Gastrointestinal stromal tumors are rare intestinal tumors. There have been reports of this tumor occurring with other conditions and tumors. We report a 55-year-old man who presented with a gastric stromal tumor and cecal adenocarcinoma, necessitating right hemicolectomy and partial gastrectomy at the same sitting. [Indian J Gastroenterol 2005;24:169-170]

Gastrointestinal stromal tumors (GIST) are rare tumors thought to arise from interstitial cells of Cajal (ICC) of the gastrointestinal tract. 1 GIST have been reported with neurofibromas and somatostatinoma of the ampulla of Vater.2 Mixed tumors of the stomach containing both stromal and adenocarcinoma components have also been reported.3 Duodenal GIST and carcinoma in adenoma of the sigmoid colon occurring in a single patient has also been reported.4

A 55-year-old man presented with increasing attacks of intermittent colicky abdominal pain that was associated with distension and vomiting over the last 2 months. He once passed black stool approximately 10 years ago. X-ray showed multiple air-fluid levels. He was found to have a mobile mass in the lower right abdomen. Colonoscopy showed an irregular exophytic ulceroproliferative cecal growth involving the ileo-cecal valve; biopsy confirmed this to be a moderately differentiated infiltrating adenocarcinoma. Upper gastrointestinal endoscopy showed a large smooth tumor involving the posterior wall of the stomach. However, the biopsy was non-contributory. CT scan showed a mass involving the cecum with dilated loops of small intestine, without free fluid, and also a rounded lesion involving the posterior wall of the stomach.

At laparotomy, the tumors involving the cecum and stomach were confirmed to be resectable. Extended right hemicolectomy and end-to-end ileo-colic anastomosis was carried out. Lower partial gastrectomy with a retro-colic Roux-en-Y Polya gastrojejunostomy was performed for the tumor in the stomach.

The resected specimen showed an ulceroproliferative growth in the cecum, measuring 4.5 cm x 4.0 cm. Four regional lymph nodes were identified. The cecal tumor comprised malignant glands arranged in tubular and papillary configuration (moderately differentiated adenocarcinoma). Marked stromal desmoplasia was noted and infiltration was found to extend up to the paracecal tissues (Fig). Metastasis to regional lymph nodes was present. The stomach showed a submucosal tumor measuring 5.0 cm x 5.0 cm x 3.0 cm in the body near the lesser curvature. The tumor was cellular and consisted of interlacing sheets, whorls and fascicles of uniform spindle cells with elongated nuclei and eosinophilic cytoplasm. Many cells contained small cytoplasmic vacuoles. Mitotic figures were scanty. No necrosis was seen; focal areas of hemorrhage were noted (Fig). The histological diagnosis was gastric stromal tumor of low malignant potential.

The stromal cell tumor was positive for both CD117 (c-kit) and CD34 antigens, but the adenocarcinoma was negative for the CD 117 antigen.1,5

The patient was treated with oxaliplatin, 5FU and leukovorin, repeated at 3 weekly intervals for 6 cycles. There was no sign of recurrence of either tumor after completion of chemotherapy. However, as stromal tumors that express CD34 in addition to CD117 have been associated with a far more malignant course,1 and since c-kit tyrosine kinase inhibitor STI571 (imatinib mesylate) has been considered for the prevention and treatment of disseminated colon cancer,5 we offered the patient the option of having treatment with this drug, which he accepted.

The patient was assessed at 3 months for 1 year after surgery; ultrasonography of abdomen, chest X-ray and serum CEA levels were all found to be normal. He was advised to take imatinib mesylate 400 mg once daily for one year. He is still under regular observation.

The histogenesis, classification, diagnostic criteria, and biological behavior of GIST have been the subject of much controversy. It is also worthwhile to note that GIST that express CD34 in addition to CD117 have been thought to exhibit a more aggressive behavior.1 Gastric stromal tumor and cecal adenocarcinoma are rarely found in a single patient.

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Gastrointestinal bleed after leeching in a patient on aspirin therapy

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Leeches (*Hirudo medicinalis*) have been used in health care for their property of bloodletting. Bleed occurring from the site of leech attachment has been well documented. We report a 50-year-old man who was on aspirin therapy for coronary artery disease, and presented with GI bleed after leech treatment for his knee pain. [*Indian J Gastroenterol* 2005;24:170]

Leeches have been used in health care since ancient times.¹ The leech salivary gland produces substances like hirudin (with antithrombotic property) and platelet aggregation inhibitor, which are responsible for bleed occurring after leech treatment.¹ Bleed from site of leech attachment is a well-known complication of leech treatment.¹

A 50-year-old male with coronary artery disease, who had undergone coronary artery bypass graft and was on aspirin 150 mg OD and atenolol 50 mg OD for several months, presented with vomiting of 100-150 mL of blood. He was a non-smoker, non-alcoholic and there was no history of intake of any other drugs. On examination the patient was conscious and oriented but pale. There were a few marks over his right knee, but no other mucocutaneous lesion.

Investigations: hemoglobin 8 g/dL, PCV 32% and platelet 200,000/mm³. Coagulation profile and serum biochemistry did not reveal any abnormality. Endoscopy showed erosive gastritis and presence of altered blood in the stomach. The patient was managed with proton pump inhibitors and was transfused one unit of blood. He recovered uneventfully.

On reviewing the history it was found that the patient had got leeches applied over his right knee for pain, twice over a period of four days, and developed GI bleed few hours after the second application.

Michalsen *et al*² reported that leeches showed promise in the treatment of knee pain.³ In villages of India, leeches are used for treatment of many conditions including knee pain. Our patient developed GI bleed after applying leeches over his knee for pain. Endoscopy showed erosive gastritis. This patient was on aspirin, which is well known to cause erosive gastritis and thus GI bleed. But in view of the occurrence of GI bleed few hours after leech therapy, we believe that leech therapy could have played a precipitating role in the GI bleed.

Blackshear and Ebener³ showed that medicinal leeching did not produce any alteration in the systemic coagulation profile. However, there is no information on synergistic effect of aspirin and leech hirudin. With leeches playing an important role in conditions like repair of graft skin flaps, breast reconstruction, post phlebotic syndrome,¹ and knee pain,² studies are required to substantiate the risk of systemic bleed due to leech hirudin when combined with an antiplatelet agent.

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Complete gastric duplication cyst

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We report a 13-year-old boy who was detected to have an abdominal mass on ultrasonography. A possibility of tuberculous lymph nodes was considered in view of history of pain, low fever, and anorexia. Histology of the excised mass showed complete gastric duplication cyst. [*Indian J Gastroenterol* 2005;24:170-171]