

Experience on surgical treatment of gastrointestinal stromal tumor (GIST) of the stomach

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SUMMARY: Experience on surgical treatment of gastrointestinal stromal tumor (GIST) of the stomach.

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We analyzed 75 cases of surgically treated gastric GIST. The surgical approach we employed was determined by tumor localization and size. 37,3% of the patients underwent a laparoscopic procedure. No statistically significance in relapse and mortality rate was observed between laparoscopic and laparotomic group.

KEY WORDS: GIST, stomach, minimally invasive surgery.

Aim

We have retrospectively analyzed the hospital records of 75 patients who underwent a gastric surgical procedure for gastrointestinal stromal tumor between August 1994 and October 2008.

Methods

The patients were 37 males and 38 females with a mean age of 63 (SD 12). The class of risk (Miettinen/NIH), at the pathological evaluation of surgical specimen, was very-low in 12 patients (16,4%), low in 23 (31,5%), medium in 12 (16,4%), and high in 26

(35,6%). The mitotic count (/50 HPF) was <5 in 51 pts (70,8%), 6-10 in 9 pts (12,5%) and >10 in 12 pts (16,7%), with a mean of 7,4/50 HPF (sd 13,2). All the patients underwent gastric surgery. A conventional open approach was employed in 47 cases (62,7%); 28 patients (37,3%) were treated with laparoscopic minimally invasive approach. The mean time of follow-up was 65 months (SD 50) (min 3- max 173 months).

Results

Relapse occurred in 10 patients (13,3%) and metastatic spread in 10 pts (13,3%). The relapse rate sorted by pathological risk was 6 in the medium/high risk group and 4 in the very low/low risk group. There was neither statistic difference in relapse rate sorted by classes of risk nor in relapse rate sorted by surgical approach (relapse rate: 9% in laparoscopy, 17,3% in laparotomy). 14 patients (18,7%) have died (9 males, 5 females; 6 of them after GIST relapse).

Conclusions

In our experience, the laparoscopic approach to gastric GIST was feasible and safe.

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