

# 外科 病理 放射科 聯合討論會

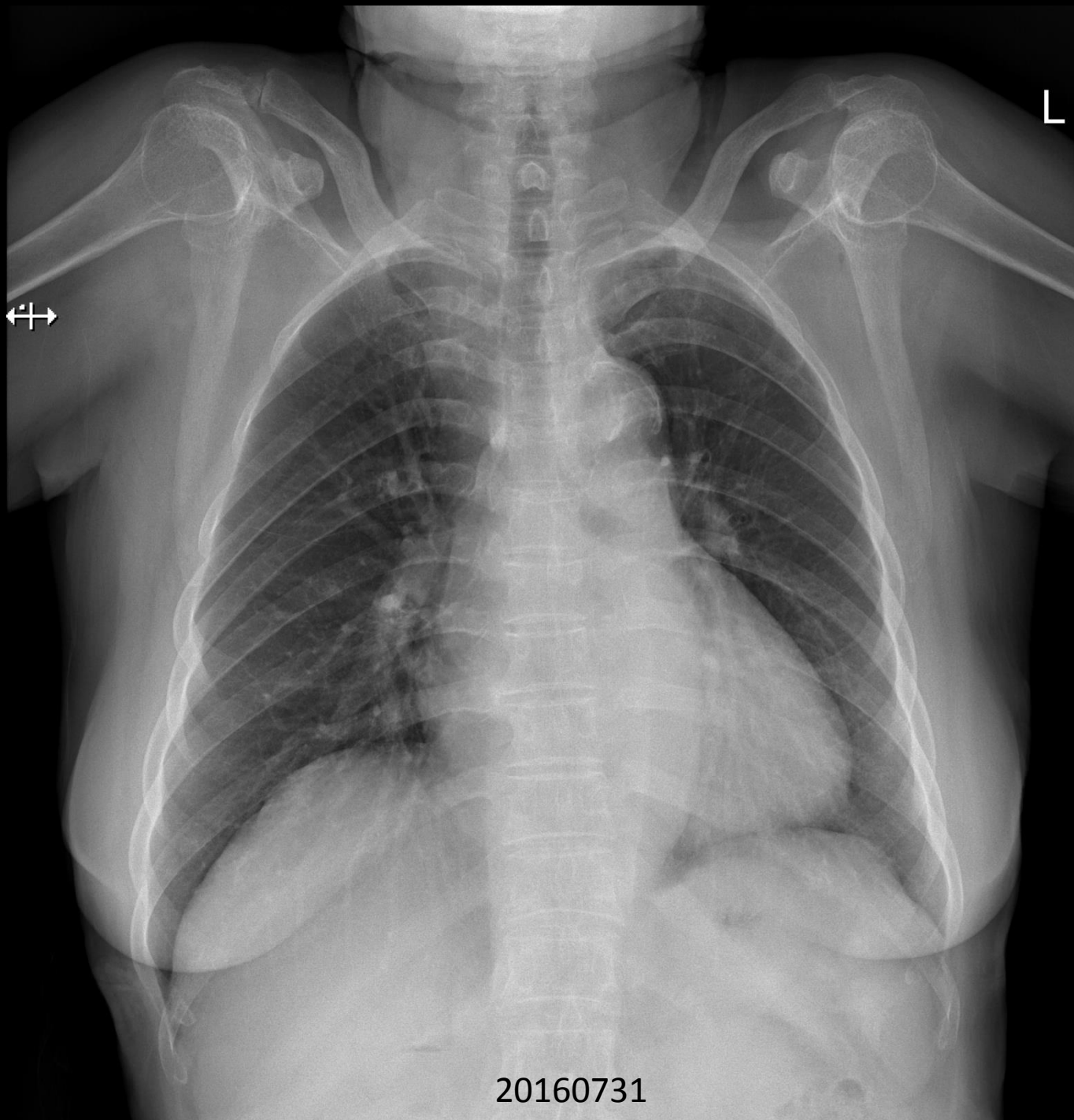
Case number: 8351481

日期: 20160827

放射科: 孫國彬 醫師

# Image studies

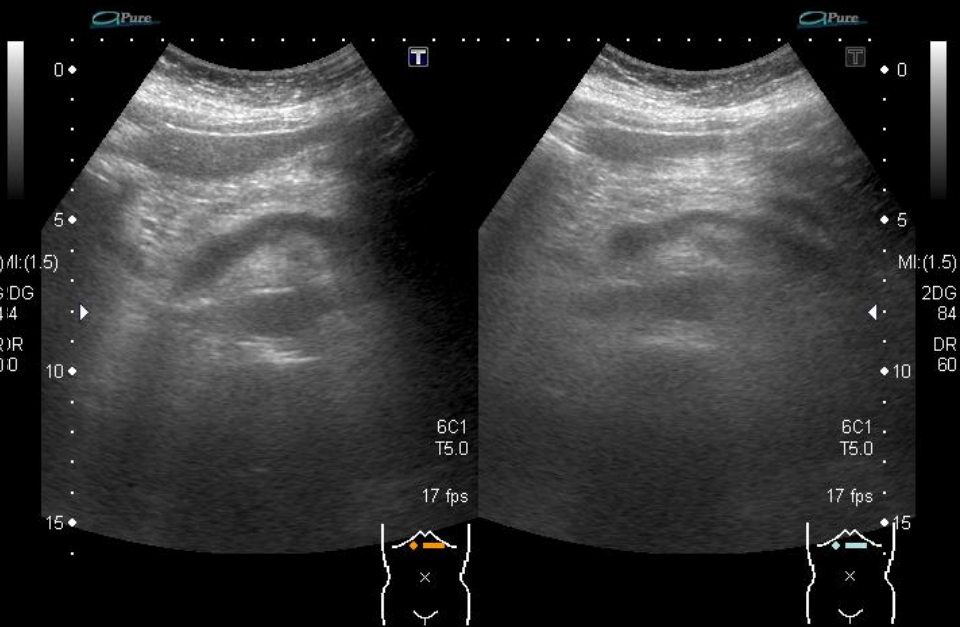
