

# Synchronous Gastrointestinal Stromal Tumor and Adenocarcinoma in the Stomach

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## ABSTRACT

Gastrointestinal Stromal Tumor (GIST) is the most common mesenchymal tumor in GIT. However, the synchronous coexistence of GIST with other gastrointestinal malignancy

is not so common. Herein, we report an unusual case of synchronous gastric GIST and gastric adenocarcinoma in a 74 years old male patient.

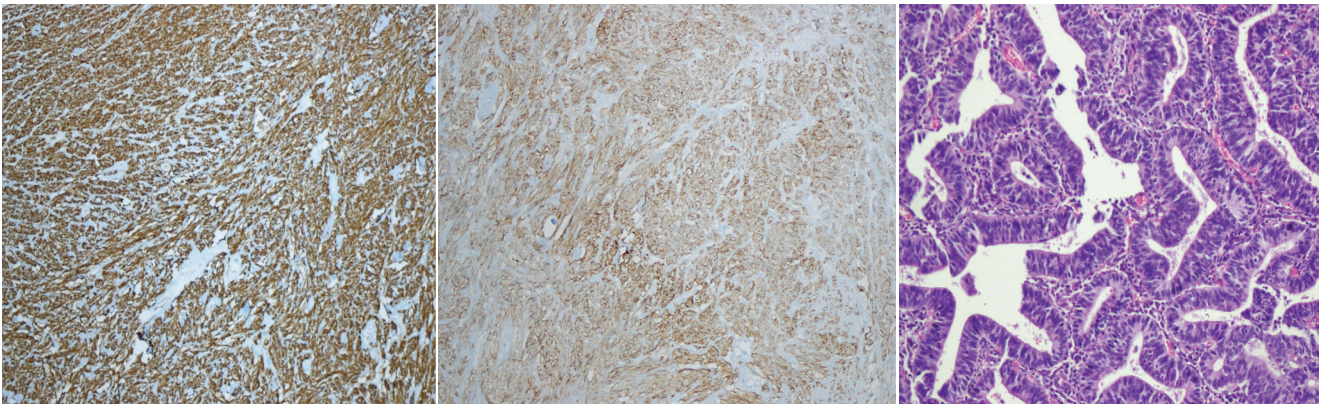
**Keywords:** Anastomosis, Gastric adenocarcinoma, Synchronous tumors

## CASE REPORT

A 74-year-old male patient who had history of subtotal gastrectomy for peptic ulcer presented with fatigue and weight loss. In gastroscopic evaluation a lesion with macroscopic malignant features was detected in anastomosis margin. Thoraco abdominal Computerized Tomography (CT) was planned for radiological staging. There was no sign of metastasis found on CT. Roux-en-Y oesophagojejunostomy was performed. Total gastrectomy was planned and no other lesion palpated during laparotomy. The patient was discharged without further complications at postoperative day 7. Histopathological evaluation confirms gastric originated adenocarcinoma lesion on gastrojejunostomy line and immunohistochemical staining shows a 1cm GIST, which was c-kit, CD34 and SMA positive and 1% Ki67 proliferation index was found at corpus of the stomach [Table/Fig-1-3].

## DISCUSSION

GIST are mesenchymal originated rare tumors of the gastrointestinal system which are 1-3% of all primary stomach tumors [1,2]. Rate of being synchronous with other gastrointestinal tumors is between 17.1-37.9% [3]. Synchronous tumors of stomach adenocarcinoma and gastrointestinal stromal tumors is rarely seen [4]. Since, incidental small GISTs are found during pathological examination after gastrectomies of stomach cancer cases incidence of GIST may not be accurate [5]. Stomach adenocarcinoma and GIST are seen together rarely, occasionally discovered on gastric serosa peroperatively [4]. In our case GIST was found incidentally during pathological examination. Adenocarcinoma and GIST were at different localizations of stomach. Even though there are two different hypothesis in literature such as gene mutation and effect of a common carcinogen substance effect on stomach. Treatment is oncologic resection. Chemotherapy for adenocarcinoma



**[Table/Fig-1]:** Immunohistochemical staining showed positive of CD 34 (100x). **[Table/Fig-2]:** Immunohistochemical staining showed positive of CD 117 (100x). **[Table/Fig-3]:** Histopathological image showing gastric adenocarcinoma (200x).

according to its stage and imatinib for GIST according to its risk category is administrated as adjuvant therapy [1]. In our case since pathological evaluation resulted with T1N0 adenocarcinoma and low risk GIST the patient didn't receive adjuvant therapy.

## CONCLUSION

Stomach adenocarcinoma and GIST are malignancies which are rarely seen together. Since, it is found incidentally during surgery or pathological examination incidence of this is not clear. Surgical resection is the advised treatment along with adjuvant therapy to be administrated according to stage and risk group of tumors.

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### FINANCIAL OR OTHER COMPETING INTERESTS:

None.

Date of Publishing: Jan 01, 2017