A 69-year-old male presenting with abdominal pain was referred to our institute. Computed tomography (CT) image revealed a huge tumor with central necrosis (23 × 14 × 12 cm in size) adjacent to the greater curvature of the stomach, the pancreatic tail and the descending colon (Fig. 1). There was no nodal or distant metastasis on the CT scan. A fine-needle aspiration biopsy under the guidance of endoscopic ultrasonography revealed spindle-shaped cells positive for c-kit staining, suggesting gastrointestinal stromal tumor (GIST). The tumor appeared to be resectable on the image; however, the proposed surgical procedure would be very extensive involving total gastrectomy, distal pancreatectomy and hemicolecotomy. Therefore, neoadjuvant chemotherapy using imatinib mesylate (Gleevec®) at a dose of 400 mg daily was preceded. After 4 months of chemotherapy, the tumor size was reduced to 7 × 6 × 6 cm (Fig. 2), and we successfully excised the tumor by partial resection of the stomach. Pathological examination of the specimen showed that 70% of the tumor cells were degenerated or necrotic, and the surgical margin was negative. The patient is doing well 3 years and 6 months after primary treatment, keeping good control of locally recurrent foci on the stomach and the peritoneum.

Norimitsu Tanaka and Makoto Saka
Gastric Surgery Division
National Cancer Center Hospital
Tokyo, Japan
doi:10.1093/jjco/hyn128

© The Author (2008). Published by Oxford University Press. All rights reserved.