LETTERS TO THE EDITOR
EDİTÖRE MEKTUPLAR

A case of gastrointestinal stromal tumor presenting with small bowel perforation and internal hernia

İnce bağırsak perforasyonu ve internal herniasyona neden olan gastrointestinal stromal tümör olgusu

To the Editor,

A 65-year-old male was admitted to our emergency surgery unit with the complaints of acute abdominal pain, distension and fever lasting for two days. Physical examination showed signs of acute abdomen and intraabdominal sepsis. Abdominal ultrasonography demonstrated the presence of intraperitoneal free fluid and a solid mass measuring 87x74 mm in the right lower quadrant. Following correction of hemodynamic instability and electrolyte imbalance, the patient was taken to the operation room. Exploratory laparotomy revealed diffuse fecal peritonitis and a mass, 80x50 mm in size, located within the distal ileum. This segment of the intestine was also found to be adherent to the urinary bladder wall and perforated. On further exploration, internal herniation of the proximal ileal loops resulting in the necrosis of the involved small bowel segments was detected (Figure 1). Segmental intestinal resection including all diseased segments of the ileum (100 cm), terminal ileostomy and distal mucous fistula were performed, and the fascia was closed with Bogota bag. The patient was taken to the intensive care unit postoperatively. On the second postoperative day, peritoneal toilet was performed, and the Bogota bag was changed. However, the patient died on postoperative day 4 due to septic shock. The histopathological examination of the resected material revealed a malignant gastrointestinal stromal tumor (GIST) (Figure 2).

Gastrointestinal stromal tumor accounts for 0.1-3% of all gastrointestinal neoplasms, and is now the most common sarcoma of the small intestine (1). Preoperative diagnosis of intestinal GISTs is

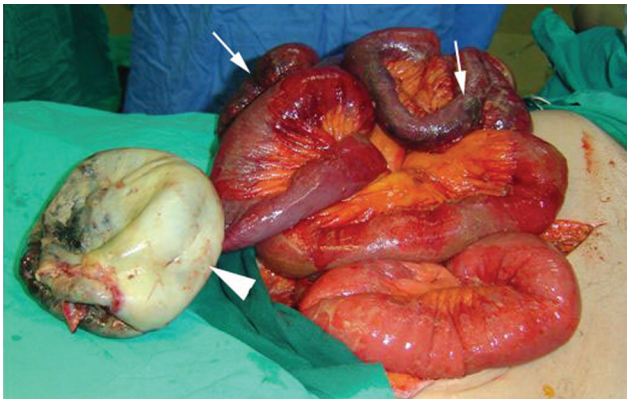

Figure 1. The intraoperative findings revealed a tumor (GIST) within the distal ileal wall (arrowhead) and small bowel necrosis (arrows) due to the internal herniation of the ileum proximal to this tumor.

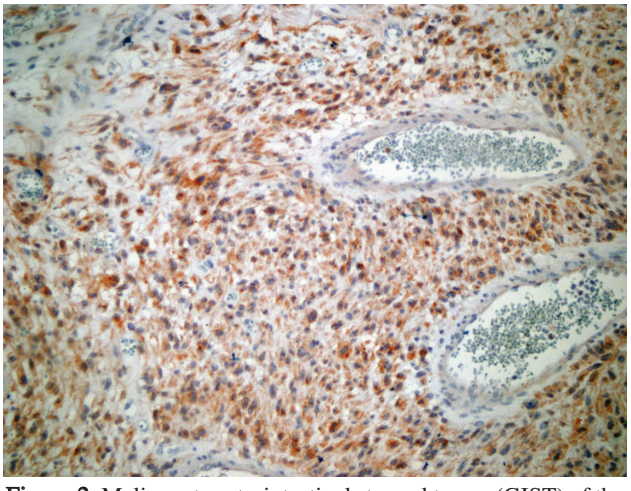

Figure 2. Malignant gastrointestinal stromal tumor (GIST) of the ileum staining CD 117-positive (immunohistochemistry, x200).

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often delayed until complications such as hemorrhage, obstruction or perforation develop (2). Acute abdomen as the first clinical manifestation due to their perforation is extremely rare (3). Furthermore, to the best of our knowledge, the concomitant occurrence of a perforated GIST and internal herniation has not yet been reported in the literature.

Gastrointestinal stromal tumors can be classified as low- or high-risk tumors. With regard to local invasion and tumor perforation, GISTs that invade a contiguous organ (e.g. urinary bladder) are considered to be advanced and associated with poor outcome. Immunohistochemical examination of GISTs is always positive for KIT protein (CD 117 antigen), while the positivity regarding other markers varies (2, 4).

The treatment of choice is surgical excision of the tumor. In cases of tumor perforation, five-year survival is 24% (2, 5). The clinical outcome can be detrimental when this tumor presents with bowel perforation, peritonitis and internal hernia, as in the presented case.

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Gastric outlet syndrome associated with a recurrent trichobezoar: Report of a case

Mide çıkış obstrüksiyonuna neden olmuş rekürren trikobezoar: Olgu sunumu

To the Editor,

While trichobezoars are mostly found in the stomach, they can be encountered in any part of the gastrointestinal system (GIS) as well (1). A 26-year-old female patient admitted to our clinic with the complaint of a one-year history of gradually increasing early satiation, postprandial vomiting, abdominal pain, weight loss, and a palpable mass in the abdomen present for the last two months. The patient had a history of a laparotomy operation due to gastric bezoar 10 years before. She regularly presented for her psychiatric follow-up visits for the first three years following discharge, but her visits became irregular in the next two years and she was eventually lost to follow-up. Major depressive character disorder was diagnosed in the psychiatric evaluation.

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