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Treatment of gastrointestinal stromal tumors - initial experience

C. Lupașcu[1], D. Andronic[1], R. Moldovanu[1], E. Târcoveanu[1], S. Georgescu[1], D. Ferariu[2]
[1]Department of Surgery, "Gr.T. Popa" University of Medicine and Pharmacy, Iasi, Romania
[2]Department of Pathology, "St. Spiridon" University Hospital, Iasi, Romania

Abstract
Background: Gastrointestinal Stromal Tumors (GIST) offered the first opportunity of a specific treatment in neoplasms (tyrosine-kinase inhibitors) and also a new perspective of management of other neoplasms.
Methods: We have prospectively recorded the clinical characteristics, type of surgery, pathologic findings, adjuvant treatment, and recurrence of the patients with confirmed GISTs admitted between January 2004 and December 2008.
Results: There were 18 patients. Location of the tumor was gastric (44.44%), duodenal (11.11%), jejunal (16.67%), right colon (5.55%) and rectal (22.22%). None of our patients had clinical, imagistic or macroscopic metastases. All the patients had R0 resections, except a patient with local excision and another with R1 anterior resection for rectal GISTs. Postoperatively, 4 patients received Imatinib therapy. The mean follow-up period is 32 months (range 8-58 months); 2 recurrences, both after rectal GISTs. The rest of patients are tumor-free and subjects of prospective follow-up.
Conclusion: We present the first 5 years experience of a prospective study of GIST started in 2004. The complete resection and the malignant potential according to Fletcher index are the most significant prognostic factors. Imatinib treatment may improve outcome in incomplete resected or high risk GISTs.
Key words: gastrointestinal stromal tumor, surgical treatment, imatinib

Corresponding author: Dan Andronic, MD, PhD, Department of Surgery, "Gr.T. Popa" University of Medicine and Pharmacy, Iasi, Romania. E-mail: candroni@gmail.com