GASTRIC INFLAMMATORY MYOFIBROBLASTIC TUMOR PRESENTING AS CHRONIC ABDOMINAL PAIN IN A YOUNG FEMALE

Nazar Hafiz,MD[1], Aditya Vyas,MD[2],Syed Musa Raza,MD [1], Meher Sindhoora Mavuram,MD [1]
Louisiana State University Health Sciences Center – Shreveport, LA
[1]Department of Gastroenterology and hepatology, [2]Department of Internal Medicine

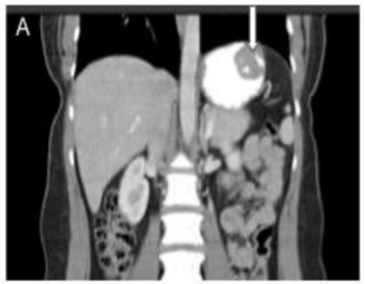
ACG 2022

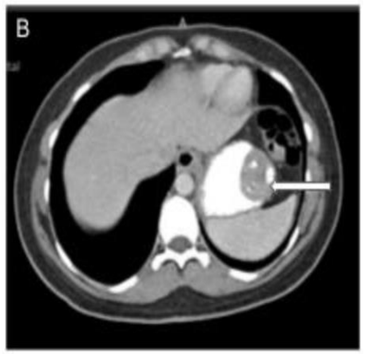
Introduction

- Inflammatory Myofibroblastic Tumor (IMT) is a rare mesenchymal tumor, commonly seen in children and adolescents. Lung is the most common site. Here we present an extremely rare case of a gastric IMT in a 28 year old lady.

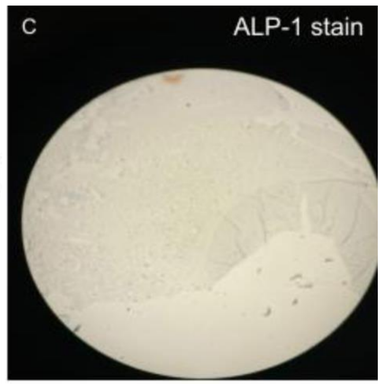
Case Description

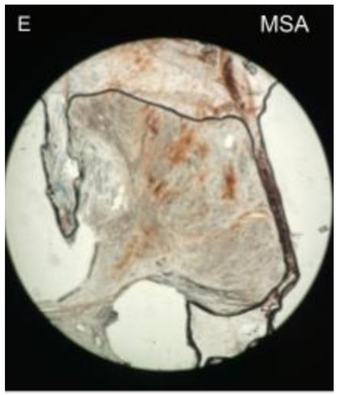
•Pt presented with intermittent epigastric pain for 8 years. This was associated with bloating and regurgitation and weight loss.These symptoms worsened along with new symptoms of chest pain, Cardiology workup was unremarkable.
•CT abdomen with contrast ordered to investigate further revealed 3.9 cm x 3.6 cm intramural mass with smooth margin and areas of internal calcification, extending into the gastric lumen of the upper stomach at the left lateral fundal region.
•Pt was referred to a local gastroenterologist. EGD performed showed confirmation of the lesion. Pt was referred to surgical oncologist at tertiary care hospital.
•EGD performed with biopsy of the lesion showed Benign gastric mucosa with small separate fragment of mucosa containing smooth muscle-like tissue consistent with section muscularis mucosa vs benign smooth muscle mass.

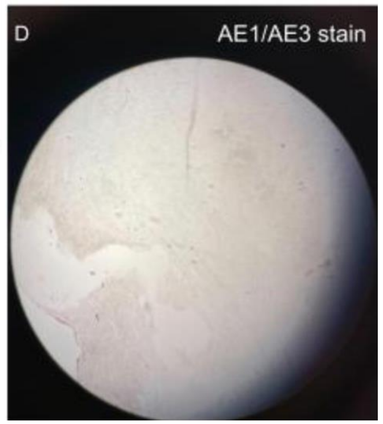


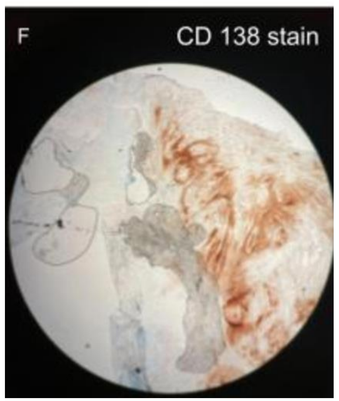


Figures A & B: CT abdomen with contrast showing 3.9 cm x 3.6 cm intramural mass with smooth margin and areas of internal calcification, extending into the gastric lumen of the upper stomach at the left lateral fundal region.









• Given the inconclusive diagnosis, partial gastrectomy was performed after detailed discussion with the patient. Gross pathology showed a submucosal mass, corresponding to the serosa lesion, measuring 4.3 x 4.2 x 3.7 cm.
•Microscopic pathology showed spindle cells with variable Cellularity with prominent lymphoplasmacytic infiltrates along with dystrophic calcification and osseous metaplasia. There is regional expression of ALK-1,and regional subserosal expression of SMA and MSA. Lesional cells do not express CD117, DOG-1, and desmin.
• The immunoprofile supports interpretation of IMT.
• Patient was seen eight months post surgery with resolution of all the symptoms.

Discussion

- Primary gastric IMT is extremely rare. There have been a handful of cases in literature. Gastric IMT is most commonly associated with abdominal pain and upper GI bleeding. Most common treatment is partial gastrectomy. There is some potential of IMT to turn into malignancy.
- IMT are associated with high local recurrence rates. There are no guidelines on surveillance though common consensus is to perform EGD 6 months to a year initially followed by increasing the interval later. As GI clinicians, we should be aware of these symptoms associated with IMT.