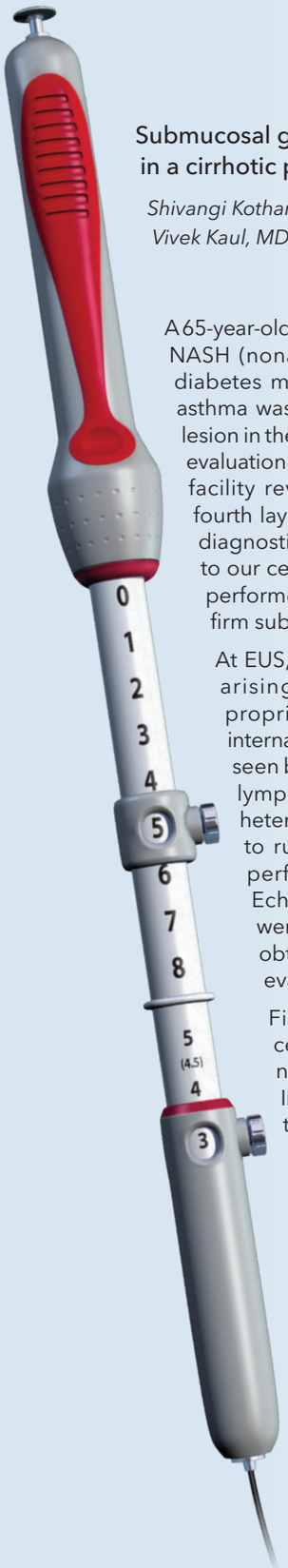
EUS-FNB using the EchoTip ProCore® needle

Gastric submucosal mass; mediastinal mass



Submucosal gastric lesion FNB in a cirrhotic patient

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A 65-year-old patient with a history of compensated NASH (nonalcoholic steatohepatitis) cirrhosis, diabetes mellitus, chronic kidney disease and asthma was found to have a 5 cm submucosal lesion in the gastric cardia during an endoscopic evaluation for dysphagia. EUS-FNA at an outside facility revealed the mass to arise from the fourth layer, with cytology suspicious, but not diagnostic for a GIST. The patient was referred to our center for second opinion. Endoscopy performed at our center revealed a 4-5 cm firm submucosal mass at the gastric cardia.

At EUS, a 4 cm hypoechoic mass was seen arising from the 4th layer (muscularis propria). The mass had heterogeneous internal echotexture. There was no extension seen beyond the gastric wall. There was no lymphadenopathy seen. Given the size, heterogeneous appearance and the need to rule out GIST conclusively, FNB was performed using the Cook 22 gauge EchoTip ProCore needle. Five passes were made and adequate material was obtained as confirmed by rapid on-site evaluation by the cytopathologist.

Final pathology revealed spindle cell proliferation that did not show nuclear pleomorphism or necrosis. Immunohistochemical stains revealed that the cells of interest marked with smooth-muscle actin, desmin and CD 117 (C-Kit) indicative of a GIST lesion.

The case was presented at multidisciplinary GI tumor board; given underlying comorbidity and cirrhosis, the patient was deemed a poor surgical candidate. The patient was started on Imatinib and is doing well in follow-up.