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POSTER COMMUNICATION · VISCERAL & DIGESTIVE SURGERY

Laparoscopic resection of an 8.2 cm gastric GIST, incidental finding in an asymptomatic 62-year-old patient in Panama, 2026

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KEY MESSAGES

1. Gastric GISTs can grow large without symptoms and be incidentally detected.
2. Complete laparoscopic resection is feasible and effective for localized gastric GISTs without lymphadenectomy.
3. Low progression risk GISTs with low mitotic index usually do not require adjuvant imatinib and need periodic follow-up.

ABSTRACT

Introduction. Gastrointestinal stromal tumor (GIST) is the most common mesenchymal tumor of the digestive tract, with an incidence of 10 to 15 cases per million inhabitants per year; about 60% originate in the stomach. It arises from the interstitial cells of Cajal and most cases express CD117 (c-KIT) due to KIT mutations. Many are asymptomatic and discovered incidentally, so recognizing and treating them with complete resection is key for prognosis.

Materials and methods. A 62-year-old woman, asymptomatic, with no pathological history, was incidentally found to have a gastric mass during an abdominal ultrasound performed in a gynecological consultation. Physical exam and imaging confirmed a 6 cm tumor near the lesser curvature, positive for CD117 (c-KIT). A laparoscopic partial gastrectomy was performed using Hasson technique and three trocars, with tumor resection by linear stapler and specimen extraction via Pfannenstiel incision.

Results. Pathology showed an 8.2 cm fusiform cell GIST, histological grade 1, 2 mitoses per 50 fields, approximately 30% necrosis, negative margins, pT3. The progression risk was low (3.6%). The patient was evaluated the day after surgery with favorable evolution.

Conclusion. This case shows that a gastric GIST can reach 8.2 cm without symptoms and be incidentally discovered. Positive CD117 supported diagnosis. Laparoscopic resection was complete without conversion or lymphadenectomy. Prognosis depends on size, mitotic index, location, and rupture. The low progression risk (3.6%) and low mitotic activity suggest no adjuvant imatinib, with recommended periodic clinical and imaging follow-up. The patient's evolution was favorable the day after surgery, but one case does not allow conclusions on recurrence.

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POSTER



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