P18:103

Scapular metastasis of a rectal gastrointestional stromal tumor: a case report

Veli Muzaffer Murat Hiz[1], GÖKHAN KAYNAK[2], HÜSEYIN BOTANLIOGLU[2], ENIS YILDIRIM[3], ATAKAN KARABIBER[2], SERGÜLEN DERVISOGLU[2]

[1)] Istanbul University CerrahpasaMedical [2)] ISTANBUL UNIVERSITY CERRAHPASA MEDICAL F [3)] SIRNAK GOVERMENT HOSPITAL, Turkey

Background: Gastrointestinal stromal tumors are the most common mesenchymal cell originated neoplasms of the gastrointestinal tract with an annual incidence of 15-20 per million. Synchronous bone metastasis may be found with liver and peritoneal metastasis. However, based on our current knowledge isolated bone metastasis under Imatinib treatment has not been reported previously in the literature up to date.

Methods: A 53 year old male presented with a 2 month history of right shoulder pain that was not associated with a trauma. His physical examination revealed a palpable, painless solid mass that was not mobile at his right scapula and restriction of shoulder movements. He had a history of rectal GIST which had been subtotally resected nine years ago and postoperatively treated with radiotherapy and chemotherapy (Imatinib). Case was thought to be a distant bone metastasis and direct X-ray, Magnetic Resonance Imaging, Whole Body Dynamic Bone Scan and Positron Emission Tomography studies were done. WBDBS and PET/CT failed to show any evidence of skeletal or visceral metastases. After all these studies scapular metastasis of the GIST diagnosis was thought. Then this mass was excised totally (total scapulectomy) in the operating room by preserving axillary nerve. Pathologic findings of the material with the knowledge of the prior colonic malignant Gastrointestinal stromal tumor supported the diagnosis of Gastrointestinal stromal tumor metastasis. Treatment protocol of the patient changed to sunitinib therapy as the condition was accepted to be Imatinib resistant metastatic GIST. On the last control of patient there was no major side effect and an evidence of recurrence or metastasis.

Results and Conclusion: Up to date isolated bone metastasis of GIST under Imatinib treatment and after local control have not been reported in the literature. Regardless of the follow-up period, skeletal pain should be considered important and bone metastasis should be kept in mind for a GIST patient. Histopathologically, GIST bone metastases may be mixed with primary spindle cell bone sarcomas and differential diagnosis must be made by the demonstration of c-kit mutation with immunohistochemical methods. As in this case, metastasis may be at a rare location and mimic primary bone tumors.

E-mail (main author): vmmhiz@yahoo.com