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Image of the month

Pneumo-CT: Surgical planning of gastrointestinal stromal tumors☆

Neumotomografía: planificación quirúrgica de tumores del estroma gastrointestinal

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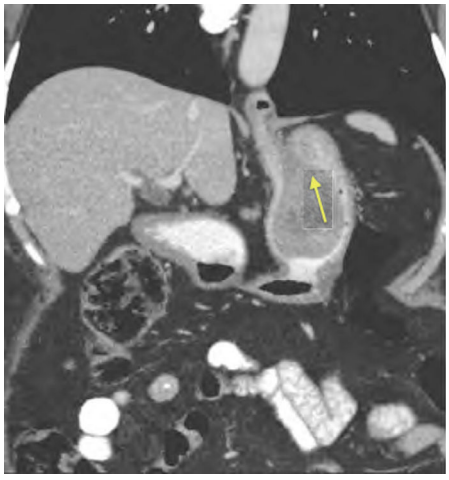

Fig. 1

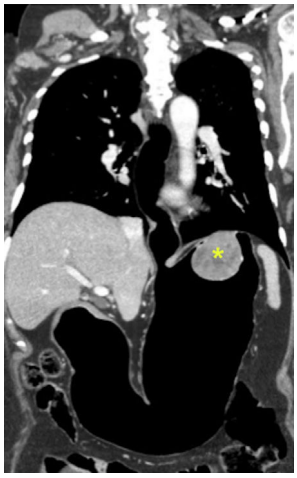

Fig. 2

A 70-year-old patient was referred to our consultation after a gastric gastrointestinal stromal tumor (GIST) was detected. Video-assisted upper gastrointestinal (UGI) endoscopy demonstrated a 5 × 5 cm subepithelial lesion located in the gastric fundus, and abdominopelvic tomography with oral and intravenous contrast showed the lesion was compatible with GIST in close contact with the esophagogastric junction (EGJ) (Fig. 1). In order to assess whether an atypical resection was possible, we performed pneumo-CT, which showed a margin of at least 3 cm to the EGJ (Fig. 2). We therefore performed a laparoscopic atypical gastrectomy.

Pneumo-CT is a non-invasive technique without oral contrast in which maximum distention of the gastric wall is obtained by insufflating CO^2 through a transoral tube. It provides more precise evaluation of lesions that generate thickening of the gastric wall. It is extremely useful in the preoperative evaluation of GIST to determine the possibility of performing atypical resections, especially when these tumors are in contact with the pylorus or the esophagogastric junction.

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