Follow up of patient with totally resected gastric stromal tumor

We do not understand why Kumar et al1 offered treatment with imatinib mesylate to their patient with completely resected gastric stromal tumor. Imatinib mesylate is effectively used for non-resectable or metastatic GIST but complete surgical resection is associated with 48%-65% five-year survival.2

Malignancy is defined functionally by the presence of invasion of adjoining structures or metastasis, irrespective of size, site and number of mitoses. Based on prognostic categorization3 the resected gastric GIST in the case reported had low risk of malignancy.

Positron-emission tomography (PET) with 18F-fluoro-2-deoxy-D-glucose is a very useful tool for the follow up of patients receiving imatinib after surgical operation, especially those with metastatic lesions.4 If PET is not available, we suggest follow up with CT scan instead of ultrasonography as was done in the reported case.

The synchronous occurrence of gastric stromal tumor and colonic adenocarcinoma raises the question of whether this is an incidental association or whether the two are connected by a causal relationship. When the stomach is affected by GIST and another tumor, it is believed that the same stimulus resulted in simultaneous proliferation of different cell lines (lymphocytes, stromal and epithelial cells).5 We do not know if this mechanism could be responsible for the development of GIST and adenocarcinoma in different parts of the gastrointestinal tract, as in this interesting case.

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References


### Association of Guillain-Barre syndrome and hepatitis E infection

In the report by Kamani *et al*\(^1\) the statement that an association between Guillain-Barre syndrome (GBS) and hepatitis E infection has not been described till date appears to be incorrect. Such an association has been described in at least two previous reports.\(^2,3\) Hepatitis E infection has also been known to be associated with oculomotor palsy.\(^4\) We have also seen a patient with hepatitis E with Bell’s palsy (unpublished report).

Kamani *et al*\(^1\) should also clarify type of GBS in their case and whether serological tests for non-hepatotrophic viruses were done, i.e., HIV, Epstein-Barr virus and cytomegalovirus, since these are more commonly associated with GBS.

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### Reply from the authors

Despite extensive search, we could not find the two previous reports quoted by Dr Dixit and colleagues. We regret the error of reporting our patient as the first report of association of hepatitis E with Guillain-Barre syndrome.

We would like to clarify that our patient had the classical type of Guillain-Barre syndrome. Serological marker for HIV was negative; other tests for non-hepatotrophic virus were not done as the patient was neither immunosuppressed nor on any immunosuppressive therapy.

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