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Biography

Safi Khuri, is a general surgeon at the department of general surgery, Rambam health campus, Haifa, Israel. He is now second year resident at the hepatopancreaticobiliary and surgical oncology unit. He received a MD diploma from JUST (Jordanian university of science and technology) university at 2010, and had been resident at the general surgery department from 2012-2017. During his residency he published several abstracts and studies, most of them were about surgical oncology. Of his ongoing researches is the impact of elevated intra-abdominal pressure on kidney injury in normal rats and animals with congestive heart failure impaction of urinary neutrophils gelatinase associated lipocalin as a biomarker of acute kidney injury.

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GASTROINTESTINAL STROMAL TUMOR OF THE SMALL BOWEL; THE FORGOTTEN CAUSE OF MASSIVE OBSCURE GASTROINTESTINAL HEMORRHAGE

Gastrointestinal (GI) bleeding is a common surgical emergency, with an annual incidence of 170 cases/100,000 adults. About 80% of GI bleeding is due to upper GI pathology, with peptic ulcer disease being the most common. Lower GI bleeding is usually due to colonic pathology. Obscure GI bleeding is defined as hemorrhage that persists or recurs following negative endoscopy. The reported rate of bleeding from the small bowel is 2-10%, with vascular abnormalities account for 70-80% and small bowel tumors account for 5-10%. Gastrointestinal stromal tumor (GIST) is the most common mesenchymal tumor of the GI tract, and account for less than 1% of all GI tumors. The estimated frequency of GIST tumors is 10-20/ 1 million population. GIST most commonly arise in the stomach (60%-70%), followed by the small intestine, as the second most common GI tract organ to be affected (20-25%). A retrospective study over 7 years, between January 1, 2011 and December 31, 2017 was performed at the general surgery department of Rambam Health Campus, Haifa, Israel. All patients, older than 18 years, with a diagnosis of GIST were included. During the aforementioned period, data on 64 patients (n=64) with a diagnosis of GIST were reported. 54.6% (n=35) patients had gastric GIST, 31.1% patients (n=20) involving the small bowel, 6.2% (n=4) affect the peritoneum, 3.1% (n=2) had rectal GIST, 3.1% (n=2) colon GIST and 1.5% (n=1) had retroperitoneal GIST. Of patients with small bowel GIST, 50% (n=10) presented with GI hemorrhage, with 7 patients (35%) presented with massive obscure GI bleeding. Most of these patients (5/7) presented initially with melena which become cherry red rectal bleeding later. Average packed cells transfusion is 11.5 unit (range 6 units- 23 units). There was no association between tumor size and risk for blood transfusion, as the smallest tumor diameter reported was 0.7 cm receiving 23 packed cell units. 6 out of the 7 patients were diagnosed by computed tomography angiography (CTA) and one was diagnosed during laparotomy, reflecting the important rule for CTA in diagnosing such rare entity.



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