

PICTURES IN DIGESTIVE PATHOLOGY

Endoscopic resection of rectal gastrointestinal stromal tumor (GIST) using band ligation

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CASE REPORT

A 52 year-old male patient was referred for endoscopic resection of a 10 x 6-mm hypoechoic lesion on the anterior wall of the distal rectum. It derived from the “muscularis propria”, and was deemed to be a gastrointestinal stromal tumor (GIST) from its characteristic appearance and localization as shown during endoscopic ultrasonography (EUS) (Fig. 1). An extension study proved negative. Band ligation was chosen for resection. Firstly, the tissue over the lesion was vacuumed with one band, and then a cut was performed under the band using a detachable snare. Thus, the lesion was thoroughly exposed. Afterwards, the lesion was vacuumed and a second band was placed. A new cut below the band was performed (Fig. 2), which dissected the lesion producing a perforation on the rectal wall that was sutured with Resolution clips (Boston Scientific, Natick, Mass). No further complications took place. The patient needed neither hospitalization nor prescribed antibiotics. Pathology confirmed the suspected tumor type. After six months an axial computerized tomogram (CT scan) and a EUS procedure showed no evidence of lesion relapse (Fig. 3).

DISCUSSION

GISTs are rare tumors that arise in the digestive tract. Only about 5% originate in the rectum (1,2). Although data are scarce, it is normally accepted that complete surgical resection with negative margins is the procedure of choice for primary and non metastatic tumors (1). The endoscopic resection of gastric and duodenal lesions has been described (3,4). Resection using band ligation could represent a less aggressive alternative as compared to traditional surgery in the treatment of small sized GISTs sited in the distal rectum. However, further studies should be carried out to confirm it.



Fig. 1. Hypoechoic lesion arising from the “muscularis propria” during EUS.
Lesión hipoeoica dependiente de la muscular propia en la USE.



Fig. 2. Aspect of the lesion after a second aspiration and band ligation and cut below the band with a detachable snare.
Lesión aspirada por la segunda banda elástica y corte por debajo de esta con el asa de polipectomía.

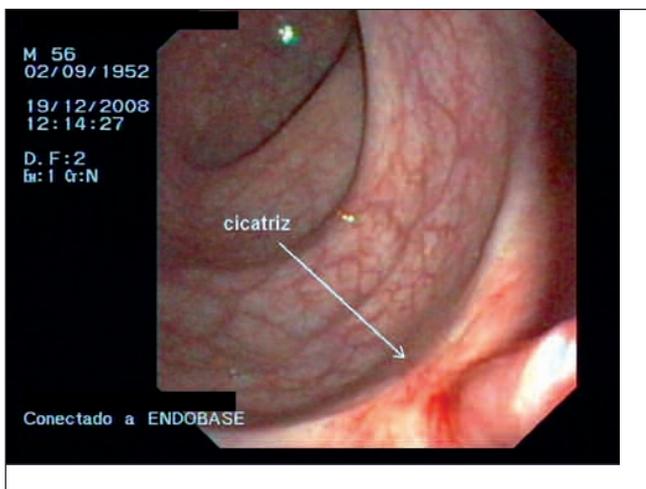


Fig. 3. A scar showing the place where the lesion was located, as it appeared 6 months after resection.

Cicatriz en el lugar donde se situaba la lesión 6 meses después de su resección.

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