

A smooth brown snake-skin like hemispherical bulge in the stomach.

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Description

A 47-year-old Chinese female was admitted for epigastric discomfort and the gastric endoscopy showed an approximately 3 cm hemispherical mucosal bulge, with a smooth brown snake-skin like surface, on the anterior wall of the lower gastric corpus (Figure 1). The Endoscopic ultrasonography (EUS) showed the tumor originated from muscularis propria and presented as a round lobulated hypoechoic lesion with regular clear margins. There was an irregular echo-free necrosis in the lesion, with an unabundant blood supply and an integral serosa. The diameters of the largest cross-section were 23.5 × 16.6 mm (Figure 2). The dark red change may due to mild vascular

expansion, the inflammatory cells infiltration or may also be associated with internal friction (Figure 3), tumor growth or increasing intracapsular pressure limiting the blood supply of mucosa, which could be in the early stage of an ulcer. Once the ulcer occurs or the internal pressure is released, the color of surrounding mucosa might be normal.

According the origination of the muscularis propria, and occupying the anterior wall with the maximum diameter of 23.5 mm, we preferred laparoscopic resection. Finally the lesion was completely resected and proved a low-risk GIST without local or distant infiltration (Figure 4), thus the tyrosine kinase inhibitor imatinib is unnecessary.

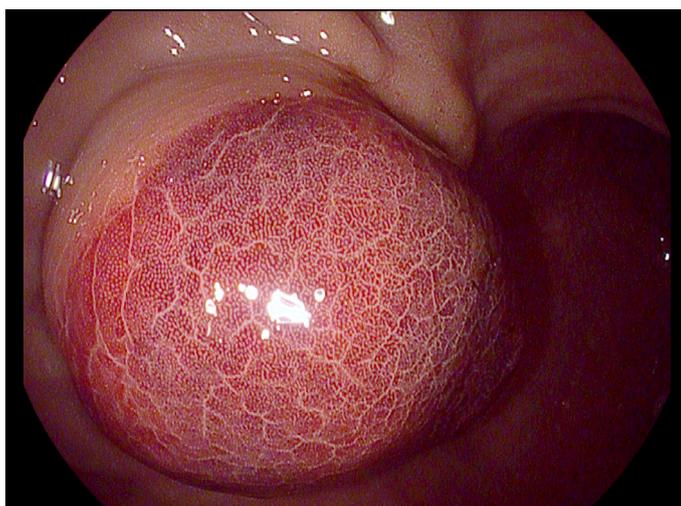


Figure 1. Endoscopic features: An approximately 3 cm hemispherical mucosal bulge on the anterior wall of the lower gastric corpus.



Figure 2. EUS features: A round lobulated hypoechoic heterogeneous tumor within the gastric wall.

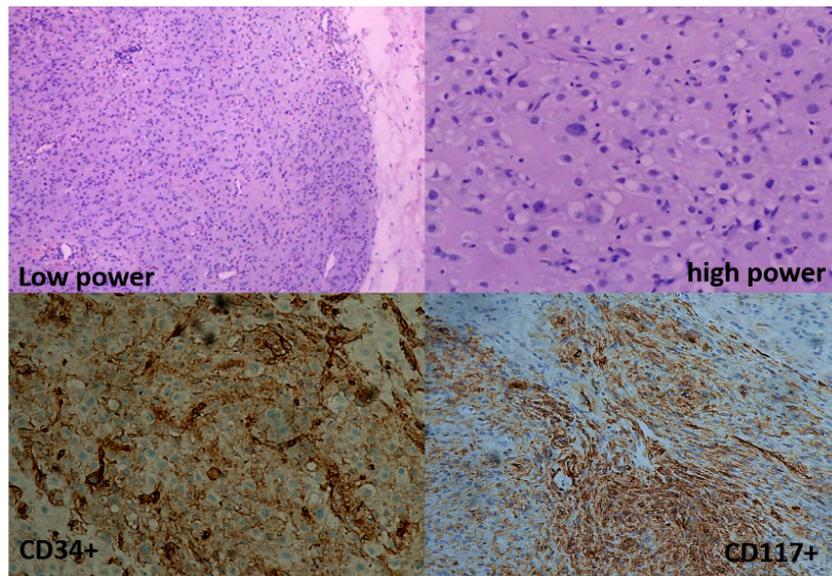


Figure 3. A 2.5cm × 2.4cm × 3.5 cm nodule in the lamina and the section was gray-red; IHC: Vim (+). CD117 (+). CD34 (+). CK (-). SMA (-). Des (-). S-100 (-). Ki67 (+) 5%.

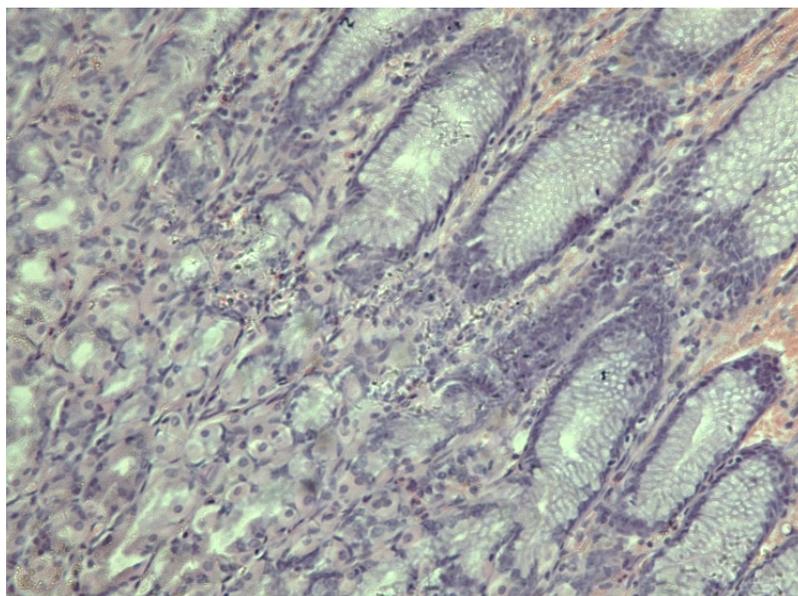


Figure 4. Inflammation associated with vascular mild expansion in the mucosa at the surface of the tumor.

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