

Letters to the Editor

Spontaneous omental bursa hemorrhage as the main presentation of a gastrointestinal stromal tumor: A case report

Key words: GIST. Spontaneous omental bursa hemorrhage. Abdominal pain.

Dear Editor,

Spontaneous omental bursa hemorrhage is rare. Pancreas, splenic and hepatic diseases are the most common etiologies. Although it is common for gastrointestinal stromal tumors (GISTs) to present as intraluminal bleeding (1), GISTs presenting with intraperitoneal hemorrhage are rare, especially presenting as omental bursa hemorrhage.

Case report

We report herein a case of a 58-year-old woman who presented with the acute onset of abdominal pain and a drop in hemoglobin level. Computed tomography showed a 4.5 cm mass at the posterior wall of the gastric fundus close to the greater curvature and associated with omental bursa hemorrhage (Fig. 1). We performed an emergency surgical operation, which revealed a 4.5 cm regularly shaped mass at the posterior wall of the gastric fundus close to the greater curvature, and a rupture on the mass associated with hemorrhage. Postoperative histological examination confirmed that it was a GIST.

Discussion

Gastric GISTs commonly arise in the fundus, whose clinical presentation is varied. GISTs < 2 cm are often detected inciden-



Fig. 1. Computed tomography showed a mass at the posterior wall of the gastric fundus close to the greater curvature, and a hemorrhagic mass in the omental bursa.

tally without symptom. Large GISTs can present with gastrointestinal bleeding. A few cases have confirmed that GISTs could cause intraperitoneal bleeding (2,3), but the cases presenting with omental bursa hemorrhage are rare.

Omental bursa is a part of the abdominal cavity. Causes of omental bursa hemorrhage are varied, including the diseases of stomach, pancreas, spleen, liver and omentum. GISTs are a rare possible etiology, considering its predilection site and the anatomical structure of the omentum.

The symptoms including abdominal pain, abdominal distension, signs of omental bursa hemorrhage, and a fall in blood pressure were common with the consideration of acute pancreatitis. In our case, computed tomography revealed a regularly shaped mass. It is likely that omental bursa hemorrhage was secondary to a ruptured tumor. So we performed an emergency laparotomy. Small GIST can rupture spontaneously producing hemoperitoneum and abdominal imaging techniques may only reveal hemoperitoneum along the stomach (2).

This condition is very difficult to diagnose preoperatively. Therefore, without surgical contraindication, emergency laparo-

tomy is usually required in patients with omental bursa hemorrhage.

Yong Zhou¹, Xu-Dong Wu², Guang-Jun Zhou¹ and Jing Jia³

Departments of ¹General Surgery, ²Gastroenterology and ³Nephrology. Yancheng City No.1 people's hospital. Yancheng, China

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