



AB010. 103. Laparoscopic intra-gastric and endoscopically assisted resection of an oesophagogastric junction gastrointestinal stromal tumour

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Background: Gastrointestinal stromal tumours (GISTs) are rare soft-tissue sarcomas of mesenchymal origin. The malignant potential of GISTs correlates with size and mitotic counts. GISTs should be resected when measuring >2 cm. A 60-year-old male presented with a 4 cm GIST at his oesophagogastric junction (OGJ). This was confirmed histologically using EUS and FNA. Imaging demonstrated a lesion in close proximity to the OGJ.

Methods: The abdomen was insufflated with a Veress needle. Initially, one 10-mm port, and three 5-mm ports were deployed. The proximal stomach was mobilized and the lesion location confirmed endoscopically, on the posterior wall, just distal to the OGJ. Three gastrostomies were fashioned sequentially and 10 and 5 mm balloon ports

and a 12-mm port were inserted into the stomach following insufflation using the endoscope. A laparoscope was introduced into the stomach lumen via the 10 mm balloon port. An intra-gastric resection of the GIST was performed using traction and laparoscopic stapling. The lesion was retrieved trans-orally using a gastroscope and retrieval net. The gastrostomies were closed with a GIA-45 and sutured laparoscopically.

Results: The patient resumed oral intake on the first post-operative day. He had an uneventful post-operative course and was discharged well on the third post-operative day. Histology showed a completely excised GIST 3.8 cm in diameter.

Conclusions: Laparoscopic intra-gastric lesion excision is technically feasible and of particular use when the tumour is adjacent to the OGJ. This minimizes the disruption of the OGJ, facilitates limited wedge resections and allows an early return to normal activity.

Keywords: Gastrointestinal stromal tumour (GIST); laparoscopy; resection; oesophagogastric junction

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