

Clinical pathologic conference

Dec. 2, 2016

Patient profile :

年齡：52 y/o (1964/09/27)
性別：男
國籍：台灣
種族：客家

婚姻：已婚
職業：自由業

Chief complaint :

Palpable abdominal mass for 3 months

Present illness :

This 52-year-old gentleman had suffered from palpable abdominal mass for 3 months before his first admission to our hospital (2009/07/08). The mass was located around umbilical area, about 8 x 15 cm in size, non-movable, hard, and no obvious tenderness. En-bloc tumor resection was done with distal pancreatectomy, partial gastrectomy, and segmental resection of T-colon on 2009/07/11. Surgery was done smoothly without major complication and patient was discharged on the post-op day 12. No adjuvant therapy was arranged after 1st surgery.

In 2010/05, local recurrence was noted and he was admitted for salvage and debulking surgery. KIT mutation analysis was done this time and exon 11 (codon 555~559) mutation was revealed. Treatment with imatinib 400 mg/day was started.

In 2014/01, local progression of disease was revealed by CT scan. Surgery for tumor excision was done again. Histopathological examination revealed dedifferentiation of GIST with negative CD-117 immunostaining. After surgery, imatinib treatment was escalated to 600 mg/day based on post-op mutation analysis (exon 11, codon 555~559; exon 17 codon 823). In 2014/05, patient was enrolled to a phase II trial of regorafenib based on his exon 17 mutation.

This patient went to OPD visiting on 2016/11/22. No obvious progression of disease was noted currently.

Past history :

1. Chronic illness: denied hypertension, diabetes mellitus, coronary disease, or viral hepatitis

2. Surgical history:

2009-07-11: En-bloc resection of tumor with distal pancreatectomy, partial gastrectomy, and segmental resection of T-colon.

2010-05-28: Excision of intra-abdominal tumors along both greater curvature and lesser curvature of stomach and retrogastric area.

Presented by :

一般外科 1 4 葉俊男 醫師
腫瘤科 廖宗琦 醫師
胃腸肝膽科 林正祐 醫師
影像診斷科 2 呂嘉偉 醫師

Moderator :

病理科 3 黃士強 醫師

2014-01-15: Excision of local progressive lesion around left paracolic gutter.

Personal history :

No food or drug allergy history, smoking (-), alcohol (-), betel nuts (-)

Family history :

No family history of GIST

No family history of systemic disease

Physical examination finding (2009/07/08) :

T:37°C/P:102/min R:17/min BP:153/79/mmHg

身高:165CM (20090708) 體重:53.9KG (20090708)

General appearance and consciousness: Fair looking, clear, E4V5M6

HEENT: Sclera not icteric, Conjunctiva not pale

NECK: Supple

CHEST: Smooth breathing pattern, bilateral clear breathing sound,
No wheezing, No basal crackles