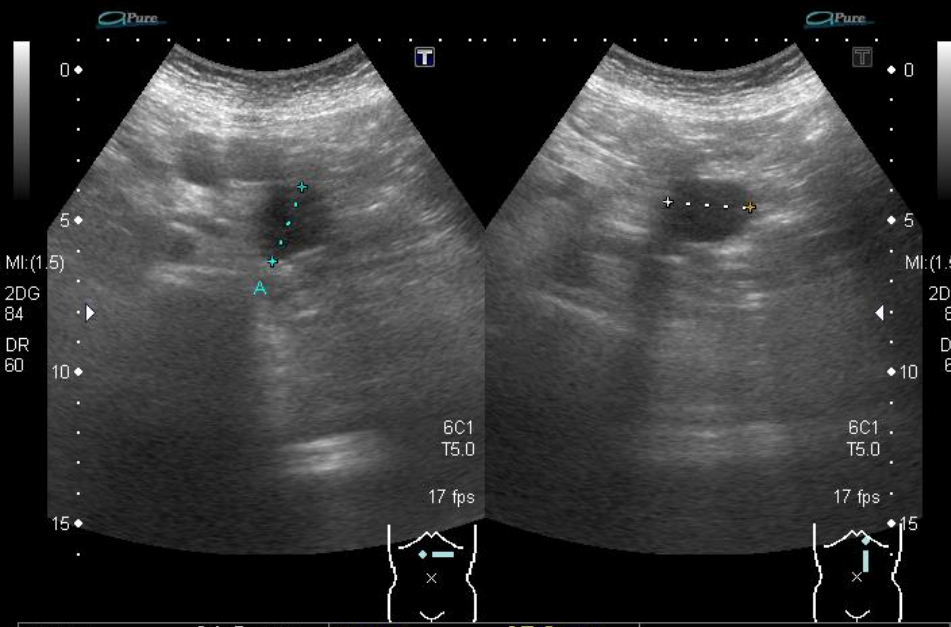
- 20160731 Chest film.
- 20160707 CT scan of chest and abdomen with iv contrast.
- 20160725 abdominal ultrasound.
- 20160727 Dynamic CT scan of abdomen.



