

An accidental diagnosis of a gigantic gastric GIST in a patient with severe COVID pneumonia

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Figure 1. Intraoperative view after laparotomy



Figure 2. The tumor arising from the stomach after dissection is clearly seen

A 58-year-old male was admitted to the internal medicine ward during the COVID pandemic due to the progression of respiratory failure related to a COVID-19 infection. Upon performing a chest CT scan, apart from the typical COVID-related pneumonia, part of a large abdominal tumor filling the upper abdominal compartment was noted. Once the respiratory symptoms were under control and the patient became stable, the abdominal CT was performed showing a borderline resectable tumor of uncertain origin. Two months after discharge from the internal medicine department, the patient was admitted to a surgical ward. A laparotomy was performed during which a gigantic tumor arising from the greater curvature of the stomach was seen (fig. 1, 2). A partial gastric wall resection *en bloc* with the tumor was performed. The patient made an uncomplicated recovery and was discharged 4 days after surgery. On the histopathology report, a 24 cm x 21 cm x 15.5 cm gastrointestinal stromal tumor arising from the ga-

stric wall was diagnosed. Immunohistochemistry reported that the tumor cells were positive for CD117, CD34 and negative for SMA, desmin and cytokeratine. The risk stratification was established at 12%. Surgery is the mainstay of GIST treatment. The diagnosis is usually made by imaging and endoscopic studies. The objective of the operation is R0 resection but multivisceral resection and surgery with major functional sequelae are discouraged [1]. Abdominal surgery in a patient with active or recent COVID infection has a higher risk of pulmonary complication and higher mortality [2].

References

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Jak cytować / How to cite:

Rostkowski K, Komorowski A, Korneta K, Bednarz S. *An accidental diagnosis of a gigantic gastric GIST in a patient with severe COVID pneumonia*. *NOWOTWORY J Oncol* 2023; 73: 57.