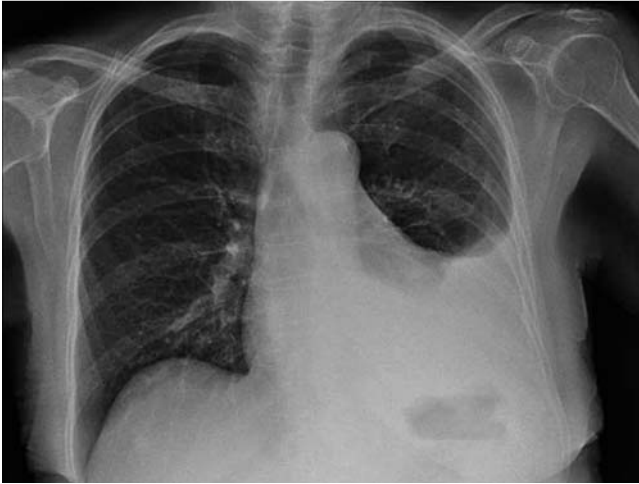


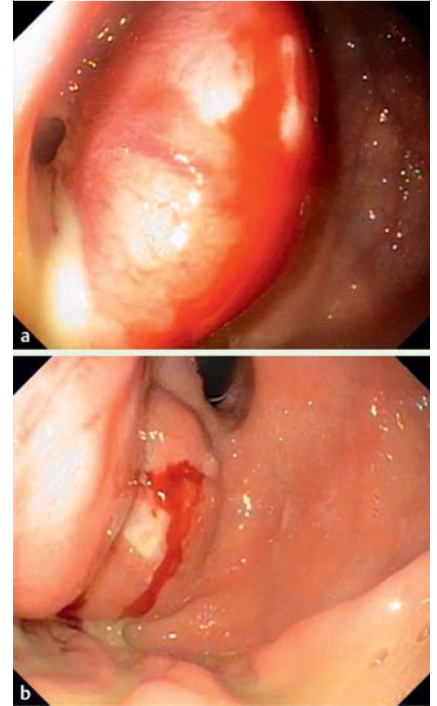
## Gastric gastrointestinal stromal tumor presenting with an intraluminal draining abscess and left pleural effusion



**Fig. 1** Chest radiograph in a 77-year-old woman with a 2-month history of anorexia, fever, and weight loss showing a left pleural effusion.

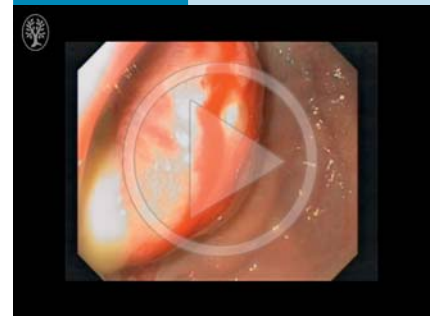


**Fig. 3** Abdominal contrast-enhanced computed tomography (CT) scan showing a mass of 14 × 12 × 11 cm, with central necrosis, originating in the posterior gastric wall and in contact with the spleen, suggestive of a gastrointestinal stromal tumor (GIST) complicated by an abscess.



**Fig. 2** Images from upper gastrointestinal endoscopy showing a bilobed mass of 5 cm in the posterior aspect of the gastric fundus that was spontaneously discharging a large amount of purulent material from a small central orifice.

### Video 1



Upper gastrointestinal endoscopy showing a bilobed mass of 5 cm in the posterior aspect of the gastric fundus that was spontaneously discharging a large amount of purulent material from a small central orifice.

A previously healthy 77-year-old woman presented with a 2-month history of anorexia, fever, and weight loss. On physical examination, she had diminished breath sounds in the lower two-thirds of the left hemithorax; her chest radiograph revealed a left pleural effusion (▶ **Fig. 1**). Laboratory work-up showed a hemoglobin of 9.6 g/dL, C-reactive protein (CRP) of 9.5 mg/dL, and erythrocyte sedimentation rate (ESR) of 70 mm/hour. Because of a family history of pulmonary tuberculosis, a tuberculous pleural effusion was suspected.

