



Jejunal Gastrointestinal Stromal Tumor (GIST) as a Rare Cause of Lower GI Bleed

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INTRODUCTION

- Gastrointestinal stromal tumors (GIST) are mesenchymal neoplasms that range from asymptomatic to nonspecific presenting symptoms of nausea, vomiting, and abdominal fullness.
- The prevalence of GIST is approximately 1% of all gastrointestinal (GI) malignancies. We present a rare case of occult lower GI bleeding leading to a diagnosis of GIST in a 53-year-old patient.

CASE REPORT

- A 53-year-old male without prior medical history was evaluated after a syncopal episode. The patient reported dark, tarry stools over the past week prior to admission. He denied any abdominal pain, nausea, vomiting, pain with defecation, changes in stool quality or caliber, or frank blood in his stool
- He had no previous history of colonoscopy screening or endoscopic evaluation
- Admission vitals were significant for BP 139/77, HR 106, and RR 18
- Labs showed hemodynamically significant anemia with a hemoglobin of 6.9 g/dL with iron deficiency

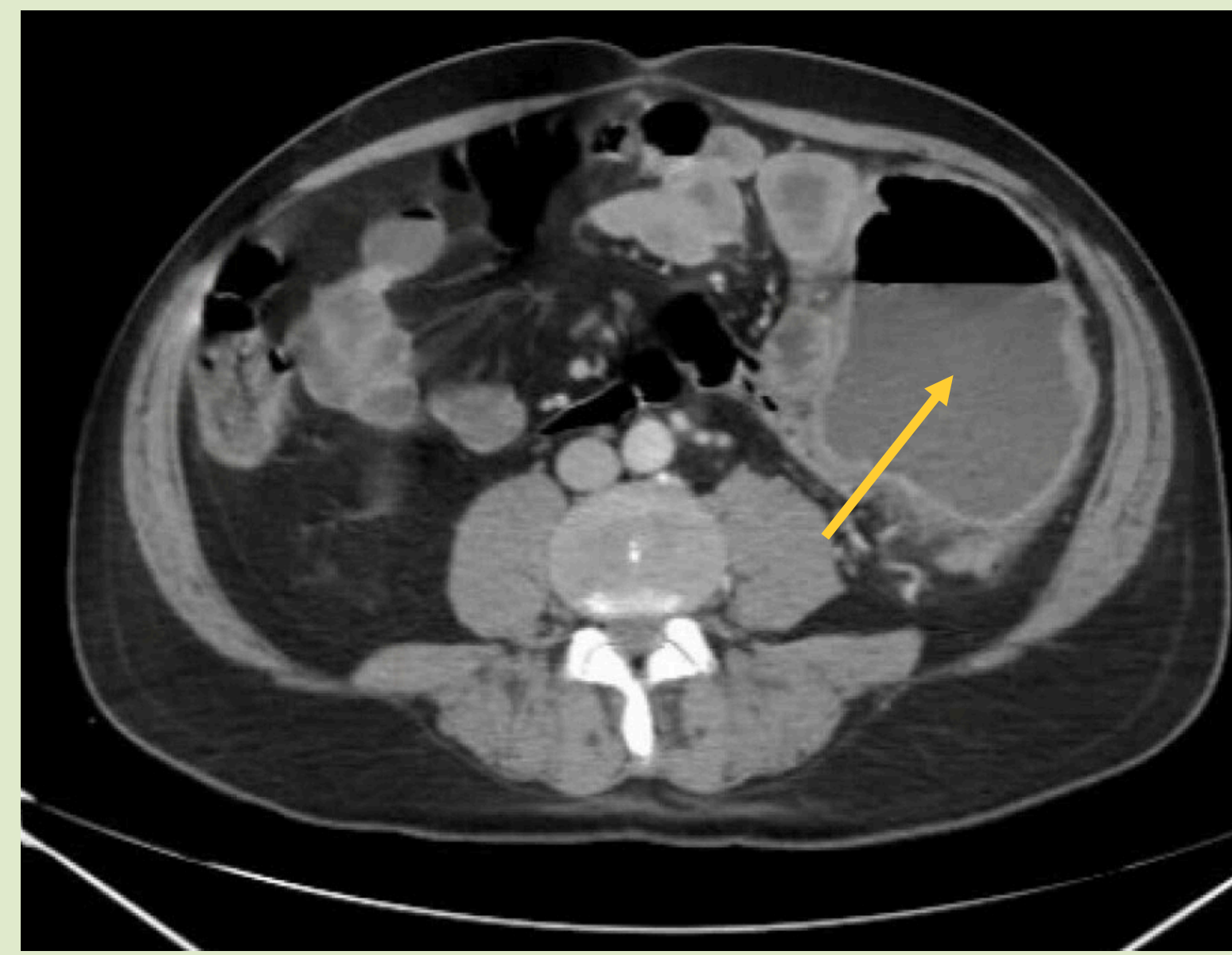
INVESTIGATIONS

- Bedside fecal occult blood testing was positive
- He required 2 units of packed red blood cells to maintain a hemoglobin goal greater than 7 g/dL. The patient was also initiated on IV iron replacement therapy with subsequent reticulocyte count demonstrating adequate response to therapy
- Endoscopy revealed gastric erosions without active bleeding. The patient became febrile after subsequent transfusions, prompting infectious workup including abdominal CT evaluation.
- 2 sets of blood cultures were negative
- An 11.4 x 8.6 x 13.8 cm collection with wall thickening and adjacent mesenteric fat stranding was seen, contiguous within the jejunum.
- MRI evaluation confirmed these findings with an additional borderline enlarged para-aortic lymph node.

