

GIANT GASTRIC GASTROINTESTINAL STROMAL TUMORS

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Introduction: Gastrointestinal stromal tumors (GIST) represent 0.1-3% of all mesenchymal neoplasms of the gastrointestinal tract and giant gastric (GG) GIST are rare. **Purpose:** Study of clinical, histopathological and immunohistochemical features and treatment results of GG GIST. **Material and methods:** 92 cases with GG GIST (*c-kit*(CD117)(+) treated between 2007-2019. **Results:** A review of the database of 92 gastric GIST patients with positivity to the specific marker c-KIT(CD117) was performed. The study group consisted of 14 patients with GIST of the stomach. M:F=1.8:1. Mean age-59.78±2.35 years.

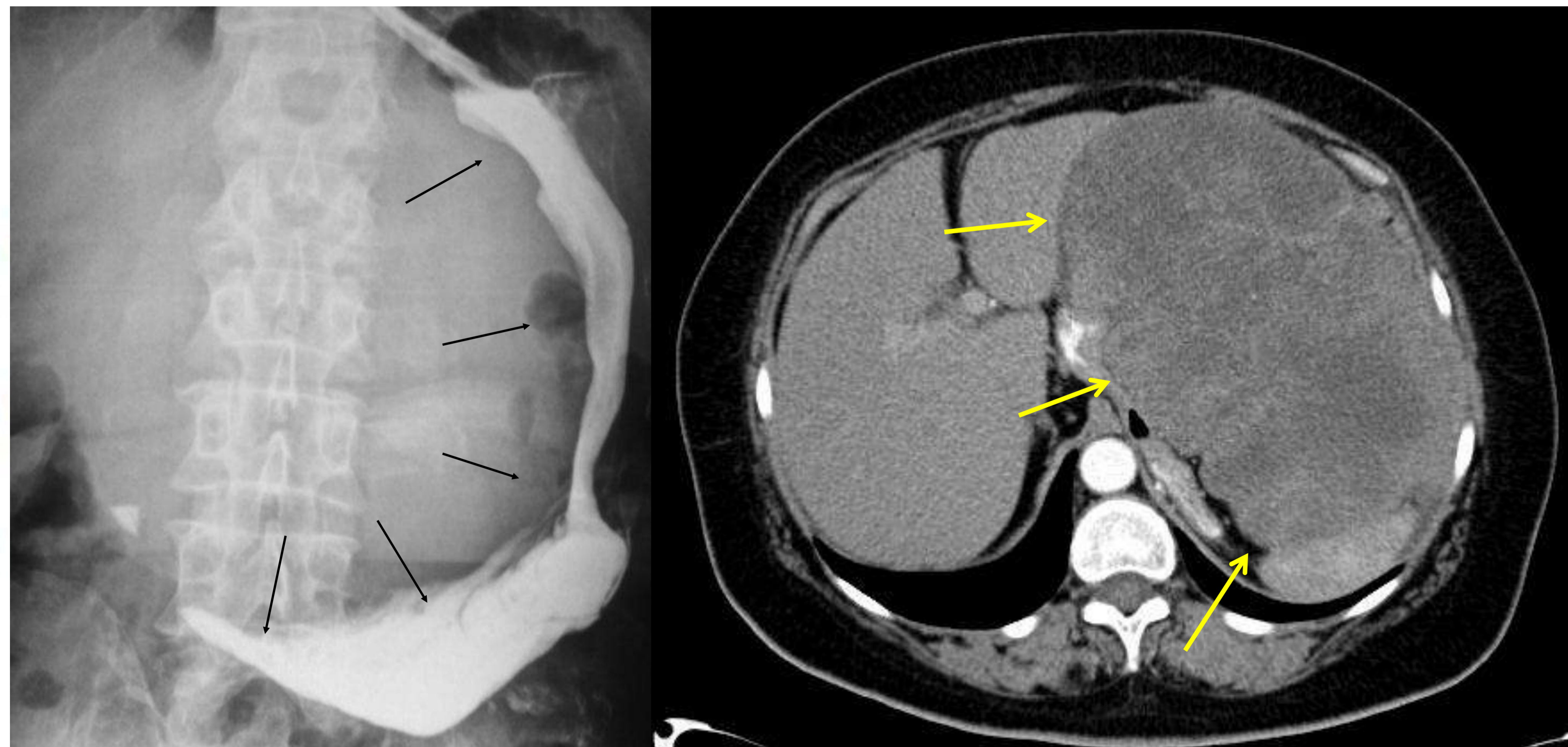


Figure 1. Radiologic features of GG GIST.

Surgical options: excision of gastric tumor-2 (14,3%), gastric wedge resection - 7 (50%), partial gastrectomy - 5 (35,7%). The mean maximum size of tumors was 23.69±0.81 cm.