20160731

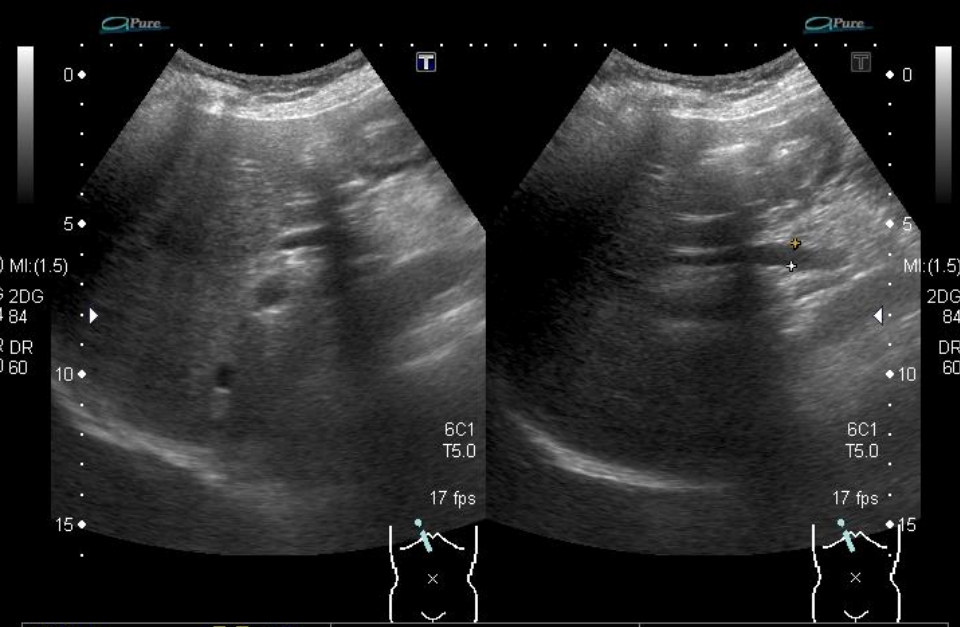
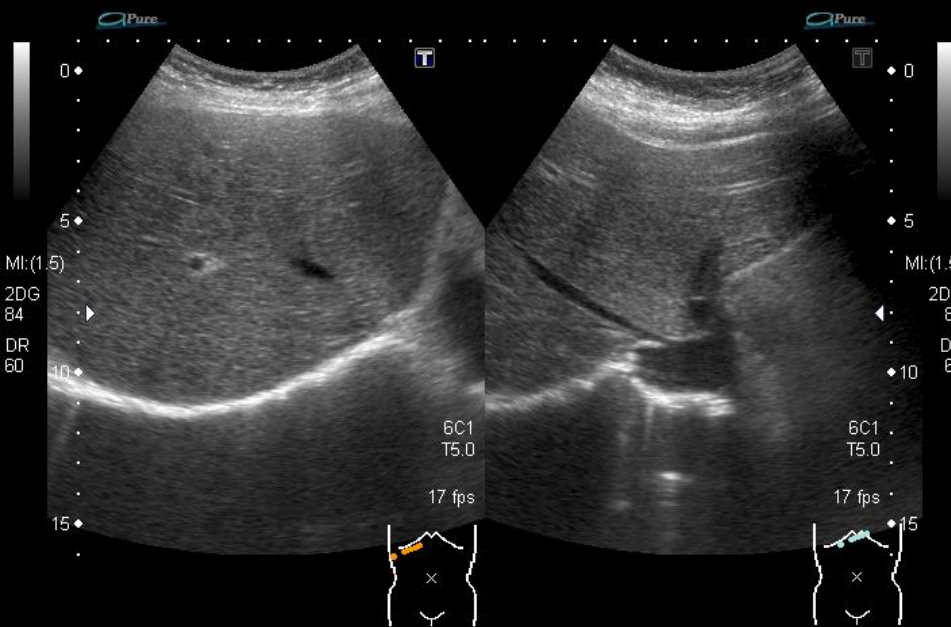
- OPE - Abdomen

