

Mesenchymal (Non-epithelial) “non-GIST” tumors of the digestive tract

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Abstract

Morphological, immunohistochemical and ultrastructural but also clinical and prognostic differences between multiple types of mesenchymal (stromal, nonepithelial) tumors of the gastrointestinal tract prompted us the remembrance of an anecdotic series of sixteen observations of mesenchymal “non-stromal” gastrointestinal tumors (MNSGIT) encountered in four decades of surgical practice. The diagnosis was mainly established on clinical grounds (dyspepsia, pains, digestive hemorrhage or obstruction, palpable tumor) – some lesions being incidentally discovered - and confirmed by radiology, endoscopy, intraoperative exploration and microscopic pathology examination which revealed 9 schwannomas, three leiomyomas, two lipomas, fibroma and “mixoma” one case each. Our cases were located on the stomach (n=12), small bowel (n=1) and right colon (n=3). All the cases were operated on being practiced tumor exeresis with mucous or parietal ruff excision, atypical, conservative and standard (segmentar or sectorial) visceral resection. There was no postoperative morbidity or mortality in our series. Median follow-up for our cases was 24 (range 6 – 60) months and there are not evidence of recurrences or metastatic disease. Even if the actual concerns are prioritary oriented towards the study of GIST, the current nosology of the tiny subgroup of mesenchymal (non-epithelial) “non-GIST” lesions of the digestive tract must be reloaded helping the practioner which can be confronted with this pathology to a better evaluation and optimal therapy.

Key words: mesenchymal, non-GIST tumors, leiomyoma, schwannoma, diagnosis, treatment

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