



IMAGE OF THE MONTH

Gastric glomus tumor: Endoscopy, MD-CT and pathologic features

Tumour glómico gástrico: endoscopia, MD-CT y características anatomopatológicas

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A 49-year-old man has been evaluated in our hospital for intermittent increasing epigastric discomfort over a 6-month period. No nausea or vomiting was noted. At the time of his presentation hematological examinations were within the normal limits. Gastro-duodenal endoscopy showed a round protruding lesion at the level of the gastric antrum (Fig. 1). Abdominal multi-detector computed tomography (MD-CT) revealed at the level of the gastric antrum an intraluminal subepithelial mass, with high vascular enhancement and 4-cm in diameter (Figs. 2 and 3). No other abdominal nodules or lymph nodes were noted. Patient underwent wedge resection. Histopathological evaluation demonstrated negative margin of the resection, and the mass was characterized by smooth muscle fibers, a jalinic stroma, a conspicuous vascular network and negative for cytokeratin and CD56 determining the diagnosis of a glomus tumor (Fig. 4). Given the benign diagnosis, the patient has been enrolled in clinical, laboratory and imaging follow-up program.

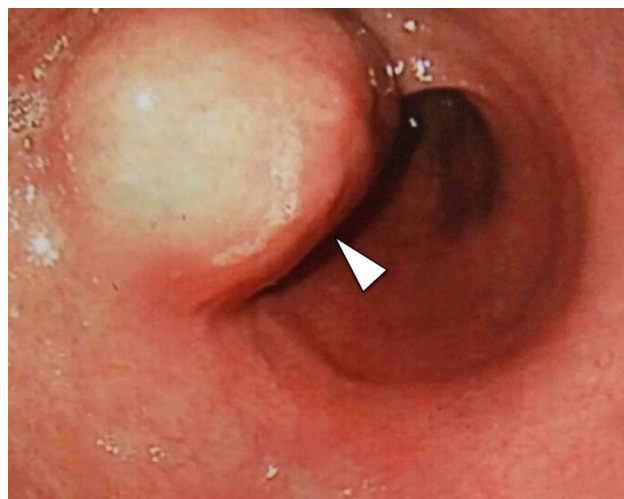


Figure 1 Gastro-duodenal endoscopy demonstrates the presence a round, well defined, protruding lesion with an overlying normal mucosa (arrowhead) at the level of the gastric antrum.

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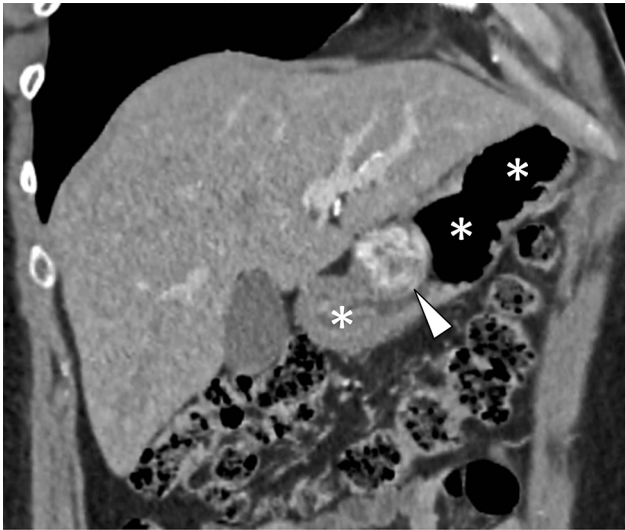


Figure 2 Contrast-enhanced multi-detector computed tomography coronal MPR reconstruction that shows, at the gastric (*) antrum level, the presence of a solitary intraluminal subepithelial mass, well defined (arrowhead), with high vascular enhancement and 4-cm in diameter.



Figure 3 Contrast-enhanced multi-detector computed tomography coronal VRT reconstruction better highlights the high vascular enhancement of the mass (arrowhead) with arterial blood supply from gastroduodenal artery.

Gastric glomus tumor is a rare benign mesenchymal high vascular tumors arising from the glomus bodies.^{1,2} It constitutes about 1% of all benign gastric tumor.¹⁻³ Typically, they are located in gastric antrum, as solitary, intraluminal subepithelial mass that are generally smaller than 3-cm in diameter.¹⁻³ Gastrointestinal

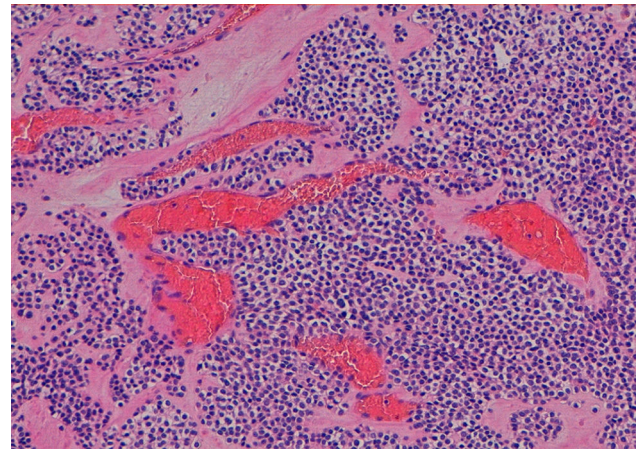


Figure 4 Histopathological evaluation that shows hyperplastic smooth muscle fibers around dilated thin-walled vascular network (magnification 100 $\times$).

bleeding (hematemesis/melena) and epigastric discomfort are the most two common initial symptoms/signs.¹⁻³ Gastro-duodenal endoscopy, endoscopic ultrasound, MD-CT and biopsy are generally the diagnostic procedure before surgery therapeutic treatment.²

Authors' contributions

Umberto G. Rossi, MD, EBIR: write paper, diagnosis, images.

Mariangela Rutigliani, MD: review paper, diagnosis, image.

Francesco Paparo, MD: review paper, diagnosis.

Marco Filauo, MD: contribution to write paper, treatment.

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Conflict of interest

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