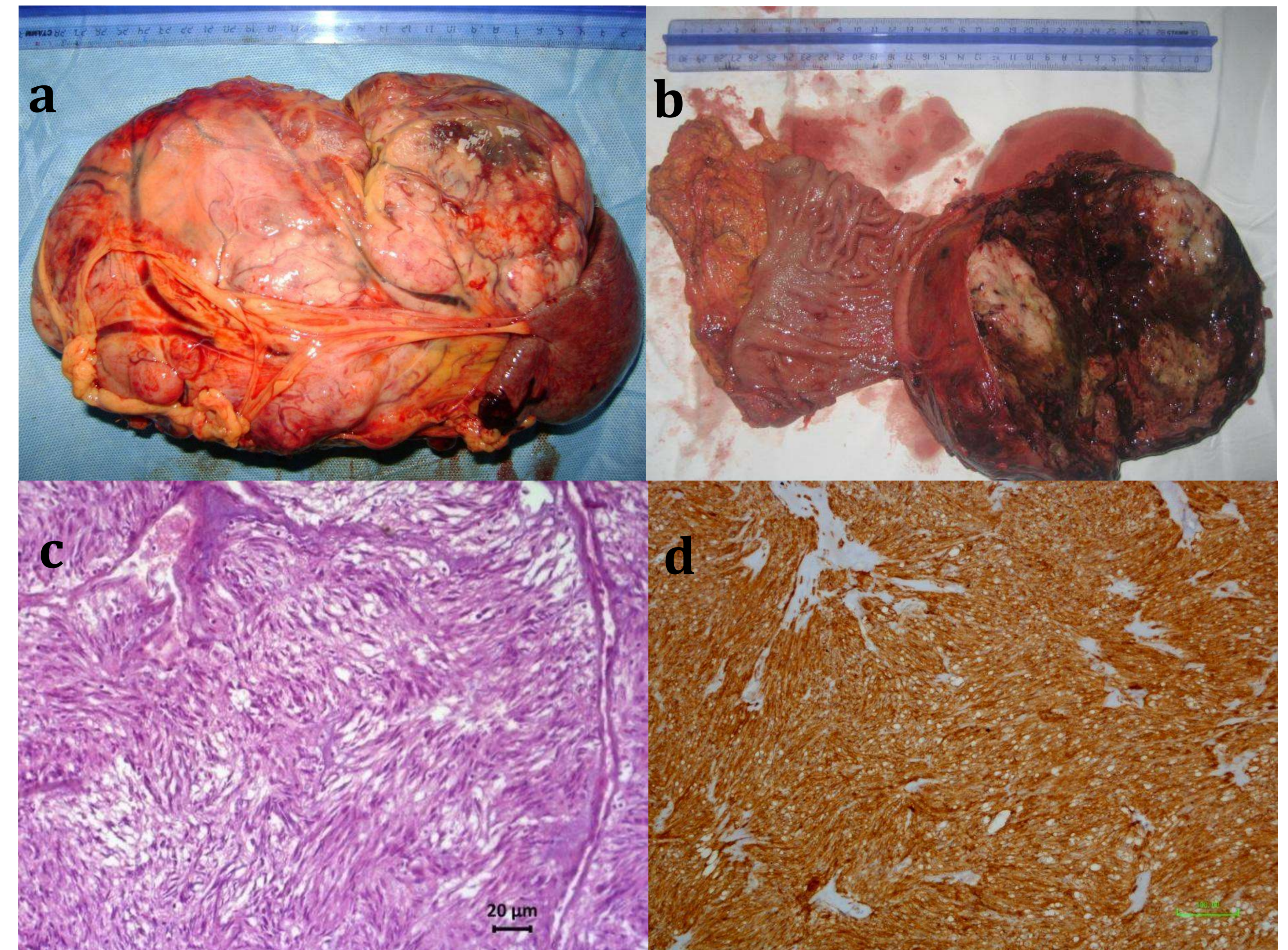


Figure 2. Surgical specimens (a,b) and microscopic (c) and immunohistochemical (d) features of GG GIST.

Immunohistochemical phenotype: CD117(+)-14(100%), CD34(+)-12(85.7%), desmin(+)-3(21.4%), vimentin(+)-10(71.4%). Mean number of mitoses-24.36±6.3. Tumors with high mitotic count were registered more frequent than with low mitotic count - 11(78.6%) vs. 3(21.4%) (**p<0.05**). Metastases at first presentation - 28.6%(n=4) cases. Complex treatment - surgery and imatinib mesylate-in 14(100%) patients.

Conclusions: GG GIST are rare, but possess a higher risk of progression. Complex treatment is the best curative option.