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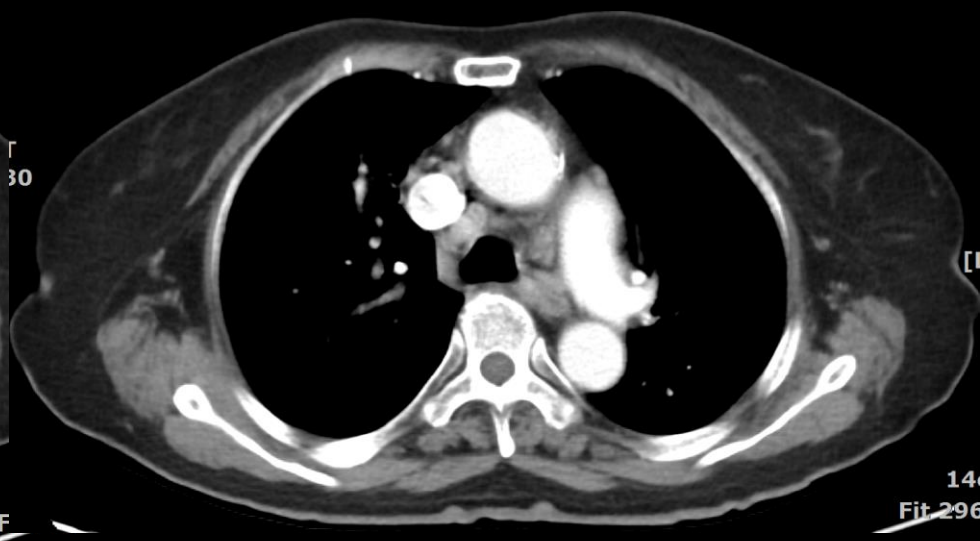


