

# Unusual Cause of Bleeding From An Underlying Glomus Tumor

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## ABSTRACT

- Glomus tumors are rarely found in stomach
- Presentation varies with epigastric pain, nausea, or vomiting, and bleeding is atypical
- Endoscopic ultrasound with fine needle aspiration can be used for diagnosis, but biopsies are not always conclusive

## INTRODUCTION

- Glomus tumors (GTs) are rare, mostly benign mesenchymal neoplasm accounting for nearly 1% of all gastrointestinal soft tissue tumors
- They rarely occur in the gastrointestinal tract where it most commonly involves the stomach, especially in the antrum
- These tumors lack specific symptoms and endoscopic findings making it hard to differentiate from other gastrointestinal submucosal tumors without resection
- We present a rare case of gastric glomus tumor (GGT) in the antrum diagnosed in a patient presenting with melena

## CASE REPORT

- **Presentation:** 47-year-old male patient presented with melena.
- **Upper Endoscopy:** Non-bleeding gastric ulcer with a visible vessel treated with epinephrine (1:10,000 dilution) and Bipolar cautery. A 3 cm submucosal lesion was seen at the site of the ulcer concerning for a possible hematoma.
- **Imaging:** Given the size of the lesion, a follow up computed tomography (CT) scan of the abdomen and pelvis with IV contrast was performed 2 months later which showed persistent 3 cm submucosal circumscribed hyper enhancing lesion at the pylorus (Figure 1).
- **Procedures:** Endoscopic ultrasound showed a hypoechoic lesion with discrete borders arising from the muscularis propria measuring 22 x 24 mm in maximal dimension. Fine needle biopsy of the lesion was performed using 22-gauge needle.

## IMAGES

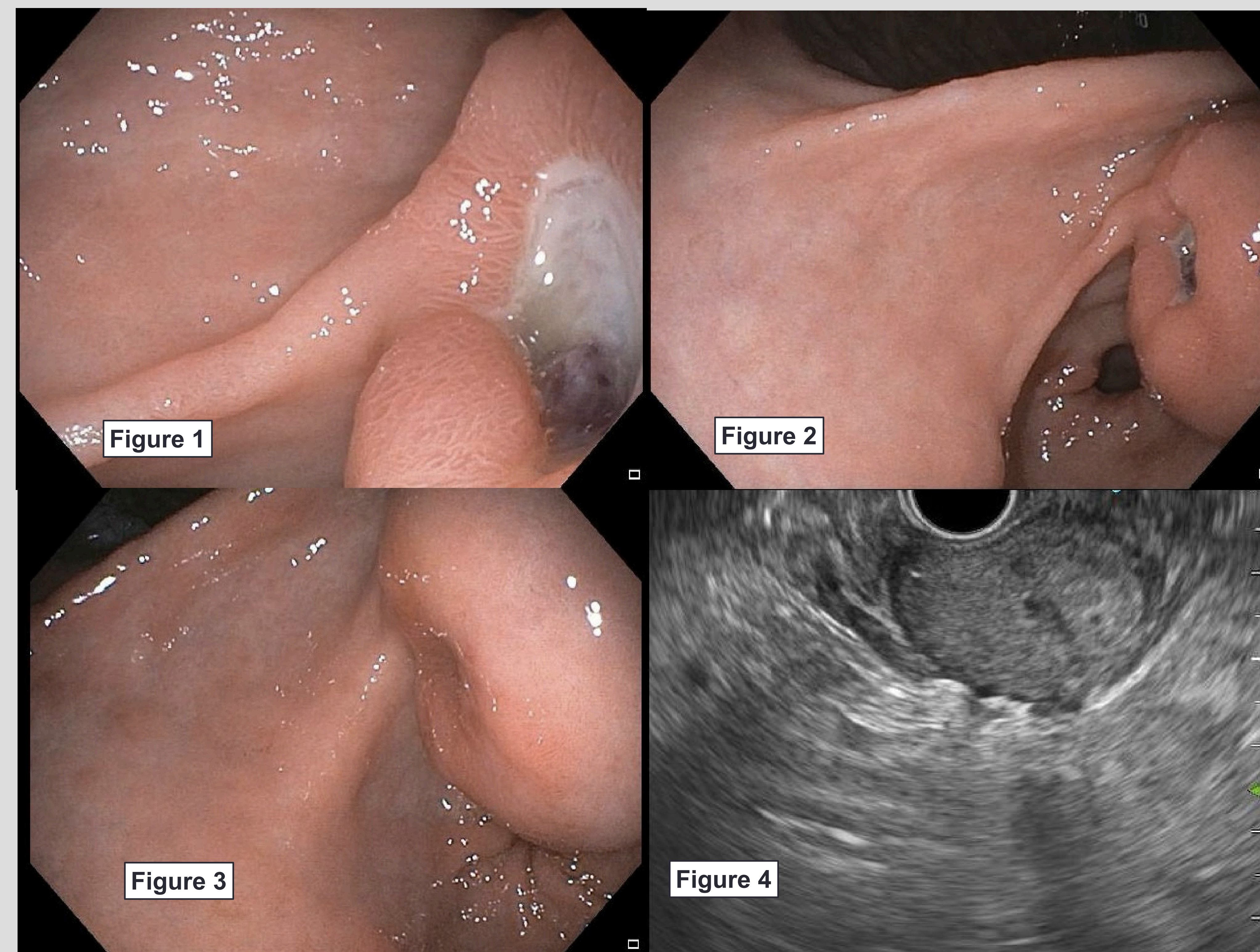


Figure 1. Upper endoscopy reveals an ulcer with a visible vessel.

Figure 2 and 3. Upper endoscopy shows a submucosal mass with a central ulcer and visible vessel.

Figure 4. Endoscopic Ultrasound of a hypoechoic, well circumscribed lesion suspicious for a glomus tumor.

## DISCUSSION

- Glomus tumors (GTs) of the stomach arise from the intramuscular layer and often present as a solitary submucosal lesion
- GTs usually present with epigastric discomfort, hematemesis, melena, nausea or vomiting or rarely as an incidental finding
- Endoscopic ultrasound typically shows hypoechoic circumscribed lesions mostly arising from the fourth layer of the stomach. However biopsies are