MANAGEMENT

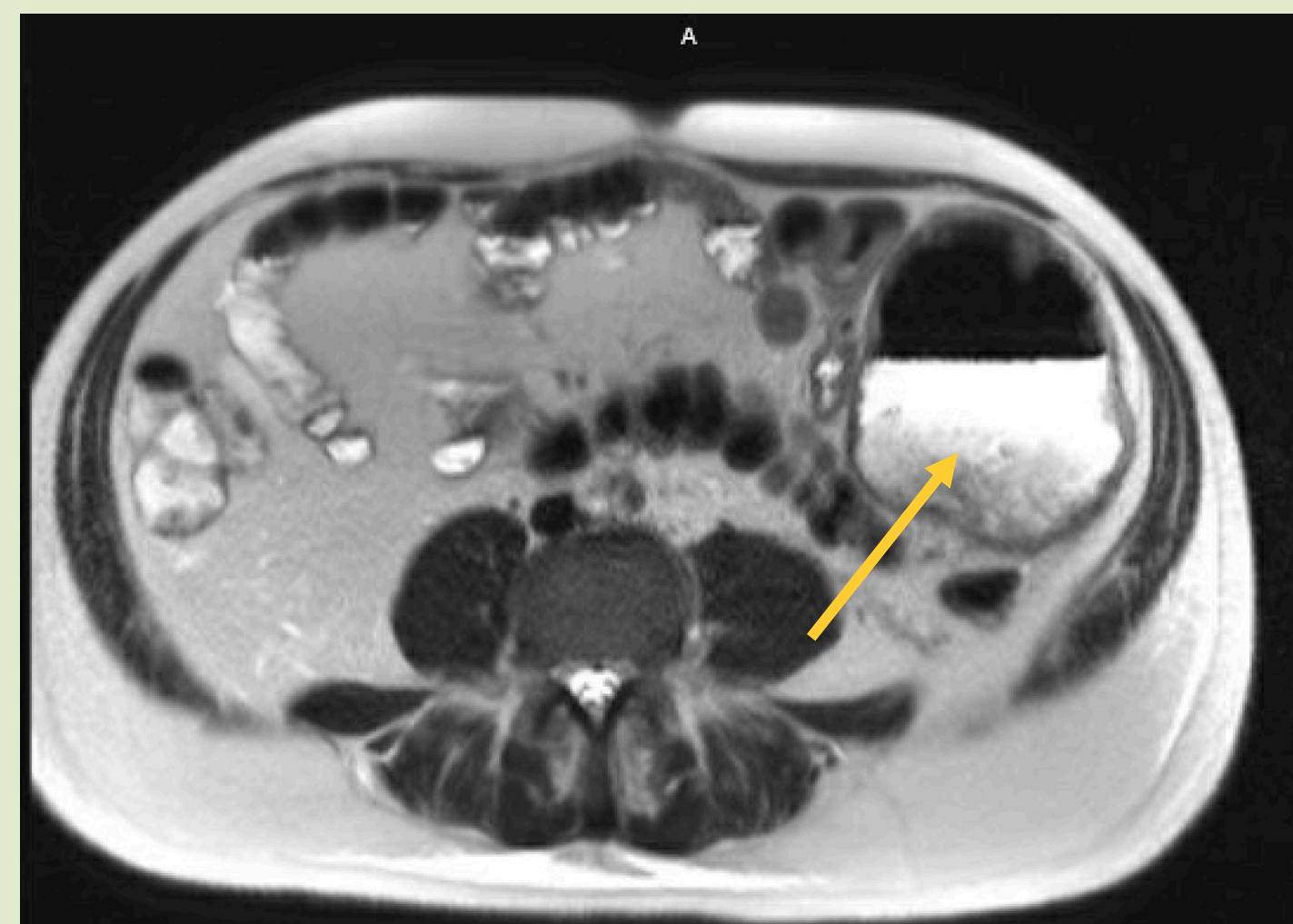
- Empiric antibiotic therapy with cefepime and metronidazole was initiated until infectious etiology was ruled out, including negative blood cultures.
- Subsequently, the patient underwent exploratory laparotomy with small bowel resection. Intraoperative course was uncomplicated but significant for colonic and omental adhesions.
- Metastatic workup while awaiting biopsy results was negative. Histopathology reports confirmed spindle cell GIST of the jejunum with diffusely positive CD117 and patchy CD34 expression and negative margins. He was initiated on oral chemotherapy and cleared for discharge.

FIGURE 1 – ABDOMINAL CT



Abdominal CT demonstrating a large air-fluid collection with wall thickening and adjacent mesenteric fat stranding

FIGURE 2 – ABDOMINAL MRI



DISCUSSION

- Overt GI bleeding as the initial symptoms of jejunal GIST is uncommon with literature review demonstrating two previous case reports of similar presentations.
- Arriving at a definitive diagnosis can be difficult given that bleeding can occur for years before being apparent to the patient.
- Also, endoscopic detection can be masked until the tumor size is rather large.
- Given these challenges, often GIST diagnosis requires exploratory laparotomy and subsequent biopsy. Tumor excision with negative margins is performed with curative intent.

CONCLUSION

- This case illustrates the need to maintain a wide differential to GI bleeding due to malignancies in order to allow for early detection, intervention, and treatment initiation.

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