Dist A 26.5 mm Dist B 27.3 mm 2016/07/25 6:17:29 PM

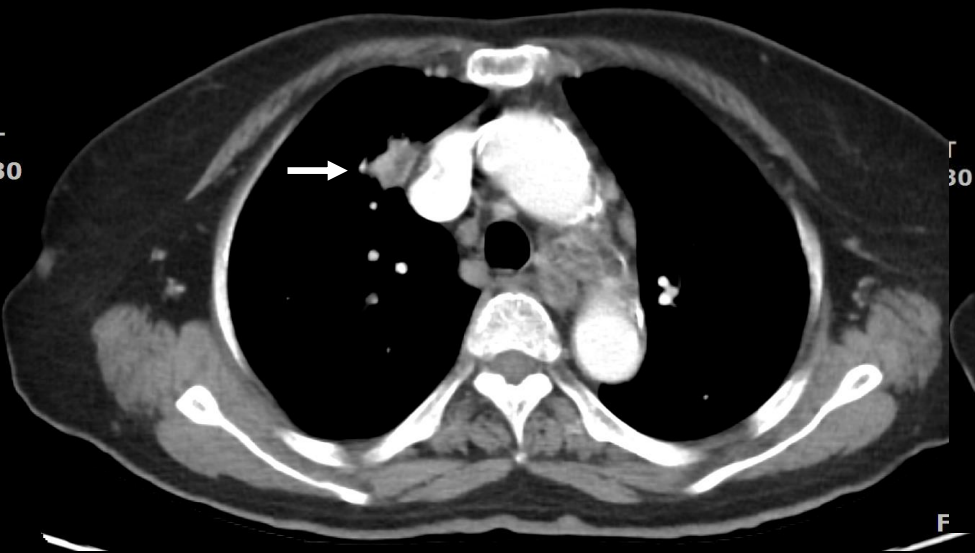
