Gastrointestinal stromal tumor (GIST) presenting with acute pancreatitis

A 58-year old woman presented with constant epigastric abdominal pain radiating to her back, of 1 week's duration. The patient had associated nausea, vomiting, anorexia, and weight loss. Physical examination revealed midepigastric tenderness without a palpable mass. Pertinent laboratory values included serum amylase of 410 units/L and lipase of 471 units/L. Abdominal computed tomography (CT) scan revealed a 6-cm cystic mass between the stomach and pancreas, as well as mild pancreatitis (> Fig. 1). Upper endoscopy showed extrinsic compression of the stomach along the lesser curvature, prohibiting passage of the scope to the pylorus. Endoscopic ultrasound revealed a 6 × 6-cm heterogeneous, well-rounded mass with calcifications and a calcified rim originating from the gastric mucosa, along with upstream dilation of the pancreatic duct to 1 cm (Fig. 2). Fine-needle aspiration revealed spindle cells. During surgery, a well-rounded mass originating from the gastric antrum was found to have prolapsed into the second portion of the duodenum, obstructing the pancreatic duct. The patient underwent a partial resection of the anterior gastric wall. Final surgical pathology revealed diffuse c-kit positivity, confirming the mass was a gastrointestinal stromal tumor (GIST). Postoperatively, the patient's pancreatitis resolved, and she has not had a recurrence of her pancreatitis.

Although there are reports of duodenal GISTs mimicking pancreatic cancer, there are no known reports where acute pancreatitis (fulfilling two of three criteria) is secondary to a GIST [1]. In conclusion, we report a rare case of gastrointestinal stromal tumor presenting as acute pancreatitis, which, to our knowledge, is the first reported case in the literature.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AB

Competing interests: None



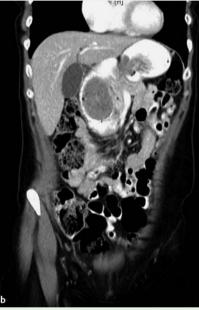


Fig. 1 a Gastrointestinal stromal tumor (GIST) obstructing the pancreatic head, with upstream dilation. **b** Prolapsed GIST protruding into the duodenum and obstructing the pancreatic duct.

V. Senadhi¹, D. Arora², N. Jani^{1,3}

- ¹ Johns Hopkins University/Sinai Hospital Program in Internal Medicine, Sinai Hospital, Baltimore, Maryland, USA
- ² Elmhurst Hospital/Mount Sinai School of Medicine, New York, USA
- Division of Gastroenterology, Greater Baltimore Medical Center (GBMC), Baltimore, Maryland, USA





Fig. 2 a Endoscopic ultrasound (linear view) revealing a 6 × 6-cm gastrointestinal stromal tumor (GIST). **b** Endoscopic ultrasound (linear view) revealing GIST-induced dilatation of the pancreatic duct to 1 cm.

References

1 Soufi M, Chad B. Stromal duodenal tumor revealed by an acute pancreatitis: report of a case. J Gastrointest Canc 2010; 41: 88 – 91

Bibliography

DOI 10.1055/s-0030-1256255 Endoscopy 2011; 43: E76 © Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author

V. Senadhi

Johns Hopkins University/Sinai Hospital Program in Internal Medicine
2606B Gage Court
Baltimore
Maryland 21209
USA
Fax: +1-678-623-5999
vsenadhi@hotmail.com