HEART: Regular heart beat without audible murmur, tachycardia

ABDOMEN:flat, No superficial vein engorgement, No muscle guarding

no tenderness, some spider angioma over abdomen

no palpable liver or spleen

Bowel sound: hyperactive

One palpable hard mass, non-movable, about 15*8cm

no palpable lymph node over bilateral inguinal area

BACK: No knocking pain over bilateral flank area

EXTREMITIES: Freely movable, No pitting edema,

Peripheral pulse: symmetric

SKIN: No abnormal skin rash, Skin intact, No wound

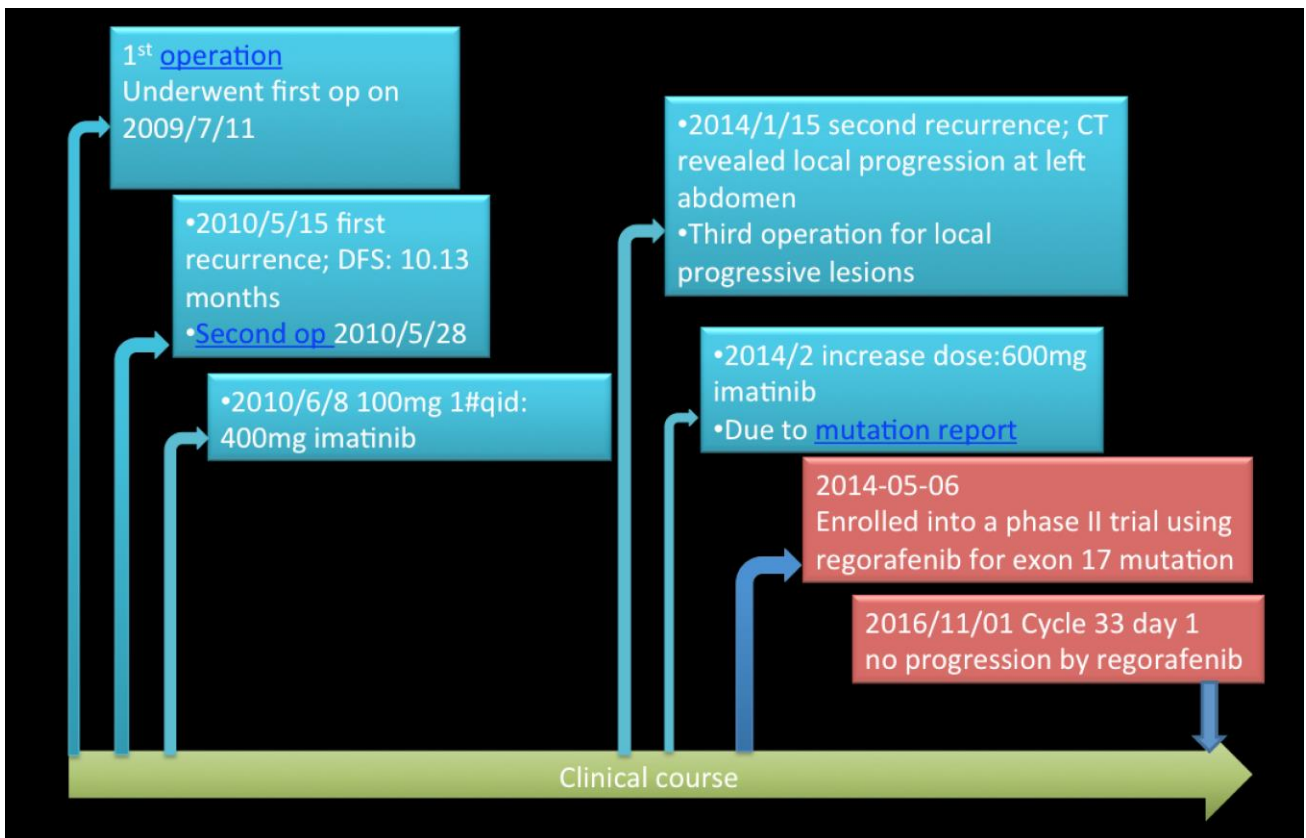
Lab data : (2009/07/08)

檢驗項目(單位)	檢驗值	檢驗項目(單位)	檢驗值
Hb (g/dL)	11.9	Cr (mg/dL)	1.01
Hct (%)	37.6	BUN (mg/dL)	9
MCV (fL)	89.3	ALT (u/L)	13
RDW(%)	14.4	AST (u/L)	23
Platelet (1000/uL)	463	ALK (u/L)	72
WBC (/uL)	10.7k	Bili-T(mg/dL)	0.4
		Albumin (gm/dL)	4.1
		Total protein (g/dL)	8.0
		Ca(Calcium) (mg/dL)	9.1

	Na(Sodium) (mEq/L)	138
	K(Potassium) (mEq/L)	4.2
	CEA (ng/mL)	0.9
	AFP (ng/mL)	2.7

Image and pathology study : To be presented

Clinical course :



Issue to be discussed :

1. Pathogenesis of GIST
2. Impact of genetic background on prognosis
3. Impact of dedifferentiation on GIST
4. Impact of genetic background on drug resistance