Dist A 7.7 mm 2016/07/25 6:18:28 PM

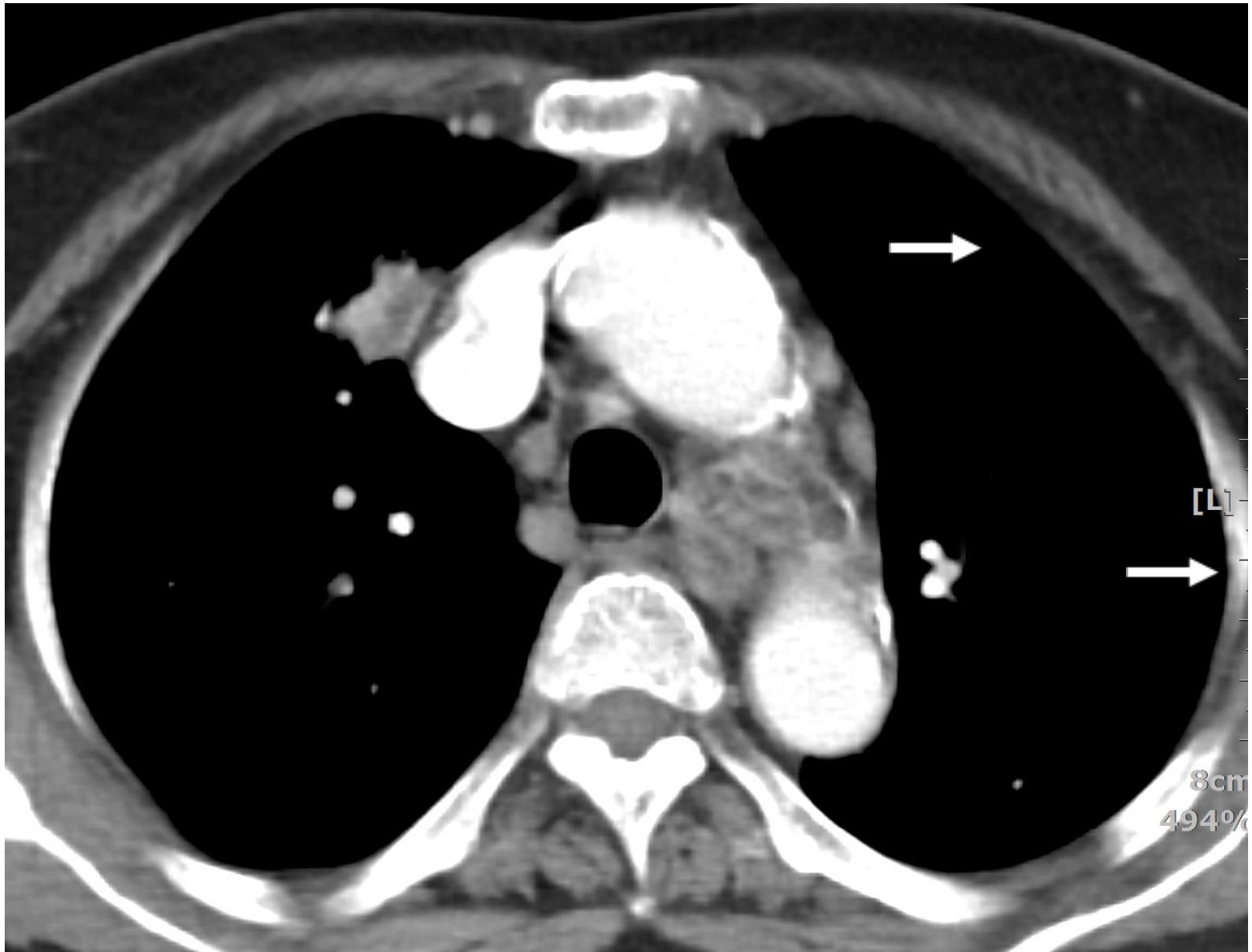


