Letters to the Editor

Gastrointestinal stromal tumor associated with a different malignant neoplasia

---

Key words: Mesenchymal tumor. Digestive bleeding. Renal carcinoma.

Dear Editor,

The gastrointestinal stromal tumor (GIST) is the most common mesenchymal tumor in the digestive tract (1). It is accompanied by unspecific symptoms, and gastrointestinal bleeding is infrequent. The most common locations for the bleeding are the stomach and, secondly, the small intestine (2,3). They can be associated with malignant tumors.

Case report

We present a 65-year-old patient with hypercholesterolemia and alcoholic chronic pancreatitis under treatment with acetylsalicylic acid. The patient was hospitalized for asthenia and melena. He presented a good general condition, with some pale skin and mucosa. Blood pressure, 110/60 mmHg; heart frequency, 82 bpm; hemoglobin, 4.6 g/dl; hematocrit, 14.2 %; serum urea, 67 mg/dl; serum creatinine, 1 mg/dl. The emergency gastroscopy revealed chronic gastritis with intestinal metaplasia, with no blood traces up to the third part of the duodenum. The colonoscopy showed abundant remains of red blood and clots from the rectum to the cecum, with normal mucosa. There was blood and clots in the cecum and on the ileocecal valve suggesting that the bleeding has its origin in the small intestine. A cap-

sule endoscopy revealed a vegetative and ulcerative lesion in the proximal ileum that occupies the intestinal lumen, and the presence of blood that extended to the colon. The abdomino-pelvic CT scan showed a 2 x 3.5-cm heterogeneous nodular lesion that involved the ileal region. Incidentally, there was a heterogeneous lesion on the medial region of the inferior pole of the right kidney of 3 cm in diameter, with peripheral calcification. Initially, the patient underwent a 5 cm intestinal resection in which a 3 x 3 tumor was found, protruding from the serous membrane, circumscribed, with a dirty white and grayish outer surface, with a marked vascular pattern and firm consistency. The final histological diagnosis was gastrointestinal stromal tumor of the jejunum (GIST) with a spindle-cell pattern, 1 mitosis/50; phenotype: CD117(+), CD34(+), desmin(-), actin(-), S100(-). Prognostic group 2 (benign). Afterwards, he underwent a kidney tumorectomy that revealed a papillary renal cell carcinoma type 1, Furhman 1-2. Stage pT1b.

Discussion

At least one third of all GISTs are discovered incidentally in the course of the therapeutic procedures for other conditions (4), or in the staging of primary tumors. GISTs can coexist with different types of cancer, either synchronically or metachronically. In 14-20 % of the patients, this association appears mainly with solid tumors (5). Gastric GISTs are the most common ones to be involved with other tumors, and the most frequent are: gastrointestinal adenocarcinomas (stomach and colon), renal cell carcinoma, prostate, lung, female genital tract, and carcinoid tumors (6).

The association of GIST with malignant neoplasms is rare and it has not been analyzed enough. Due to the limited number of cases, we cannot rule out a causal relation between GISTs and other neoplasia. This potential association should be researched and included in the management of patients with gastrointestinal GIST, either during the staging of the disease or during surgery (7,8). More studies are needed in order to clarify the genetic and molecular mechanisms of the carcinogenesis and the association between GISTs and other tumors (9,10).

Ana Sánchez-Garrido, María Isabel Martín-Arribas,
Ana Beatriz Prieto-Bermejo, Concepción Piñero-Pérez
and Antonio Rodríguez-Pérez

*Department of Digestive Diseases. Hospital Universitario
de Salamanca. Salamanca, Spain*

References

1. Demetri G, Von Meher M, Antonesco C. NCCN Task force report: Up-to-date on the management of patients with gastrointestinal stromal tumors. *J Natl Compr Canc Netw* 2010;8:S1-S41.
2. Eizaguirre Zarza B, Burgos Bretones JJ. Tumores GIST. Revisión de la literatura. *Rev Esp Patol* 2006;39:209-18.
3. García Pérez B, García Paredes R, Vargas Acosta A, Belchí Segura E, Ortiz Sánchez ML, Carballo Álvarez F. The endoscopic picture of upper digestive hemorrhages secondary to stromal tumors (GIST): Report of two cases. *Rev Esp Enferm Dig* 2012;104:35-36.
4. Agaimy A, Wünsch PH, Sobin LH, Lasota J, Miettinen M. Occurrence the others malignancies in patients with gastrointestinal stromal tumors. *Semin Diagn Pathol* 2006;23:120-9.
5. Gonçalves R, Linhares E, Albagli R, Valadão M, Vilhena B, Romano S, et al. Occurrence the others tumors in patients with GIST. *Surg Oncol* 2010;19:140-3.
6. Giuliani J, Marzola M, Indelli M, Aliberti C, Sartori S, Lanza G, et al. Gastrointestinal stromal tumors and others malignancies: A case series. *J Gastrointestinal Cancer* 2012;Feb 19.
7. Yamamoto D, Hamada Y, Tsubota Y, Kawakami K, Yamamoto C, Yamamoto M. Simultaneous development of adenocarcinoma and gastrointestinal stromal tumor (GIST) in the stomach: Case report. *World J Surg Oncol* 2012;10:6.
8. Rubiales AS, Ovelar Y, Beltrán de Heredia J, Del Valle ML. Diagnóstico simultáneo de adenocarcinoma y GIST gástricos. *An Med Interna* 2005;22:606-7.
9. Ferreira SS, Werutsky G, Toneto MG, Alves JM, Pianta CD, Breunig RC, et al. Synchronous gastrointestinal stromal tumors (GIST) and others primary cancers: Case series of a single institution experience. *Int J Surg* 2010;8:314-7.
10. Melis M, Choi EA, Anders R, Chistiansen P, Fichera A. Synchronous colorectal adenocarcinoma and gastrointestinal stromal tumor (GIST). *Int J Colorectal Dis* 2007;22:109-14.