La sede anatomica come fattore prognostico nei tumori gastrointestinali stromali (GIST): nostra esperienza

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SUMMARY: Anatomic site as prognostic factor in Gastrointestinal Stromal Tumors (GIST): our experience.

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Background: GISTs are the most common mesenchimal tumors and represent approximately 1% of all of the gastrointestinal tract cancers. The treatment for localized GISTs is the surgical excision with macroscopically negative margins. However, recurrence is a relatively common event even after a complete resection. Almost 30% of recurrences are locally and distant metastases represent the 50% of total recurrences.

Materials and methods: From July 2002 to March 2009 a total of nineteen patients (12 males, 7 females), median age 65 years (49-79), underwent curative resection (R0). Tumor site: stomach 12; small intestine 5; colon rectum 2. Surgical treatments: segmental resection of small intestine (5); gastric wedge resection (9), subtotal gastrectomy (2); gastric resection extended to distal splenopancreasectomy (1); right colectomy (1); anterior resection (1).

Results: Gastric GISTs were high grade in 4 patients, intermediate in 1 patient and low-risk in 7 patients. Small intestine GISTs were high grade in 2, intermediate in 2 and low in 1 patient, respectively. Colorectal GISTs were high in 1 and intermediate in 1 patient, respectively. Lymphonodal metastases were found in one patient with high risk stomach GIST. After a median follow up of 40 months, 15 patients are stil alive and free disease; 4 male patient (1 high risk stomach, 1 intermediate and 1 low risk small intestine, 1 high risk rectum) have a recurrence, two local (pelvis) and 2 distant (liver), respectively. The rate of relapse is 8% in stomach, 40% in small intestine and 50% in rectum.

Discussion: Several studies have shown that different anatomical locations of GISTs have different clinical, histological, immunohistochemical and genetic characteristics, suggesting that the anatomical location could be a prognostic factor independent of tumor size and mitotic rate. Our experience confirms data from the literature.

Introduzione

GIST gastric: rischio basso 7, intermedio 1, alto 4;
GIST intestinali: rischio basso 5, intermedio 2, alto 2; GIST colon-retto:
rischio alto 1, intermedio 1. Un GIST dello stomaco ad alto rischio presentava metastasi linfonodali. Ad un follow-up medio di 40 mesi (8-81) 15 pazienti sono vivi e liberi da malattia; 4 pazienti maschi (1 stomaco ad alto rischio, 2 tenue a rischio intermedio ed alto, 1 retto (alto rischio) hanno presentato una recidiva di malattia, locale (pelvica, 2) e a distanza (fegato, 2). Quindi l’incidenza di recidive per i gist dello stomaco è dell’8%, per i gist del tenue del 40% e per quelli del colon-retto del 50%.

Discussion

Alcuni studi hanno dimostrato che le diverse localizzazioni anatomiche dei GIST hanno differenti caratteristiche cliniche, istologiche, immunistoichiometriche e genetiche, suggerendo che la sede del tumore potesse essere un fattore prognostico indipendente dalle dimensioni del tumore e dalla percentuale di mitosi. La nostra iniziale esperienza conferma quindi i dati della letteratura.