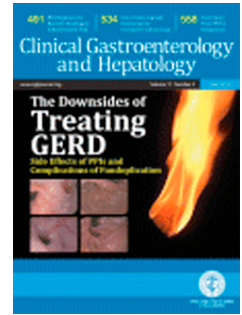


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Glomus tumor of the stomach—a tumor that needs to be differentiated from gastrointestinal stromal tumor

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A 61-year-old male presented with 3 months of epigastric pain, nausea, and vomiting before admission. The symptoms worsened with hunger and were relieved after taking a meal. No other symptoms or signs were present. He was treated for peptic ulcer at a local hospital (detailed information was lost), but the discomfort persisted. Laboratory tests, including tumor markers, revealed no significant abnormal findings.

Esophagogastroduodenoscopy (EGD) revealed a protruding lesion in the antrum, with no ulcer being found (Figure A). A further endoscopic ultrasonography showed a 2.6-cm hypoechoic mass, with a clear border, located in the gastric submucosa and muscularis propria layer. Other layers of the gastric wall appeared normal (Figure B). Abdominal enhanced computed tomography (CT) imaging revealed a solid, homogeneously enhanced mass, approximately 1.7 cm in diameter, located in the gastric antrum (Figure C). No definitive evidence of metastasis was found. A gastrointestinal stromal tumor (GIST) was considered as a preoperative diagnosis.

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