

EUS-FNB evaluation of a rectal mass with 20 gauge EchoTip ProCore®

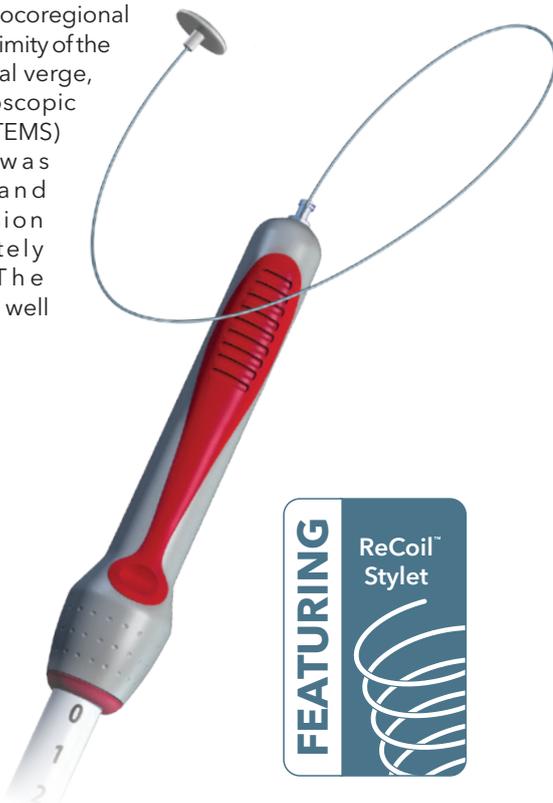
Shivangi Kothari, MD
Vivek Kaul, MD, FACG, FASGE

A 72-year-old patient with multiple underlying comorbidities, including coronary artery disease (s/p 5 stents), aortic valve sclerosis, diabetes mellitus, hyperlipidemia, hypertension, obesity, obstructive sleep apnea, Von Willebrand's disease, underwent colonoscopy at outside center given recent diverticulitis.

Colonoscopy revealed severe sigmoid diverticulosis and a 2 cm firm, submucosal rectal nodule at 5 cm insertion from the anal verge. The patient was referred to our center for EUS for further evaluation.

At EUS, a 2 cm hypoechoic, heterogenous mass was seen arising from the 4th layer (muscularis propria). No perirectal lymph nodes were seen and the mass was limited to the muscularis propria. Fine needle biopsy (FNB) was performed using the 20 gauge EchoTip Cook ProCore needle. Three passes were made and adequate material was obtained on the first pass as confirmed by rapid on-site evaluation by the cytopathologist.

Final pathology reported the lesion to be a spindle cell neoplasm, consistent with gastrointestinal stromal tumor (GIST). Immunostains showed the spindle cells to stain positive for c-kit and negative for SMA, desmin, and S100. The case was presented at multidisciplinary GI tumor board and, given absence of any locoregional spread and proximity of the lesion to the anal verge, transanal endoscopic microsurgery (TEMs) procedure was performed and the GIST lesion was completely resected. The patient is doing well after surgery.



FEATURING
ReCoil™
Stylet

