

Gastric gastrointestinal stromal tumor mimicking cystic tumor of the pancreas: Diagnosed by endoscopic ultrasound-fine-needle aspiration

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A 53-year-old male presented with upper abdominal pain of 3 months duration. On clinical examination, a vague lump was palpable in the epigastric region. Contrast-enhanced computed tomography (CECT) of the abdomen revealed a large cystic lesion measuring 8 cm near the tail of the pancreas [Figure 1]. It had an enhancing solid component in the periphery of the cyst [Figure 2]. Upper gastrointestinal endoscopy revealed normal gastric mucosa. A possibility of cystic pancreatic neoplasm was kept and the patient underwent endoscopic ultrasound (EUS). The EUS revealed a heteroechoic lesion arising from the stomach wall with solid and cystic areas [Figure 3]. There were small anechoic areas in the solid component of the lesion suggestive of necrosis [Figure 4]. The lesion could be seen arising from the *muscularis propria*. EUS-guided fine-needle aspiration (FNA) was performed from the solid component and the cytology revealed features suggestive of a spindle cell tumor [Figure 5]. The patient underwent surgical excision of the tumor and the histopathological examination confirmed the presence of gastrointestinal stromal tumor (GIST).

GISTs are mesenchymal tumors, which usually arise from the stomach, small intestine, large intestine, or esophagus. They usually present as solid masses and



Figure 1. CT of the abdomen: Large cystic lesion measuring 8 cm in the tail of the pancreas

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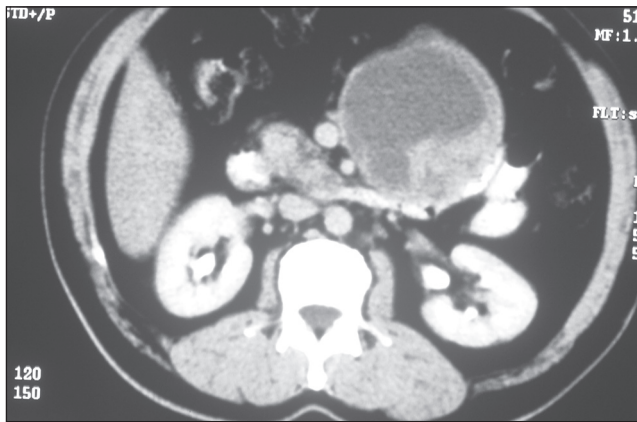


Figure 2. CT of the abdomen: Enhancing solid component in the periphery of the cyst

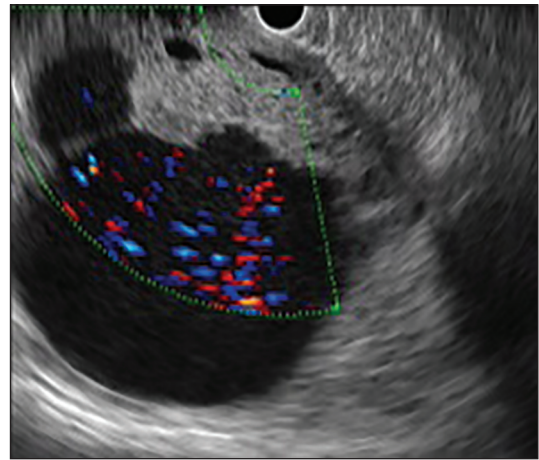


Figure 3. EUS: Heteroechoic lesion arising from the stomach wall with solid and cystic areas



Figure 4. EUS: Small anechoic areas in the solid component of the lesion



Figure 5. EUS-guided FNA from the solid component of cystic lesion

cystic degeneration of a GIST is very rare.^[1,2] The cystic degeneration is usually seen in larger tumors because of liquefaction and hemorrhage. EUS-FNA may provide an opportunity to obtain the tissue for preoperative diagnosis.^[3,4] EUS findings are variable and may include complex cystic lesions with hyperechoic debris or hypoechoic rounded lesion.^[2-5]

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Conflicts of interest

There are no conflicts of interest and no financial disclosures to be made.

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