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CASE REPORT

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Computed tomography in gist tumor: a case report

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Abstract

Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumors of the digestive tract but comprise less than 1% of all gastrointestinal tumors. We report the case of a 74-year-old woman with lipothymia followed by abdominal pain and hypovolemic shock. A CT scan showed an expansive lesion in the greater curvature of the body of the stomach measuring 5.4 cm associated with hematic material in the gastric cavity. Endoscopy biopsy was performed and histological examination confirmed the diagnosis of GIST.

Case report

A 34 years old female, nurse, on the 6th POD of cesarean section, discharged after 2 days, seeks care for having 3 episodes of lipothymia. During the hospitalization period, he developed abdominal pain and hypovolemic shock requiring successive blood transfusions. She underwent computed tomography (CT) scan of the entire abdomen with contrast, where an expansive lesion was identified in the middle portion of the greater curvature of the body of the stomach, with an exophytic transmural component, with slightly heterogeneous hypovascular enhancement, measuring 5.4 x 3.6 x 4.2 cm, suggestive of a GIST tumor. In addition, there was hyperdense material in the gastric cavity, compatible with hematic material. Subsequently, an upper digestive endoscopy with biopsy was requested and the diagnosis suggested by CT was confirmed.

Discussion

Gastrointestinal stromal tumors (GIST) are rare and the most common site is the stomach, representing 50 to 60% of cases. They are usually sporadic, but can be associated with genetic syndromes, mainly Neurofibromatosis 1. It is believed that they are derived from a precursor of Cajal cells, normally present in the myenteric plexus. Common sites of metastases are liver and peritoneum.

CT findings vary according to size. Small tumors (<5 cm) are round and well defined. Larger tumors may be dumbbell-shaped or variable in size with an exophytic component, hypervascular and with heterogeneous enhancement due to necrosis, cavitation and hemorrhage.

Conclusion

Computed tomography was essential for the diagnosis and surgical planning of the reported case. The GIST tumor has a very characteristic presentation on imaging exams.

The prognosis is closely related to its size. Those larger than 5 cm have a poor prognosis, while those smaller have a better evolution.

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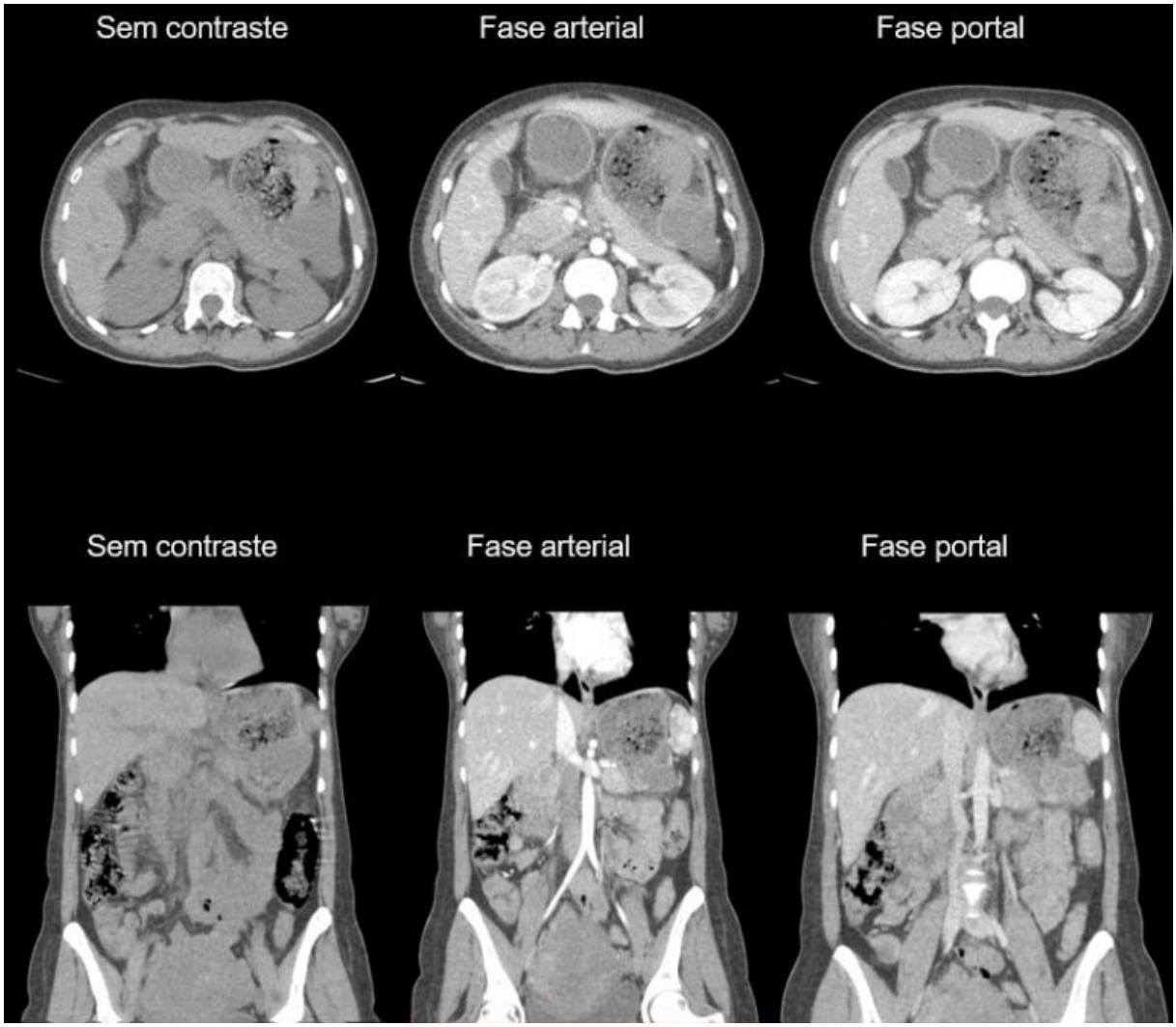


Figure 1: CT scan of the abdomen with and without contrast. Expansive lesion in the middle portion of the greater curvature of the body of the stomach, with an exophytic transmural component, with heterogeneous enhancement. Measuring 5.4 x 3.6 x 4.2. In addition to hyperdense material in the gastric cavity that may correspond to hematic material.

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