LETTERS TO THE EDITOR
EDİTÖRE MEKTUPLAR

Coexistence of prostate cancer and colorectal cancer in a patient with gastrointestinal stromal tumor

Gastrointestinal stromal tümörlü bir olguda eşlik eden prostat ve kolorektal kanser birlikteliği

To the Editor,

Gastrointestinal stromal tumors (GISTs) may coexist with other neoplasms, and the tumors may develop synchronously or asynchronously.

A 77-year-old man presented in June 2007 with anorexia, weight loss and dyspnea. Computed tomography scan of the chest and abdomen revealed multiple metastatic nodules in the parenchyma of both lungs. The patient refused any further procedures and treatment. In July 2002, he had undergone total gastrectomy, which revealed the diagnosis of gastric GIST, and in August 2002, he underwent nerve-sparing radical prostatectomy because of prostate adenocarcinoma. In November 2002, he was found to have stage IIA (T3N0M0) sigmoid colon adenocarcinoma, and a left hemicolectomy with a primary side-to-side, functional end-to-end stapled anastomosis was performed.

The coexistence of GISTs with other neoplasms has been widely addressed in the literature. The percentage of patients with a GIST in whom other neoplasms were diagnosed ranges between 2.95% and 33.33% (1, 2).

Disease syndromes in which coexistence of GIST and other neoplasms may share a common etiopathogenesis have been identified. GISTs may develop in patients with type I neurofibromatosis (3). A syndrome called Carney's triad is characterized by the coexistence of at least two tumors, an extraadrenal paraganglioma and a pulmonary chondroma, with a GIST, usually localized in the stomach (4).

It has not been established whether the coexistence of a GIST with other, unrelated syndromes or tumors is incidental or results from related pathophysiological processes. This relationship is difficult to assess and define since these mostly benign GISTs are not recorded in cancer statistics. As a result, epidemiological data may be incorrect. A few experimental data show that a single carcinogen may induce neoplastic transformation in cell lines of various histotypes. It has been proposed that simultaneous neoplastic proliferation of epithelial and stromal cells might be stimulated by the same carcinogenic factor (5). In addition, gene mutations predisposing to the development of various types of neoplasms may play a role. Melis et al. (6) failed to find evidence of common mechanisms in the pathogenesis of GISTs and colorectal adenocarcinoma. In their case report, Kaffes et al. (7) indicated that *Helicobacter pylori (H. pylori)* infection was a favoring factor. However, some researchers claim this hypothesis is inconsistent with the high incidence of *H. pylori* infection compared with the low incidence of GISTs. In addition, impaired immunity, constitutional and genetic factors, chemotherapy, exposure to ionizing radiation, surgery, and tobacco smoking, all of which predispose to multifocal neoplasia, might play a role.

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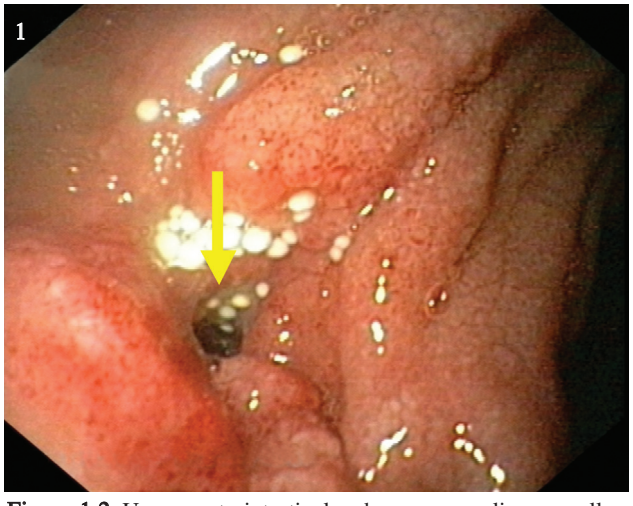
Duodenal perforation due to a gallstone in small intestinal gallstone ileus: "Bouveret's syndrome"

Safra taşına bağlı ince barsak tıkanması ve duodenal perforasyon: "Bouveret sendromu"

To the Editor,

Duodenal obstruction due to a gallstone is an unusual complication of cholelithiasis. The condition is named after the French physician Léon Bouveret, who documented a case of a gallstone leading to an obstruction of the gastric outlet in 1896 (1).

A 78-year-old man with multiple comorbidities was admitted to our hospital with constant upper abdominal pain of 24-hour duration and episodic vomiting. Upper gastrointestinal endoscopy was performed revealing a small perforation of the du-



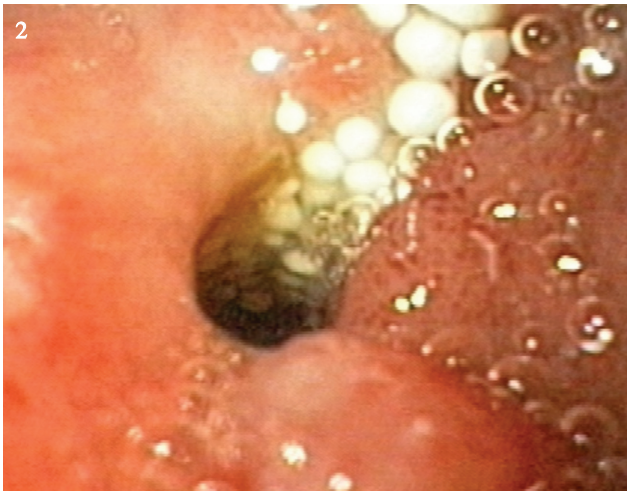


Figure 1-2. Upper gastrointestinal endoscopy revealing a small perforation of the duodenal bulb approximately 0.5 cm in diameter (Fig. 2: magnification).

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