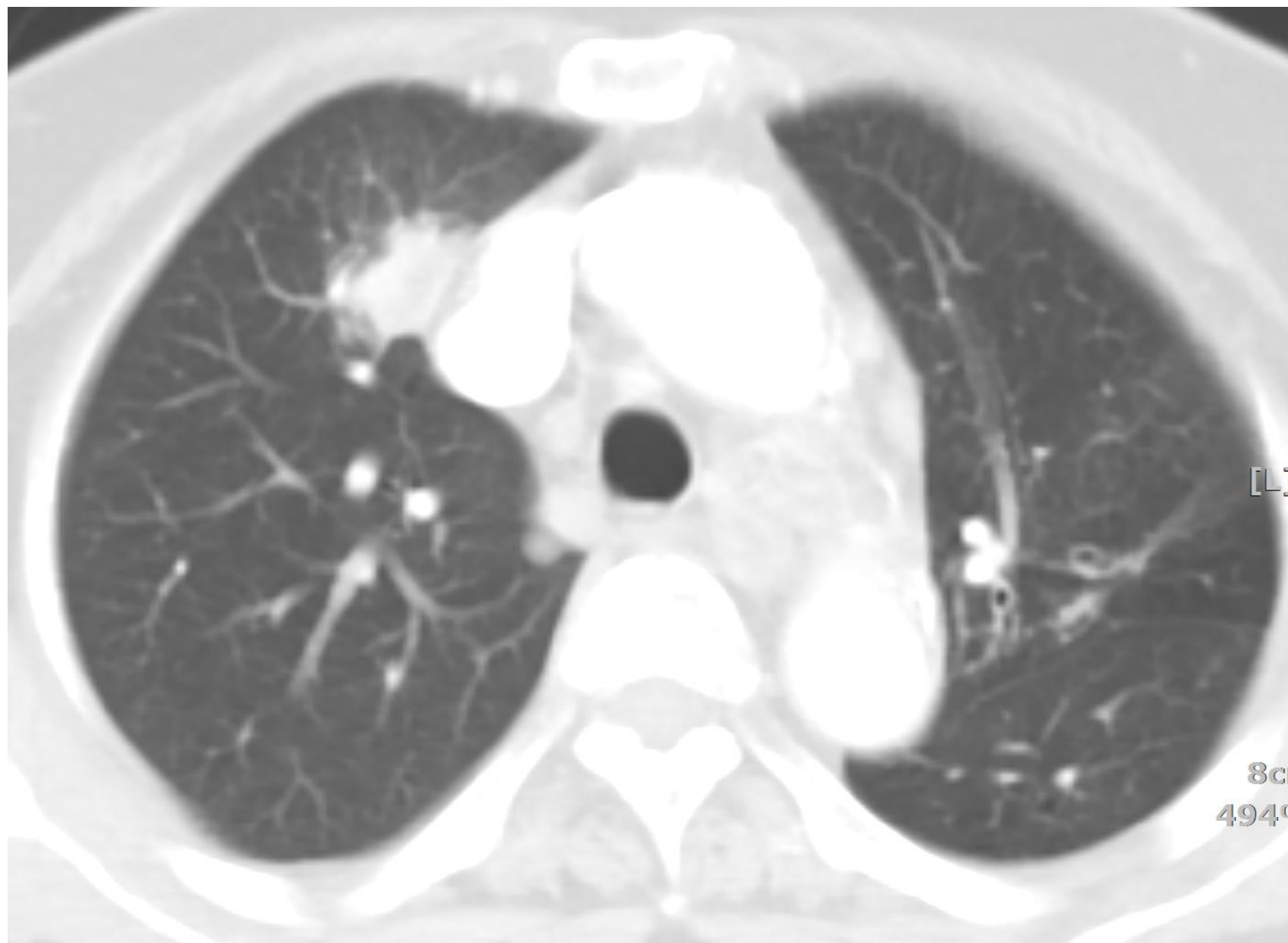
Dist A 7.7 mm



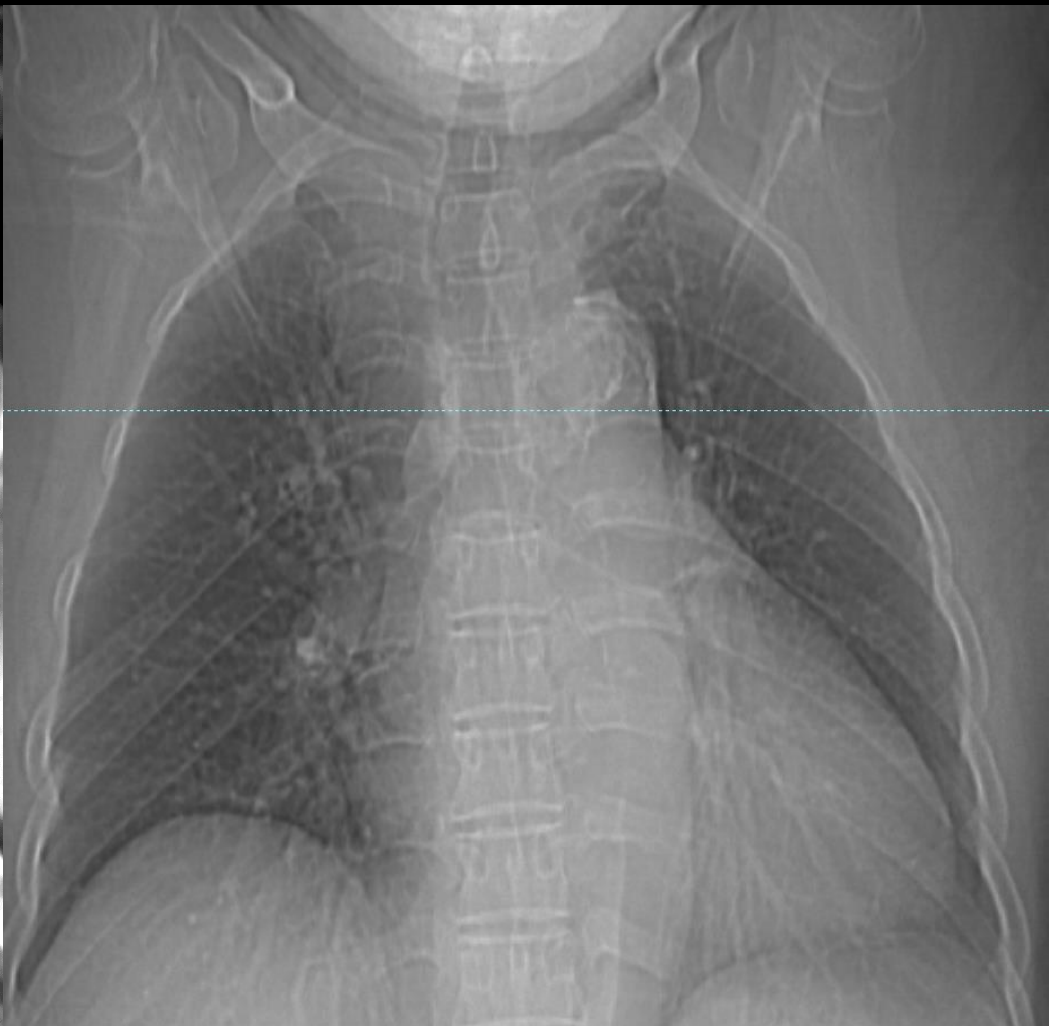


