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# A Rare Case of Gastrointestinal Bleed.

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**ABSTRACT**

This case is being presented as the patient (45 year old female) presented with malena with no history of pain abdomen, loss of weight/apetite for 3 months duration. Patient was found to have a tumour in the antropyloric region through upper GI endoscopy and contrast CT abdomen. On taking biopsy, histopathological examination revealed gastrointestinal stromal tumour.

**Keywords:** GI bleed, malena, abdomen.

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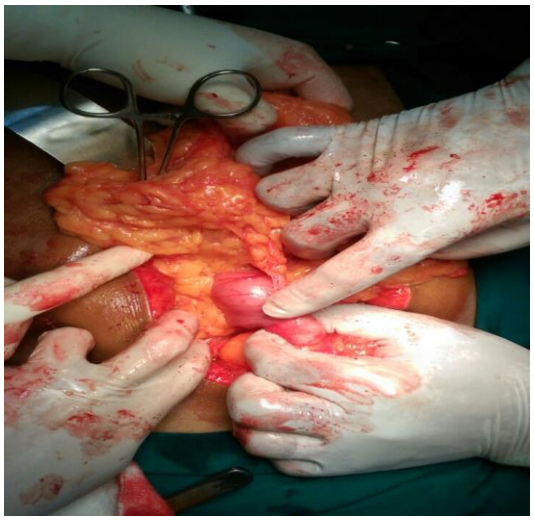
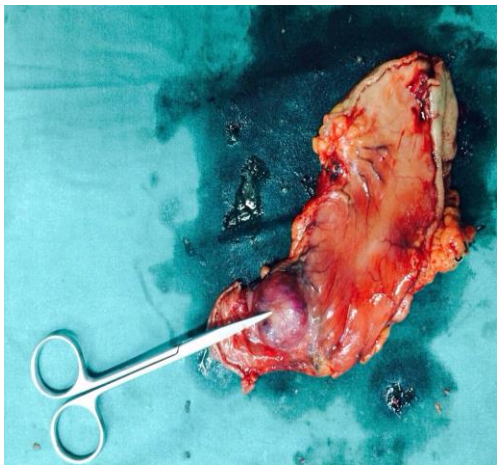
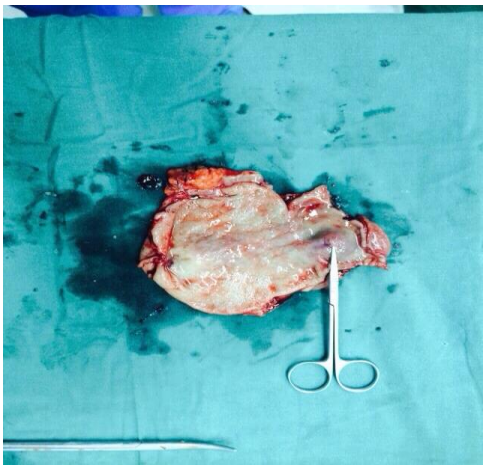
**CASE REPORT**

45 year old female who came with c/o vomiting X 1 week. Vomitus contained food particles. H/o passing black colored stools(+).No h/o abdominal pain, jaundice, loss of weight/appetite and urinary symptoms**.** O/E –Patient moderately built and nourished. Afebrile, not icteric, PALOR +. Per abdomen – soft, non-tender, bowel sounds +DRE – malena +. Upper gi endoscopy showed polypoidal lesion in D1 with central ulceration. Contrast enhanced CT Abdomen revealed intraluminal polypoidal mass lesion in the antropyloric region. Biopsy showed features suggestive of Gastrointestinal Stromal Tumour. Plan: Laparotomy And Proceed . Per operative finding - a 2 X 2 cm lesion seen in the first part of duodenum with congestion about 2 cm distal to prepyloric vein of Mayo. Partial gastrectomy with Roux en Y Gastrojejunostomy (side to side) and jejunojejunostomy ( end to side) was done. Resected specimen sent for HPE. Immediate postoperative period was uneventful and the patient recovered well.







HPE REPORT LOW grade gastrointestinal stromal tumour antropyloric region.Immunohistochemistry CD 34 POSITIVE. CD 117 NEGATIVE. Patient is on periodic follow up, doing well.

**DISCUSSION [1-6]**

GIST is most common in people between 50 and 70 years old.GIST arises from interstitial cells of Cajal. About 6 out of 10 (60%) of these tumours start in the stomach. But they can begin anywhere in the digestive system, for example in the bowel or oesophagus. Very rarely, they develop outside the gastrointestinal tract. Mutations occur at c-kit, PDGFRA.

People with early stage GIST often do not have any symptoms. So early stage GIST may be found when people are having tests for other medical conditions. Most GISTs are diagnosed in later stages of the disease. Symptoms and signs include Pain or discomfort in the abdomen, a feeling of fullness abdomen,Blood in stools or vomit,Lethargy and anaemia.

Diagnosis is made via upper GI endoscopy, and ultrasound with biopsy and CT Abdomen with contrast.

Prognostic factors include Tumor size, Mitotic index, and Tumor site of origin. Small bowel GISTs has a higher risk of progression than those with gastric GISTs of comparable size and mitotic count.

**Treatment**

- Surgery – Gold Standard
- Chemotherapy in the form of tyrosine kinase inhibitors Imatinib mesylate and Sunitinib malate(TKI)
- For unresectable primary or metastatic GIST IMATINIB is the first line therapy
- Other tyrosine kinase inhibitors include Sorafenib, Nilotinib, Masitinib.
- Patients who had resection of primary GIST should undergo physical examination, CECT abdomen/pelvis every 3 to 6 months during first 3 to 5 years and then annually thereafter.

## CONCLUSION

- Principal/potential curative treatment for GIST is surgery.
- TKI has a vital role in primary as well as metastatic GIST.
- Despite an R0 or R1 resection 5 year overall survival rate is 35 – 65 % whereas for an R2 resection it is as low as 10%.

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