

An Uncommon Cause of Abdominal Obstruction: A Jejunal GIST

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Introduction

- Gastrointestinal stromal tumors (GISTs) are rare neoplasm of the GI tract accounting for only 1% of all primary GI tumors.
- Most common mesenchymal tumor (80%) of the GI tract.
- Age of onset usually between the 7th decade of life with similar male-to-female ratio.
- Originates at any site from the esophagus to the anus and in fewer cases outside the GI tract.
- We report a case of a jejunal GIST causing chronic obstruction of the small intestine.

Clinical Case

- 54-year-old male, inmate with medical history of Hepatitis C arrives to the ED with complaints of intractable emesis and abdominal discomfort.
- The patient reports 8-10 episodes/day of gastric content vomiting that eventually turned bilious for the past 2 weeks associated with epigastric discomfort, fatigue, anorexia, and weight loss of 20 lbs.
- On evaluation, he appeared chronically ill with evidence of hypovolemic shock. Physical exam was remarkable for a peri-umbilical mass with no tenderness to palpation or guarding.
- Laboratories were remarkable for azotemia, elevated creatinine levels and severe electrolytes disturbances.



- Abdominal CT showed an exophytic soft tissue mass arising from the mid ileum that measured approximately 4.5 x 5.3 x 4.7 cm with associated slight swirling of the mesentery and upstream bowel loops, resulting in a partial high grade small bowel obstruction.
- He underwent percutaneous biopsy with pathology report resulting in a high risk spindle cell lesion, consistent with GIST.
- Immunohistochemistry only positive for C-KIT with a mitotic rate > 5/5 mm².
- The patient had surgical excision of jejunal mass via small bowel resection and was discharged on tyrosine kinase inhibitor (Imatinib).
- At 6 months follow up, the patient was found disease free.

Discussion

- Occasionally, GISTs are found incidentally on imaging, predominantly in the stomach and small intestine, respectively.
- In our case, the patient presented with a KIT-positive jejunal GIST causing abdominal obstruction thus it was surgically resected.
- Adjuvant therapy with Imatinib was given due to its elevated mitotic rate and high risk for progression.
- Follow-up enhanced CT is recommended due to its high risk of recurrence.

Conclusions

- Early detection of these tumors requires a high level of suspicion hence the necessity of additional investigation to improve the prognosis and survival rates in this population

References

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