

Primary hepatic gastrointestinal stromal tumor presented with rupture

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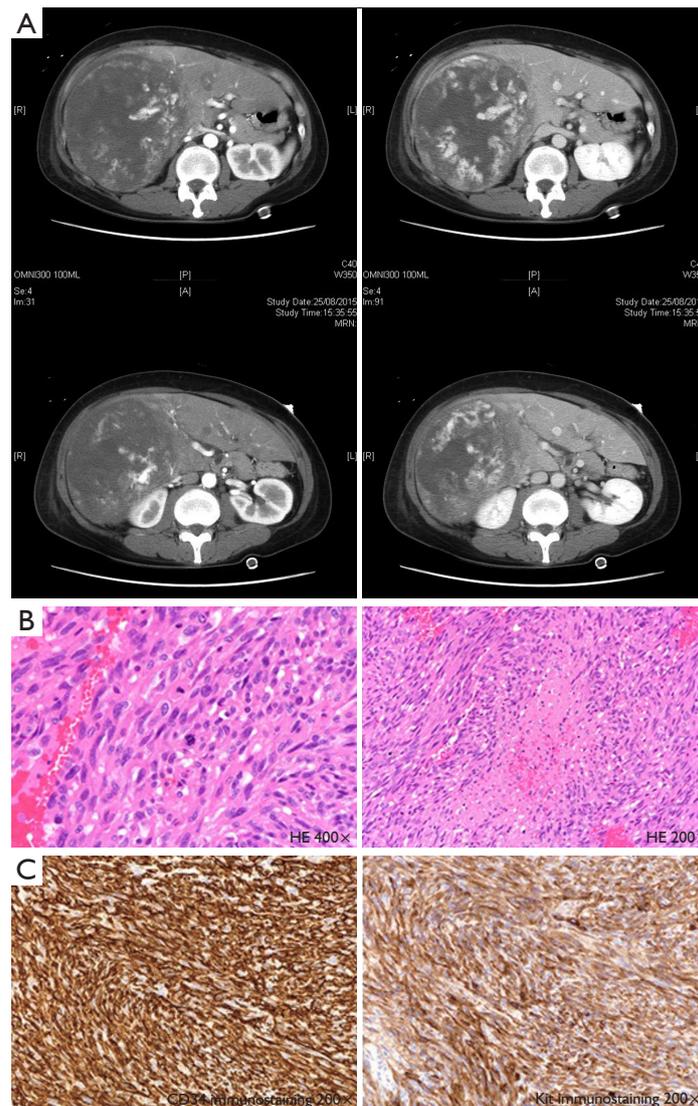
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A 50-year-old lady presented with sudden onset right upper quadrant abdominal pain. Physical examination found a tender hepatomegaly. Computed tomography revealed a 15 cm hypervascular heterogeneous hypodense lesion in the right hepatic lobe (Panel A). Ill-defined scattered lesions were found over left lobe of liver. Virology study was negative for both hepatitis B and C. Serum alpha-fetal protein (AFP) and carcinoembryonic antigen (CEA) were not elevated (AFP 3 µg/L, CEA 1.4 µg/L). Laparotomy demonstrated 200 mL hemoperitoneum and a 17-cm tumor at right liver lobe with rupture at the dome. Patient underwent a right lobe hepatectomy and had an uneventful recovery. Pathological examination revealed a spindle cell neoplasm with a high mitotic figure up to 70/50 high power field with clear resection margin (Panel B). The tumor showed positive stained for c-kit/CD117, CD34 and smooth muscle actin, suggestive of GIST (Panel C). Subsequent upper gastrointestinal endoscopy, positive emission tomography and computed tomography did not reveal any primary lesion. Imatinib mesylate 400 mg daily was started. The patient was found to have brain metastasis with acute cerebral hemorrhage. She finally succumbed 6 months after her initial presentation.

Acknowledgements

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Informed Consent: Verbal consent has been obtained from patient's next of kin for the publication of this case report and both radiological and histological images.

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