Gastrointestinal stromal tumor of the appendix

Apendiksin gastrointestinal stromal tümörü

To the Editor,

A 67-year-old male presenting with right lower quadrant abdominal pain was referred to our hospital. On physical examination, an approximately 10 cm mass was palpated in the right lower quadrant area with mild tenderness. A computed tomography of his abdomen revealed a well-demarcated and enhanced tumor in the appendix, measuring approximately 5.6x5.0x8.0 cm. At laparotomy, a solid appendiceal mass was removed by right hemicolectomy. The cut section of the appendix showed that the tumor was a 6.0x4.0x3.0 cm polypoid lesion with hemorrhage from the midportion of the appendix (Figure 1). Histological examination revealed that the tumor was composed of spindle cells with a mitotic count of <5 mitoses/50 high power fields. Immunohistochemical study revealed positive staining for CD117 (Figure 2). Based on the above findings, the tumor was diagnosed as a gastrointestinal stromal tumor (GIST) with intermediate-grade malignancy originating from the appendix. The patient had an uneventful postoperative course, and there was no evidence of recurrence in the six months after his surgery.

Gastrointestinal stromal tumors can occur anywhere throughout the GI tract, but are most commonly found in the stomach or small intestine (1-3). Appendiceal GISTs are extremely rare, with only eight cases reported to date (3-6). Based on the previously reported eight cases and our one case, the patients with appendiceal GISTs included six (67%) males and three (33%) females, with a median age of 66 years (range: 56-78 years). Among the five patients who had clinical symptoms, four patients had appendicitis-like symptoms in the absence of histologic evidence of acute appendicitis, suggesting that the symptoms were caused by the tumor. The asymptomatic tumors were detected incidentally during surgery for other diseases or at autopsy. Five patients were affected by other malignant tumors. The presenting malignancies included pulmonary adenocarcinoma, malignant gastric GIST, endometrial carcinoma, urinary bladder carcinoma, and mantle cell lymphoma. One patient had neurofibromatosis type 2. The tumors were located in the proximal (n=1, 11%), mid (n=6, 67%) and tip (n=2, 22%) por-

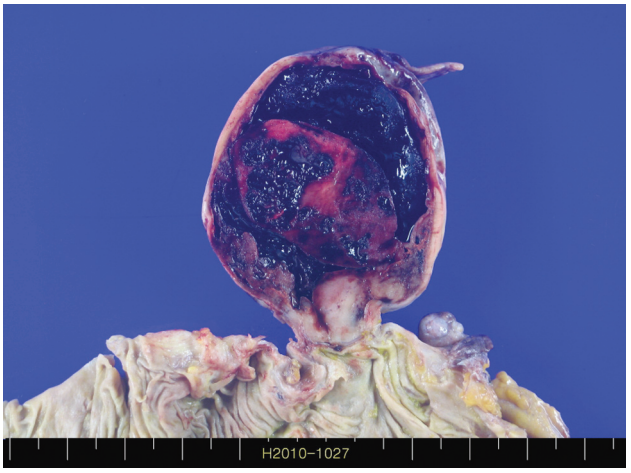

Figure 1. Cut surface of the mass showed a polypoid lesion with hemorrhage from the mid portion of the appendix.

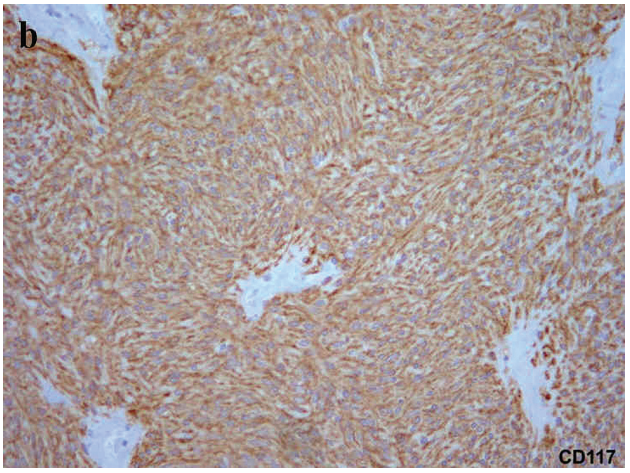

Figure 2. The tumor cells react positively for CD117 (immunohistochemistry, x200).

Address for correspondence: Jun Chul CHUNG
Department of Surgery, Soonchunhyang University Bucheon Hospital
1174 Jung-dong, Wonmi-gu, Bucheon-si, Gyeonggi-do
South Korea 420-767
Phone: +82 32 621 5255 • Fax: +82 32 621 5016
E-mail: capcjc@hanmail.net

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tions of the appendix. The tumor size varied from 2.5 to 60 mm (median: 12 mm), and our case represents the largest appendiceal GIST reported to date. The finding of low mitotic count in this case is consistent with the findings reported by others (3-6). In summary, we document the extremely rare occurrence of appendiceal GIST, increasing the total number of reported cases to nine. To our knowledge, this is the first case with description of tumor size of more than 5 cm.

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Jun Chul CHUNG, Ok Pyung SONG

Department of Surgery, Soonchunhyang University Bucheon Hospital, Bucheon, Korea

Myocarditis due to mesalamine treatment in a patient with Crohn's disease in China

Crohn hastalığında mesalamin tedavisine bağlı miyokardit

To the Editor,

Cardiac involvement is a rare extraintestinal manifestation of inflammatory bowel disease (IBD). However, it can also arise as a secondary effect of drugs containing mainly mesalamine (4,5), which was thought to be a beneficial medication in the treatment of patients with IBD. We herein report a 29-year-old woman with Crohn's disease (CD) who developed acute myocarditis while receiving per os mesalamine (5-aminosalicylic acid [ASA]). The cardiac complications responded well to the interruption of mesalamine, while the underlying bowel disease responded favorably to corticosteroids and azathioprine administration.

A female patient, aged 29, presented to the emergency department of our hospital because of a sudden syncope and convulsion, accompanied by urinary and fecal incontinence. Seven months previously, she was diagnosed with CD on the basis of endoscopic and histological findings. The first attack of CD was of mild severity and settled promptly with a moderate dose of mesalamine (4.0 g/d per os). With a gradual clinical improvement, the dose of mesalamine was reduced to 2.0 g/d as a maintenance treatment. This treatment was started more than five months prior to her present admission to the hospital. The patient had no other side effects that could be attributed to mesalamine treatment. A physical examination revealed the following: body temperature 36.7°C, blood pressure 88/63 mmHg, and pulse 129 beats/minute. A gallop rhythm was heard. Electrocardiography (ECG) was performed and showed low vol-

Address for correspondence: Weichang CHEN
The First Affiliated Hospital of Soochow University, Department of Gastroenterology, Suzhou, China
E-mail: chen_weichang@163.com

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