

Case Report

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# Gastrointestinal Stromal Tumors of The First Jejunal Small Bowel: A Case Report

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## Abstract

EGISTs (gastrointestinal stromal tumors) are rare mesenchymal tumors representing 1% of primary gastrointestinal cancers with an incidence of 10-20 per million inhabitants [1,2]. They are most common in the stomach (60%), jejunum / ileum (20-30%), and rectum. Jejunal involvement is much rarer (3-5%) [3,4]. The case we report underlines the importance of the decisive role that surgery represents in management and diagnosis.

## Introduction

Gastrointestinal stromal tumors (GISTs) are rare mesenchymal tumors that are usually located in the stomach or small intestine. Less than 5% of GISTs are located outside the gastrointestinal tract: these are extra gastrointestinal stromal tumors (EGIST) [3,4]. The widely accepted treatment for GISTs and EGISTs is complete resection (R0) when the tumors are not invading or metastasizing. Their treatment is surgical [5]. Currently, if the entity of stromal tumors is well defined, there remains uncertainties as to their classification according to their degree of malignancy involving long-term follow-up of all patients. The aim of this article is to review the therapeutic approach of digestive stromal tumors and to clarify the management after surgical treatment of these patients.

## Case

A 50-year-old patient, with no medical history, consults for a weight loss of 6 kg and intermittent epigastric discomfort with vomiting. On clinical examination, his doctor found an epigastric mass and anemia. Blood biology shows a mild inflammatory syndrome (CRP at 1.38 mg / dL (normal: 0.0-0.5 mg / dL)). Two tumor markers were assayed: the CEA is increased to 19 ng / mL (normal: 0.0-8.0ng / mL), and the CA 19.9 is within the standards. Objective eso-gastro-duodenoscopy (Figure 1) at Treitz's angle of edematous and compressed mucosa of the jejunal mucosa (Figure 1).



Figure 1.

An abdominal CT scan is performed which targets a mass of 9 cm long axis at the expense of the first and second jejunal loop which takes the contrast which remains resectable from the mesenteric vessels (Figure 2). After multidisciplinary consultation, we decided to operate the patient after a preoperative assessment. The patient is admitted to the operating room under general anesthesia, median incision with horse on the umbilicus; the exploration does not find hepatic metastases so the exploration found a mass at the dependence of the 1st and 2nd jejunal loop, one proceeds to a monobloc resection carrying the 2nd handle and a terminal anastomosis is performed, closure without drainage (Figure 3 & 4).

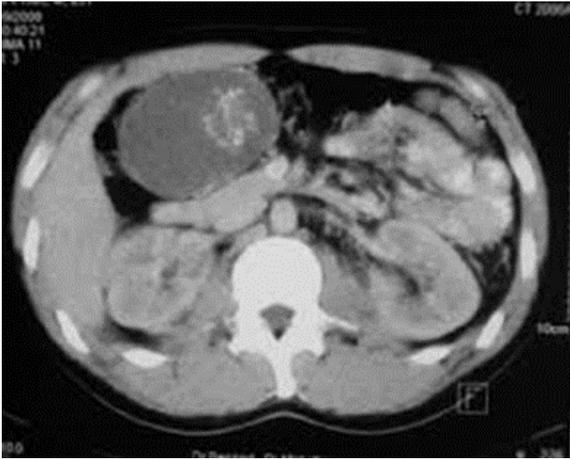


Figure 2.

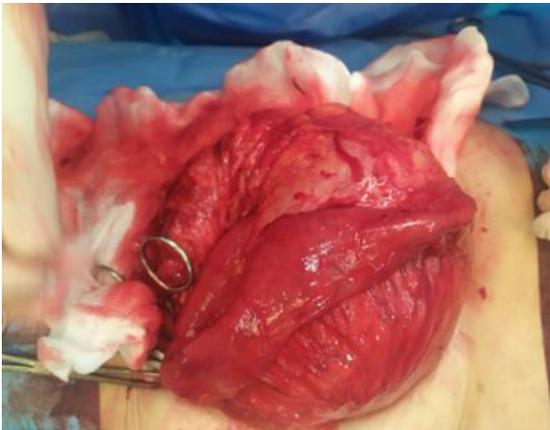


Figure 3.

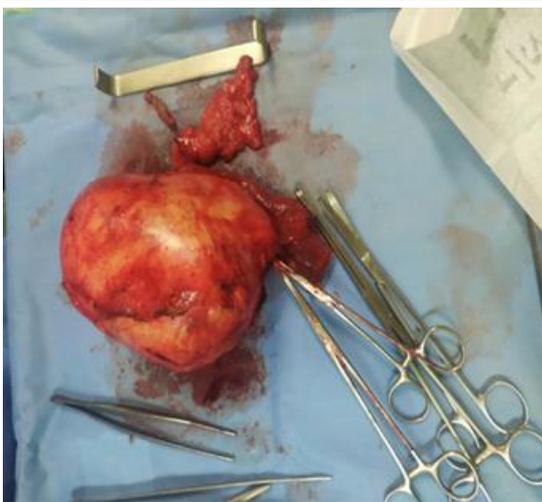


Figure 4.

The postoperative consequences were simple, with a resumption of transit on D + 3. The patient was declared out on D + 5. The histological results allowed the final diagnosis of EGIST derived from the mesentery. Post-operative treatment with imatinib was started (Figure 5).

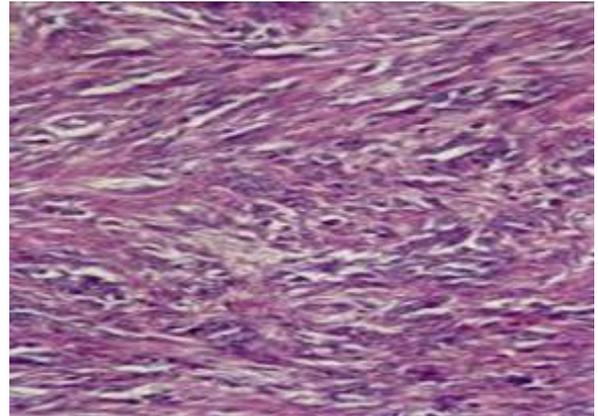


Figure 5.

## Discussion

Gastrointestinal stromal tumors (GIST) account for 85% of mesenchymal tumors of the digestive tract. These rare tumors are most often located in the stomach and small intestine [6,7]. Less than 5% of GISTs are located outside the gastrointestinal tract, at the level of the mesentery, omentum and / or peritoneum (these are extragastric stromal tumors: EGIST). Complete single-piece surgical resection of the tumor (R0 resection) is the only potentially curative treatment for GIST and EGIST [8-9]. In the event of a locally advanced tumor, a large, sometimes mutilating excision is only lawful if the excision is complete, then the alternative of a neo-adjuvant treatment will be retained.

## Conclusion

While complete resection is the widely accepted treatment for EGIST when tumors show no invasion or metastasis to other organs [10-12], the therapeutic strategy for invasive and / or metastatic EGIST has not yet been established. To date, [13-16] chemotherapy with imatinib and sunitinib (selective tyrosine kinase inhibitors) is generally used to treat locally advanced and / or metastatic EGIST.

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