

## AB034. Endoscopic and laparoscopic intragastric resection of a gastrointestinal stromal tumor at the esophagogastric junction: case report and review of literature

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**Abstract:** Gastrointestinal stromal tumor (GIST) is the most common mesenchymal tumor involving the gastrointestinal tract. Local excision with negative surgical margin is the standard treatment. To minimize surgical trauma, combined endoscopic and laparoscopic approaches has been developed. We report a case of a gastric GIST at the esophagogastric junction (EGJ) that was treated by this technique and review this combination in the literature. A 71-year-old gentleman was admitted for incidentally found gastric lesion at the EGJ. An upper gastrointestinal endoscopic examination revealed a 25 × 23 mm sized heterogenous mass with focal hyperechoic lesion arising from mucosal propria layer at the cardia, about 1 cm distal to E-C junction. An enhanced computed tomography scan supported the diagnosis of submucosal tumor at gastric cardia. During operation, a 10-mm video port was

applied at 5 cm below the xiphoid. CO<sub>2</sub> was utilized to create pneumoperitoneum. On the meanwhile, an assistant performed the endoscopy and insufflated the stomach to facilitate the insertion of two 5 mm ports from skin into stomach. The 10-mm port was advanced into stomach as well. Utilizing both laparoscopic and endoscopic view, the endophytic EGJ tumor was identified, grasped and resected using the inverted stapling technique with endostaplers. The resected specimen was extracted using endoscopic grasper and retrieved transorally. The operation time was 140 mins with estimated blood loss less than 10cc. The nasogastric tube was removed 3 days after the operation. Oral diet was started 4 days after the operation. Pathology examination confirmed GIST with low risk of malignancy. Followed up upper gastrointestinal examination 2 months after the procedure showed intact staples line and no specific complaint was noted. Combined endoscopic and laparoscopic intragastric resection with inverted stapling technique is a well-established procedure. A literature review focusing on surgical tips will be reported.

**Keywords:** Gastrointestinal stromal tumor (GIST); esophagogastric junction (EGJ); intragastric; endoscopic; laparoscopic

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