Gastrointestinal Stromal Tumor (GIST) Presenting as Acute Abdomen: Images in surgery

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Short Report

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Abstract

Gastrointestinal stromal tumors originating from the small bowel are uncommon. We present the case of a 45-year-old man with no prior medical or surgical history presented to our hospital's emergency department with abdominal pain, vomiting, inability to pass gas, and no bowel movements. Physical examination revealed abdominal distention and tenderness. His white blood cell count was 10.9x10^3/µl, and hemoglobin levels were 13.3 g/dl.

A thoraco-abdomino-pelvic CT scan showed air-fluid levels in the ileo-jejunal loops, a soft tissue density mass measuring approximately 77x35 mm, and liver metastasis (Fig. A, B).

The patient underwent surgery due to acute abdomen from mechanical ileus. Proximal small bowel dilatation and a 9x4 cm soft-tissue mass protruding from the serosa (Fig. C) were found without luminal obstruction, approximately 70 cm proximal to the ileocecal valve. Additionally, a flange (Fig. D) between the tumor and sigmoid caused ileum loop obstruction. Tumor resection with a linear surgical stapler was performed, and pathology confirmed a gastrointestinal stromal tumor.

The patient was discharged on the fourth postoperative day without complications, and an Imatinib treatment plan was initiated.

Images in surgery

A 45-year-old man, with no prior medical or surgical history, presented to our hospital's emergency department with complaints of abdominal pain, vomiting, inability to pass gas, and absence of bowel movement. Physical examination revealed abdominal distention and tenderness. The white blood cell count was 10.9x10^3/µl, and hemoglobin levels were 13.3 g/dl.

Thoraco-abdomino-pelvic computed tomography (CT) scan demonstrated air-fluid levels in the ileo-jejunal loops, along with a soft tissue density mass measuring approximately 77x35 mm at its widest dimension, and liver metastasis (Fig. A, B).

Based on the examination and diagnostic findings, the patient underwent surgery with a diagnosis of acute abdomen due to mechanical ileus. Proximal small bowel dilatation was observed. A tumoral mass of approximately 9x4 cm, with a soft consistency, protruding from the serosa (Fig. C), without luminal obstruction, was detected approximately 70 cm proximal to the ileocecal valve. Additionally, a flange (Fig. D) between the tumor and the sigmoid caused an ileum loop obstruction. Tumor resection was performed using a linear surgical stapler. Pathological examination confirmed the presence of a gastrointestinal stromal tumor.

The patient was discharged on the fourth postoperative day without any complications, and an Imatinib treatment plan was initiated.

A: CT Scan showing distension of the small bowel loops.
B: CT scan showing the tumor mass.

C: Gastrointestinal stromal tumor (GIST) involving the intestinal loop.

D: The arrow indicates the flange.

**Declarations**

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**Patient Consent:** Written informed consent was obtained from the patient for the publication of this case report and its accompanying images. A copy of the written consent is available for the Editor-in-Chief of this journal to review upon request.

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**Figures**
Figure 1

A: CT Scan showing distension of the small bowel loops.

B: CT scan showing the tumor mass.

C: Gastrointestinal stromal tumor (GIST) involving the intestinal loop.

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