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 capsule 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).
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References
