

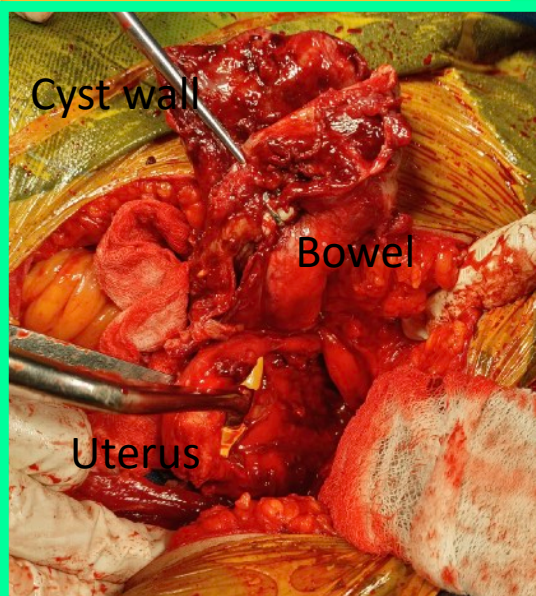
## BEYOND THE SURFACE: A SURPRISING DIAGNOSIS OF GIST OF OVARIAN ORIGIN

### INTRODUCTION

- Gastrointestinal stromal tumors (GISTs)** are rare mesenchymal GIT cancers originating from interstitial cells of Cajal.
- Extraintestinal GIST(EGISTs) arise from omentum, mesentery, retroperitoneum, uterus, and bladder; primary ovarian GIST is exceedingly rare
- Diagnosis relies on HPE/ IHC

**OBJECTIVES** -To emphasise on the existence of GIST ovary, and diagnosis to be kept in mind whilst evaluating women with large abdominopelvic mass

**CASE- HISTORY** -72yr F, P12L9, with C/O pain, bloating, rapidly growing abdominal lump since 5 months, with loss of appetite/weight. **EXAMINATION**-An abdominopelvic mass~18 weeks.  
**USG**- an endometrioma in left adnexa, 70\*67 mm complex left ovarian cyst. **CECT**- normal uterus with 97\*68mm cystic lesion in left adnexae with post contrast enhancement;? Dermoid cyst  
**TUMOR MARKERS**- CA-125=44.6 , AFP=8.8 ,CEA=3.78, LDH=214, BHCG= 2.3, CA-19-9= 3.5  
**OPERATION/PROCEDURE**- STAGING LAPAROTOMY- Large solid cystic mass arising from the left ovary with mesenteric/bowel adhesions. Radical resection was done with double barrel ileostomy.



### CONCLUSION-

- The complexity of this diagnosis highlights importance of extensive evaluation.
- Surgical resection/ adjuvant therapy forms the cornerstone of treatment.
- The marker DOG1 is consistently expressed in GIST, regardless KIT or PDGFRA mutation.

### DISCUSSION-

- EGISTs are rare tumors with primary ovarian origin being unusual ( 2 cases so far)
- Clinical presentation/ Imaging mimics the findings of ovarian malignancies.
- This diagnosis to be kept in mind while evaluating pre-operatively- UGI and LGI scopy advocated in women with GI symptoms.
- Administration of neoadjuvant therapy with imatinib can improve prognosis by reducing the size of large masses

### REFERENCES

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No conflict of interest among authors

**HPE**- Left ovary cystic area s/o mature cystic teratoma. Solid areas show spindle cell tumour with oval to elongated hyperchromatic nuclei moderate amount of cytoplasm.  
**IHC- POSITIVE** DOG1 vimentin and SMA, **NEGATIVE**- inhibin, S-100, and MyoD1.  
**Final impression**- Mature cystic teratoma with GIST ovary with multiple omental and mesenteric deposits.