中文題目：胃腸道基質瘤引發的胃十二指腸套疊

英文題目：Case report of gastro-duodenal intussusception caused by gastric GIST and literature review

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Introduction

Intussusception is typically due to pathologic lead point in adults, which is malignant in over one half of cases. Gastro-duodenal intussusception is very rare in adults. Otherwise, GIST (Gastrointestinal stromal tumor) presented around 0.2% in all GI(Gastrointestinal) tumors. The GIST is typically asymptomatic, but present with nonspecific symptoms (ie, early satiety, bloating), unless they ulcerate, bleed, or grow large enough to cause pain or obstruction. We presented a case of 84 years old female with gastro-duodenal intussusception caused by gastric GIST.

Case presentation

A 84-year-old female presented with symptoms of abdominal bloating, postprandial nausea and vomiting for a month. Intermittent black stool has been noted for 2 to 3 years. Initially, she visited to the clinic. The abdominal ultrasound was performed and suspected liver tumor. This patient was referred to our hospital for further evaluation. Abdominal sonography on the our hospital outpatient department revealed possible gastric antrum tumor or intussusception in duodenal bulb. EGD(Esophagogastroduodenoscopy) was done after admission and it revealed gastroduodenal intussusception caused by a gastric ulcerated polypoid lesion extended from lesser curvature side of body to duodenal bulb. Endoscopic reduction was ever tried but in vain. Abdominal CT (Computer tomography) scan was arranged for further evaluation showed gastroduodenal intussusception with a long stalk polypoid mass 5.9 cm in the duodenal bulb. Operation was performed for partial gastric outlet obstruction. The open reduction, wedge resection of gastric tumor and gastrorrhaphy were done smoothly. Pathological report of gastric tumor was GIST. After operation, there was no digestive disturbance and she discharged uneventually on 10th days after operation.

Discussion

Intussusception remains a rare condition in adults, representing 1% of bowel obstructions and 0.003% to 0.02% of all hospital admissions. Gastric intussusceptions is a rarely documented condition that occurs in less than 10% of the intussusceptions in adult. The tumor-related intussusception is the most common cause and is found over one half of adult cases.

Gastroduodenal intussusception caused by GIST most commonly presented with nonspecific symptoms of acute or intermittent abdominal pain with vomiting lasting from a day to several months. Our case presented with similar manifestation. Reduction of the invagination can be performed endoscopically. However, majority of patients with large GIST due to insidious symptoms. Hence, endoscopic reduction of the invagination was not feasible. In conclusion, gastroduodenal intussusception of gastric GIST is very rare. Abdominal CT and ultrasound are useful tool for early diagnosis. Minimal invasive approach with synchronous endoscopic reduction and ESD (Endoscopic Submucosal Dissection) is a safe and alternative treatment for small lesions. Laparoscopic resection of the tumor can be considered for larger lesion. In cases of large, impacted lesions, open approach with desinvagination and tumor resection is advisable.