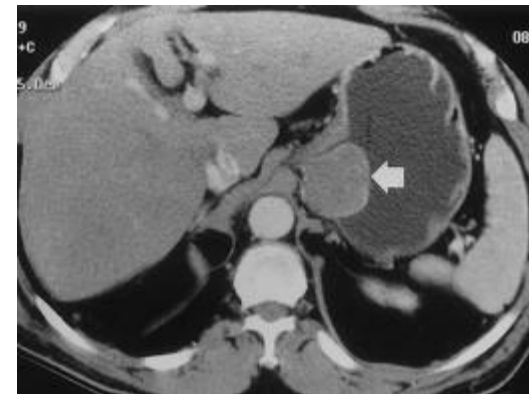


GASTROINTESTINAL STROMAL TUMOURS

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History

- GIST most common mesenchymal-derived tumour of intestinal tract
- Rare overall
- 1% of all GI neoplasms
- 5000 cases /yr. in USA



Clinical Features

- Mean age of presentation is 60 yrs.
- Slightly more common in males
- Mostly sporadic few familial as well
- Vague abdominal pain and discomfort
- < 2cm found incidentally
- Mass
- G I Bleed in 25%
- Intestinal obstruction uncommon
- Lead point for intussusception
- Dysphagia & jaundice

Site & Metastasis

- Stomach = 60%
- Small bowel = 25-30%
- Oesophagus & rectum = 10%
- Colon & mesentery = rare
- Liver & mesentery most frequent sites of metastasis
- Lymph nodes metastasis very rarely

Diagnosis & Prognostic Factors

- Diagnostic challenge
- CT & MRI may show hyper vascular mass related to GI tract
- GISTs of stomach if large may be mistaken as liver tumour as haemangioma

Diagnosis & Prognostic Factors

- OGD & colonoscopy may show sub mucosal mass & less commonly ulcerated lesion mucosa disrupted
- FNA for stomach sensitivity of 70- 80% for diagnosis

Diagnosis & Prognostic Factors

- If endoscopic biopsy not feasible then percutaneous biopsy not advisable if diagnosis suspected by radiology
- PET may role in assessing metastasis
- But biopsy mostly performed if treating metastasis

Diagnosis & Prognostic factors

- Mitotic rate
- Tumour size
- Location of tumour

Treatment Primary GIST

- Careful staging
- At exploration careful examination of abdomen for peritoneal deposits & liver metastasis
- Avoid excessive manipulation
- Typically displace & not infiltrate - -- so limited resection of organ of origin needed
- But at inopportune location – OGJ, duodenum or distal rectum - -- enbloc resection may be needed

Treatment Primary GIST

- Lymph node or proximal mesenteric transection is not needed
- 1-2 cm margin needed
- Neo adjuvant therapy by Imatinib
 - especially for large GIST with extensive organ involvement, D, OGJ & Low rectal GISTs
- Follow up CT
- 3- 6/ 12 for first 5 yrs.
- Annually thereafter

Treatment

Recurrent & Metastatic GIST

- Peritoneum & liver most common places
- Rarely bone & lungs
- Median time of recurrence is 18-24/ 12
- Initial approach --- start Imatinib and assess response
- Same for pts. with initial metastasis
- Except minimal metastasis or symptomatic - - surgery may be considered
- 80% of pts. demonstrate partial response (50- 60%) or stable disease with Imatinib

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Treatment

(Recurrent & Metastatic GIST)

- 2yrs survival is 70- 80% with Imatinib but was 40% in pre-Imatinib era
- Progression or resistance to disease– consider other interventions including surgery
- Multifocal disease – in surgery not recommended
- Liver metastasis – radiofrequency ablation or hepatic artery embolization

