

Endoscopic full-thickness resection of esophagogastric junction gastrointestinal stromal tumor assisted by laparoscopy after neoadjuvant therapy.

Navarrete A, Momblan D, Fernandez-Esparrach G, Delgado S, Jimenez M¹, Hessheimer A, Lacy AM.

Abstract

Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal neoplasms of the digestive tract [1]. Surgery is the only potentially curative therapy. However, some tumors are locally advanced, and therefore R0 resection cannot be guaranteed. In this situation, imatinib can allow organ-preserving surgery and optimal oncological outcome.

GISTs located at the esophagogastric junction (EGJ) are challenging because wedge resection is difficult to achieve, and gastrectomy and/or esophagectomy are associated with morbidity and mortality. Consequently, endoscopic resection could be an ideal alternative to surgery, with comparable oncological outcomes.

We present the case of an 82-year-old woman with a 1-month history of progressive dysphagia. An upper endoscopy showed a 6-cm pedunculated polypoid lesion at the EGJ, with a short and wide pedicle that protruded into the gastric fundus. The biopsy demonstrated a high-risk GIST with 20 mitoses per 50 high-power fields (HPF). Abdominal double-contrast radiography and computed tomography (CT) scan ruled out metastasis ([Fig. 1]). It was decided to treat the tumor with imatinib to decrease its size. A 6-month course of therapy was started.