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EDITOR'S QUIZ: GI SNAPSHOT

Answer

From question on page 1560

Multidetector computed tomography (MDCT) showed a mass at the jejunum with high density in the early arterial phase (fig 1). Angiography showed a hypervascular mass that was supplied by jejunal branches (fig 2). The patient underwent jejunal segmental resection. Histopathological assessment revealed a gastrointestinal stromal tumour (GIST) expressing C-kit and CD 34 (fig 3).

GISTs, frequently manifesting as gastrointestinal bleeding, are defined as mesenchymal neoplasms originating from the interstitial cells of Cajal that express the c-kit proto-oncogene protein (CD117) which is a cell membrane receptor with tyrosine kinase activity. The disease occurs mainly in the stomach and small intestine. MDCT angiography is useful for detecting the causes of obscure gastrointestinal bleeding^{1,2} and the vascularity of GIST that is related to malignancy.³ To date, however, the sensitivity and specificity of MDCT for diagnosis of the causes of obscure gastrointestinal bleeding

are not known, and further studies are needed.¹ Approximately 20–30% of GIST show malignant behaviour. Tumour size of >5 cm and >5 mitotic activities in 50-fold high power fields are useful predictors of malignancy. Surgery is the main modality of therapy and imatinib, a selective inhibitor of tyrosine kinases, can be used in metastatic or unresectable patients as neoadjuvant treatment.

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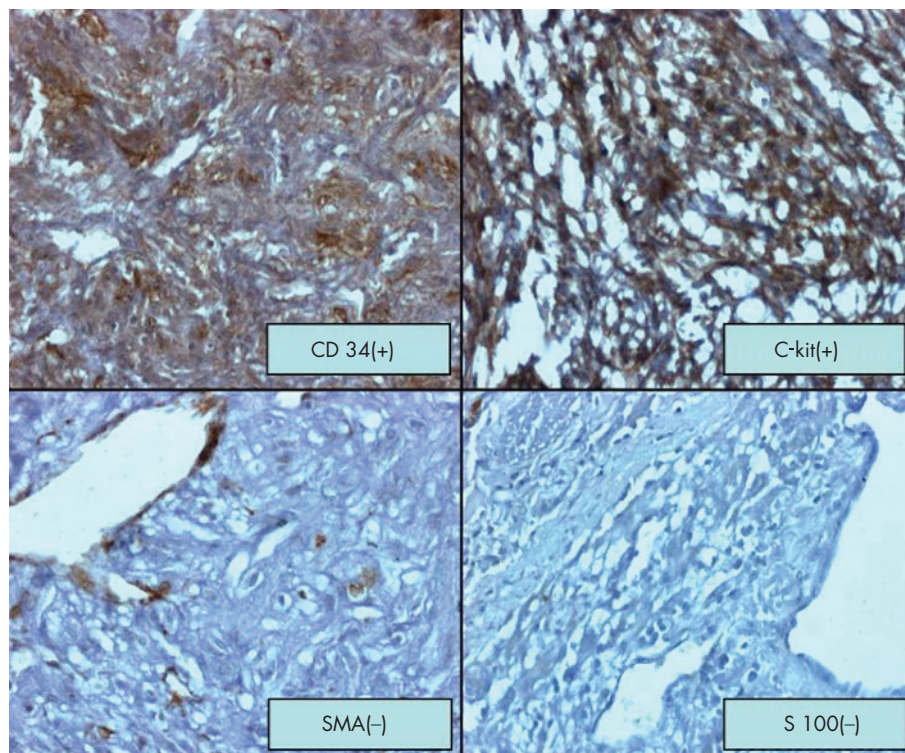


Figure 3 Immunohistochemical staining revealed a gastrointestinal stromal tumour expressing C-kit and CD 34.