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ORIGINAL ARTICLE

Obscure gastrointestinal bleeding due to gastrointestinal stromal tumours☆

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KEYWORDS
Obscure gastrointestinal bleeding;
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Abstract
Background: The gastrointestinal stromal tumours (GIST) are the most common soft tissue sarcomas of the digestive tract. They are usually found in the stomach (60–70%) and small intestine (25–30%) and, less commonly, in the oesophagus, mesentery, colon, or rectum.

The symptoms present at diagnosis are, gastrointestinal bleeding, abdominal pain, abdominal mass, or intestinal obstruction. The type of symptomatology will depend on the location and size of the tumour. The definitive diagnosis is histopathological, with 95% of the tumours being positive for CD117.

Clinical cases: This is an observational and descriptive study of 5 cases of small intestinal GIST that presented with gastrointestinal bleeding as the main symptom. The period from the initial symptom to the diagnosis varied from 1 to 84 months. The endoscopy was inconclusive in all of the patients, and the diagnosis was made using computed tomography and angiography. Treatment included resection in all patients. The histopathological results are also described.

Conclusion: GIST can have multiple clinical pictures and unusual symptoms, such as obscure gastrointestinal bleeding. The use of computed tomography and angiography has shown to be an important tool in the diagnosis with patients with small intestine GISTs.

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PALABRAS CLAVE
Sangrado de tubo digestivo de origen oscuro;
Tumor de estroma gastrointestinal;
Yeyuno;
Intestino delgado

Hemorragia gastrointestinal de origen oscuro por tumores de estroma gastrointestinal

Resumen
Antecedentes: Los tumores del estroma gastrointestinal (GIST) son los sarcomas más comunes del tracto digestivo. Las localizaciones más frecuentes son estómago (60–70%) e intestino delgado (25-30%).

Los síntomas más comunes son hemorragia de tubo digestivo, dolor abdominal, tumor abdominal y obstrucción intestinal. Estos dependen de la localización y del tamaño del tumor. El diagnóstico es histológico. El 95% de los GIST son positivos para CD117.
Casos clínicos: Estudio observacional y descriptivo en el que se reportan 5 casos de GIST de yeyuno e íleon, que tuvieron como manifestación clínica principal hemorragia de tubo digestivo de origen oscuro. El periodo de tiempo al diagnóstico varió de 1 a 84 meses. La endoscopia, en todos los pacientes, no fue concluyente y el diagnóstico se hizo por angiotomografía abdominal. El tratamiento incluyó, en todos los casos, resección.
Conclusiones: Los GIST pueden tener formas de presentación y síntomas inusuales como la hemorragia de origen oscuro. La tomografía con medio de contraste y la angiografía son herramientas que han demostrado ser útiles para el diagnóstico certero de este tipo de lesiones.

Background

Gastrointestinal stromal tumours (GIST) are the most common mesenchymal tumours of the digestive tract at 82%. Its annual incidence is approximately 6.8 patients per million inhabitants, slightly more prevalent in males. These tumours can be located anywhere in the digestive tract, from the oesophagus to the rectum. Most are located in the stomach (60–70%) and small bowel (25–30%).[1,2]

The symptoms they cause are non-specific and relate to their location and the size of the tumour. The most common sign is gastrointestinal bleeding in 50% of cases. Other symptoms described are abdominal pain, abdominal mass and intestinal obstruction.[3]

Three patterns are described histologically: spindle cell (70%), epithelioid cells (20%) and mixed pattern.[4] Characteristically GIST have a specific immunohistochemical profile. Approximately 95% of these are c-KIT positive, although other markers that are present in fewer numbers have been described.[5]

The most important prognostic factors are the mitotic index, tumour size and the location. Those located in the stomach have a better prognosis.[3,5]

The objective of this study is to present 5 cases of patients with a diagnosis of GIST of the small bowel, who presented clinically with digestive tract bleeding of obscure origin.

Clinical cases

This is an observational, descriptive case series study, of 5 patients diagnosed with GIST over a 4-year period. The mean age was 53.2 years (range 36 to 65 years). Three patients were male and 2 female. Three of the tumours were located in the jejunum and the rest in the ileum (Fig. 1).

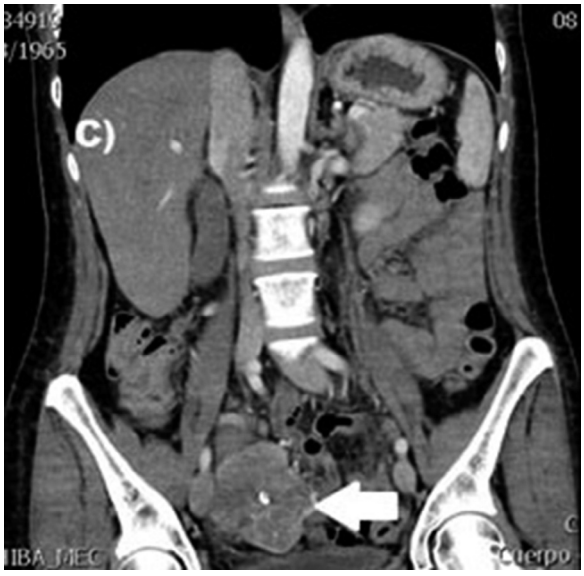

Figure 1 Hypervascular, extraluminal mass in ileum, with contrast uptake of approximately 6 cm.

All the cases presented with gastrointestinal bleeding of obscure origin. The time to diagnosis was variable, with a mean of 43.3 months (1–84 months). All of the patients initially underwent endoscopic studies that included panendoscopy, colonoscopy or capsule endoscopy. However, the site of bleeding could not be conclusively determined by endoscopy and was subsequently determined by abdominal angiotomography in all cases.

Treatment varied according to the individual characteristics of the tumour and its location. All the patients underwent intestinal resection. One patient (Fig. 2) underwent selective embolisation preoperatively, in order to