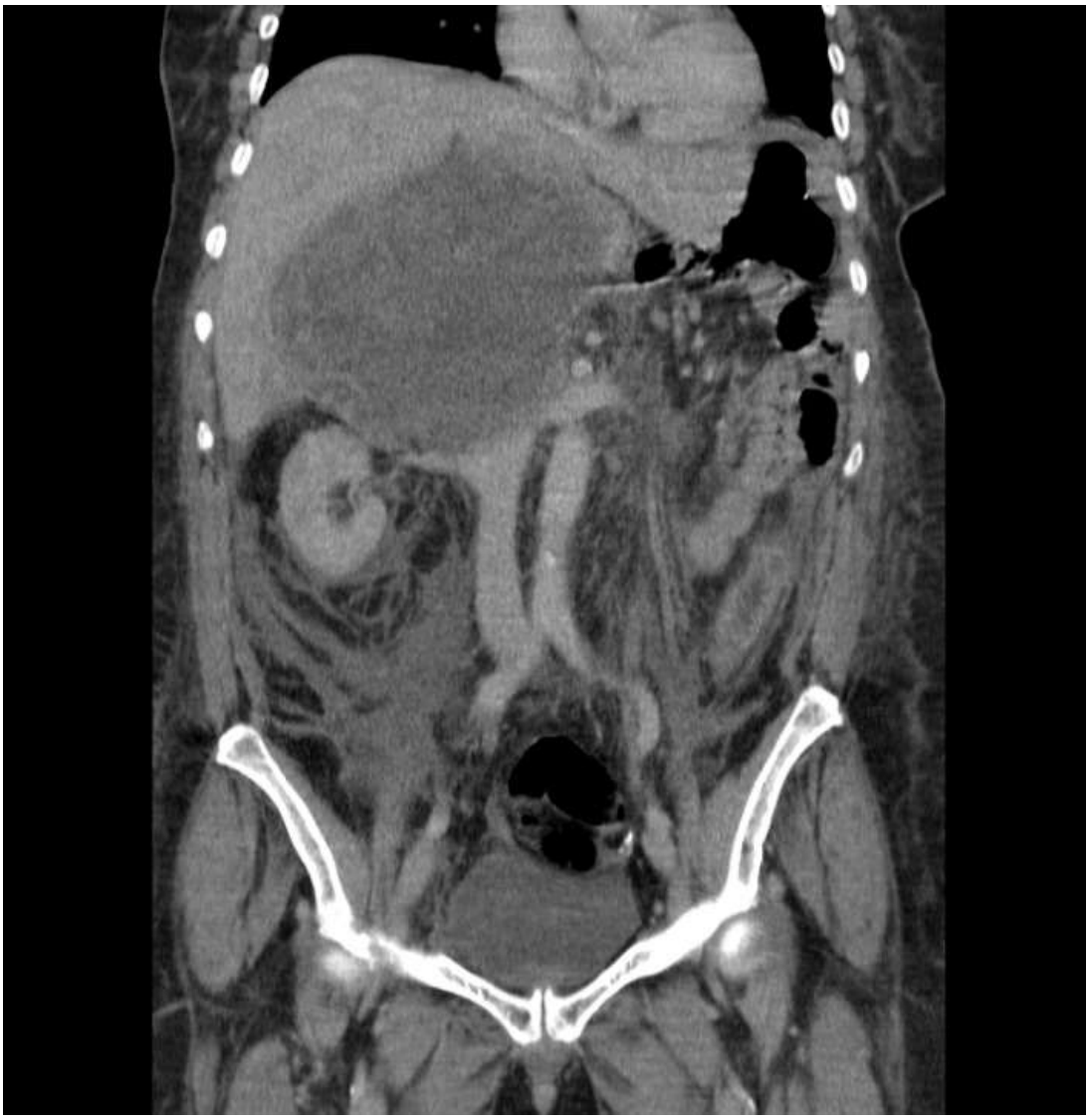

Figure 2: Follow-up contrast-enhanced abdominal computed tomography, coronal reconstruction, demonstrating extensive recurrent disease as a large subhepatic mass with invasion of the liver parenchyma and hepatic hilum.

The recurrence was considered unresectable and the patient was referred for palliative care. This case illustrates the potential for gastric GISTs to reach an enormous size, invade adjacent organs and recur despite treatment. Cross-sectional imaging is essential for defining tumour extent, assessing resectability and monitoring disease progression.

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Conflicts of Interest: We confirm that there are no conflicts of interest to declare.

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