

GIST. Special attention to metastasis

***Valter Nilton Felix, Ioshiaki Yogi, David Pares, Renato Romera
Natalino, Vitor Ottoboni Brunaldi, Vinicius Galdini Garcia***

Nucleus of General and Specialized Surgery - São Paulo - Brazil

Background: *Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal neoplasms of the gastrointestinal tract. Surgery is the definitive therapy for patients with GISTs.*

Aim: *To observe the results of the surgical treatment of GISTs.*

Materials and Methods: *We analyzed the outcome of 40 patients with gastrointestinal stromal tumor (GIST), treated at our Service and followed up prospectively. Relevant data are average of age: 64.8y (52-79); males 29 (72.5%); size of the tumor in average: 4.8cm (3.5-10); incomplete resection: 4 (10%) cases; metastasis in the preoperative evaluation: 7 (17.5%), detected at CT scan. Positive nodes were observed in 70% of the cases; only 4 (10%) of the patients were low risk, against 30 (75%) of intermediate risk and 6 (15%) of high risk. The tumor was located in the stomach in 22 patients (55%), esophagus in 10 (25%), small intestine in 6 (15%) and colon in 2 (5%). Those four cases of incomplete resection also showed peritoneal or pleural implants and metastasis and were analyzed separately. All patients were operated on and submitted to imatinib therapy in the post-operative period. The surgical procedure included tumor and regional lymph nodes resection.*

Results: *There was not operative mortality; in patients with primary disease who underwent complete resection of gross disease, the 5-year actuarial survival rate was 68%; recurrence of disease after resection was predominantly out of the original site and involved peritoneum or pleura, liver, lungs and bones. The incomplete resection deserves 0% of five-year survival rate.*

Conclusions: Complete gross resection of GIST predicts disease-specific survival. Tumor recurrence tends to be loco regional on several reports, maybe due to lymphatic nodes invasion not detected. Investigational protocols are indicated to reduce the rate of recurrence after resection and to improve the outcome for patients with GIST.

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