Gastric Desmoid Tumor: An Infrequent Case of Intra-Abdominal Fibromatosis

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Abstract

Background and purpose: Desmoid tumors or aggressive fibromatosis are infrequent conditions, with a large clinical variability, and preferencial location on abdominal wall, extra-abdominal soft tissue, and mesentery. Histologically benign but locally aggressive, they have a marked tendency to recurrence. There are two known variants: sporadic and associated to familial adenomatous polyposis. Its etiology remains unknown, but it appears to be related to estrogenic estimulation, surgical aggression and mutations of the short arm of chromosome 5. Diagnosis is usually difficult, and must combine medical history, semiology and imaging, though only histological

shoulder, hips, and extremities, and have a better prognosis [1,4,5,6,9,11]. They can be multifocal on an extremity, but different anatomical regions rarely are affected in the same patient. Diagnosis of this kind of tumors can only be made through histological analysis of a biopsy or of the entire specimen after resection, with a sensitivity next to 90% [2,7]. Radiologic tests, such as CT scan and MRI are the most valuable tool prior to surgery, since they confirm the presence of the tumor and help to assess their resectability [1,4,6]. Surgical resection is

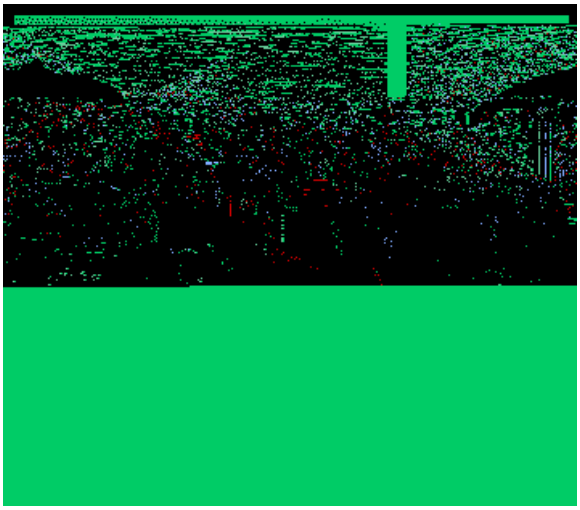

Figure 3: Resection specimen. Macroscopic view.

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