A thoracentesis and pleural biopsy were performed, which revealed clear pleural fluid with the characteristics of an exudate, without malignant cells. A thoracic contrast-enhanced computed tomog-

raphy (CT) scan incidentally showed a large gastric mass, with no fistulous tract to the pleura. Upper gastrointestinal endoscopy showed a bilobed mass of 5 cm in the posterior aspect of the gastric fundus that was spontaneously discharging a large amount of purulent material from a small central orifice (▶ **Fig. 2**; ▶ **Video 1**). For better characterization and staging, an abdominopelvic contrast-enhanced CT was performed, which showed a mass of 14 × 12 × 11 cm, with central necrosis, originating in the posterior gastric wall and in contact with the spleen, suggestive of a gastrointestinal stromal tumor (GIST) complicated by an abscess (▶ **Fig. 3**). No nodal or distant metastases were seen. Forceps biopsies of the mass were inconclusive and no infectious agent was isolat-

ed in either pleural or gastric fluids, including from culture for *Mycobacterium tuberculosis*. The patient was put on antibiotics and an urgent surgical approach was planned.

A superior polar gastrectomy and splenectomy were performed, with histology showing a high grade gastric GIST (positive on immunostaining for CD34, CD117, and DOG1, with <5 mitosis/50 high power fields [hpf], and Ki-67 20/50 hpf) with negative surgical margins. The patient was started on adjuvant therapy with imatinib. Very few cases of gastric GIST complicated by an abscess have been reported in the literature [1–5]. To the best of our knowledge, this is the first case presenting with a large pleural effusion.

Endoscopy\_UCTN\_Code\_CCL\_1AB\_2AD\_3AB

**Competing interests:** None

**Mariana Ferreira Cardoso<sup>1</sup>,  
Luís Carvalho Lourenço<sup>1</sup>,  
Ana Maria Oliveira<sup>1</sup>, José Pedro  
Boléo-Tomé<sup>2</sup>, Jorge Reis<sup>1</sup>**

<sup>1</sup> Gastroenterology Department, Hospital Professor Doutor Fernando Fonseca, Amadora, Portugal

<sup>2</sup> Pneumology Department, Hospital Professor Doutor Fernando Fonseca, Amadora, Portugal

### References

- 1 Honda K, Mikami T, Ohkusa T et al. Gastrointestinal autonomic nerve tumor with giant abscess. A case report and literature review. *J Clin Gastroenterol* 1997; 24: 280–285
- 2 Nozawa S, Bando T, Nagata T et al. Abscess formation in a giant gastrointestinal stromal tumor of the stomach following endoscopic biopsy. *Endoscopy* 2006; 38: 955
- 3 Osada T, Nagahara A, Kodani T et al. Gastrointestinal stromal tumor of the stomach with a giant abscess penetrating the gastric lumen. *World J Gastroenterol* 2007; 13: 2385–2387

4 Swain SK, Smile R, Arul T et al. Unusual presentation of gastrointestinal stromal tumor of stomach in neurofibromatosis type 1: a case report. *Indian J Surg* 2013; 75: 398–400

5 Abdulmaged M, Musaad AM, Arabi NA et al. Gastric GIST with chondroid differentiation presented with gastric abscess – A case report and literature review. *Arab J Gastroenterol* 2016; 17: 56–59

### Bibliography

**DOI** <http://dx.doi.org/10.1055/s-0042-120710>  
Endoscopy 2016; 48: E399–E400  
© Georg Thieme Verlag KG  
Stuttgart · New York  
ISSN 0013-726X

### Corresponding author

**Mariana Ferreira Cardoso, MD**  
Gastroenterology Department  
Hospital Professor Doutor Fernando Fonseca  
IC-19, Venteira  
Amadora 2720-276  
Portugal  
marianafcardoso@gmail.com