

Successful Gastrointestinal Stromal Tumor Resection using Modified Laparoscopic and Endoscopic Cooperative Surgery: Report of a Case

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Abstract

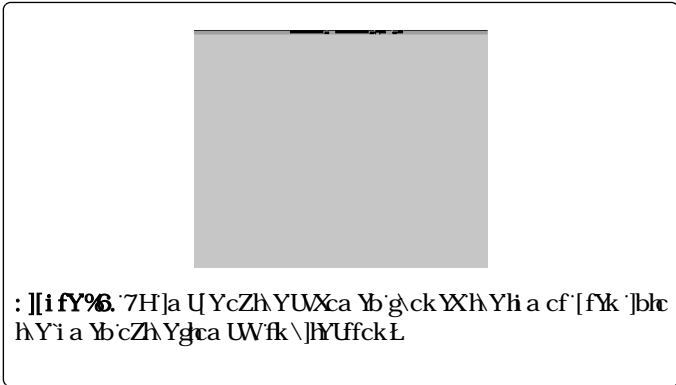
Introduction: Gastrointestinal stromal tumors (GISTs) are commonly treated with surgical resection only, because they do not generally metastasize. We herein report our experience with curative resection of a GIST located at high lesser curvature using laparoscopic and endoscopic cooperative surgery.

Case presentation: An 81 year old male with hematochezia was diagnosed with a GIST in stomach and hemorrhoids. Endoscopy revealed that the tumor was located at high lesser curvature, jutted into the lumen of the stomach; no metastases were apparent. Laparoscopic surgery was performed to remove the tumor. The tumor, covered by mucosa and without ulceration, was resected with adequate surgical margins. Postoperatively, the patient was discharged without complications.

Surgical technique: We performed laparoscopic partial gastric resection assisted by endoscopy. The tumor was not visible through the laparoscope, but intraoperative endoscopy aided in its identification. The space left by enucleation of the tumor was closed using a flexible linear stapling forceps while an intracorporeal functional anastomosis was subsequently performed.

Conclusion: It is well-known that laparoscopic resection near high lesser curvature is difficult, but we were able to resect the tumor using this laparoscopic and endoscopic cooperative surgery (LECS) safely and easily.

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