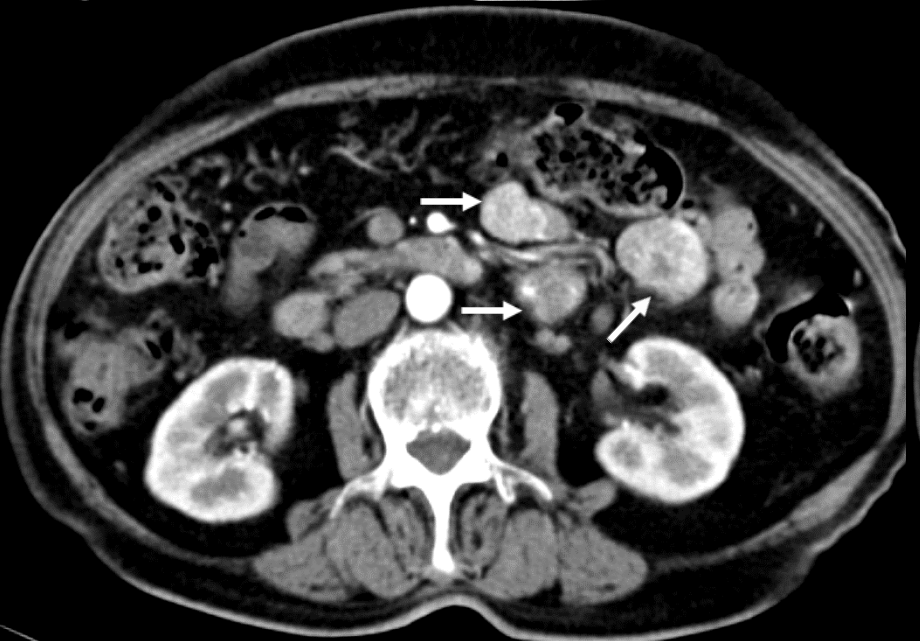


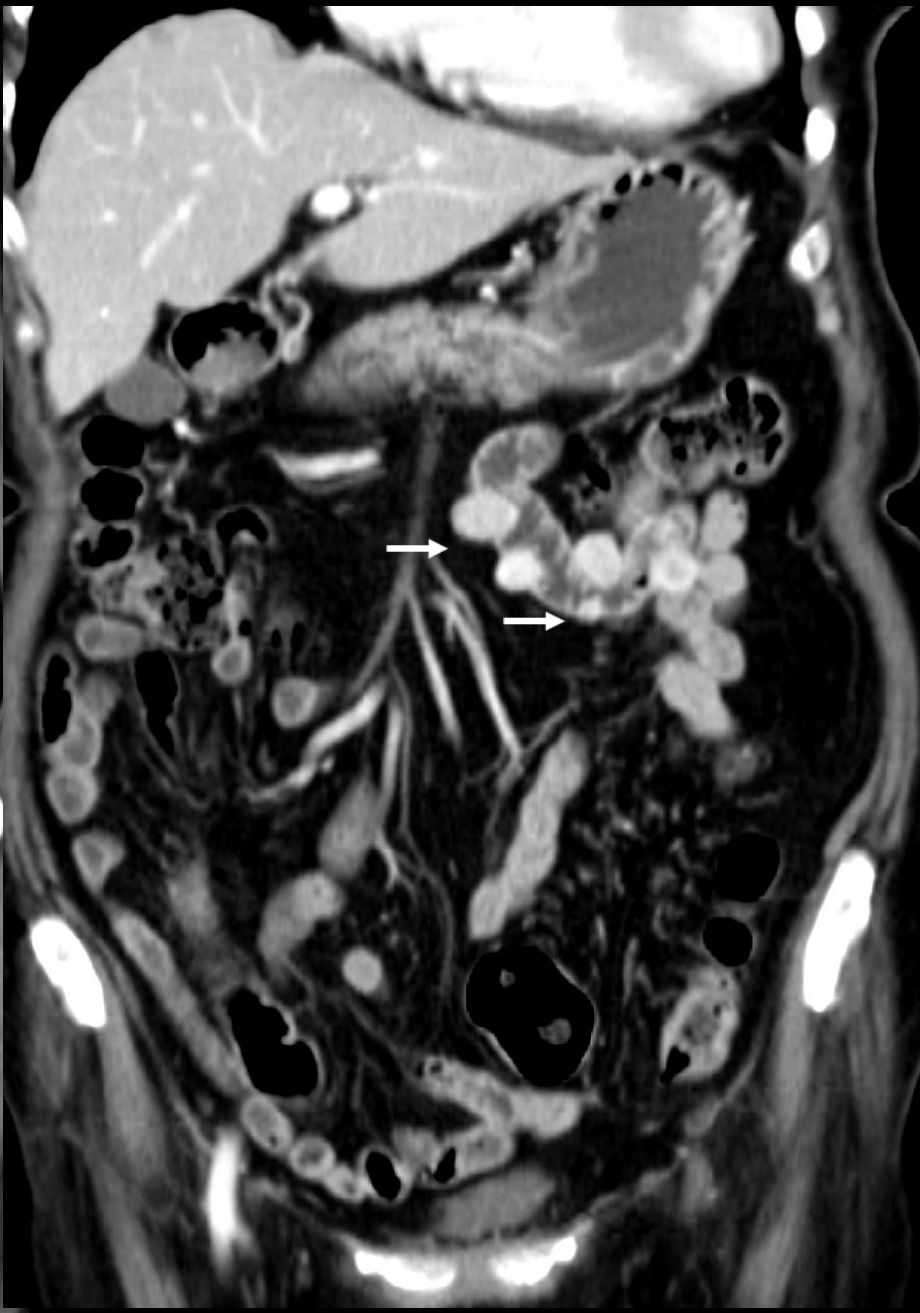




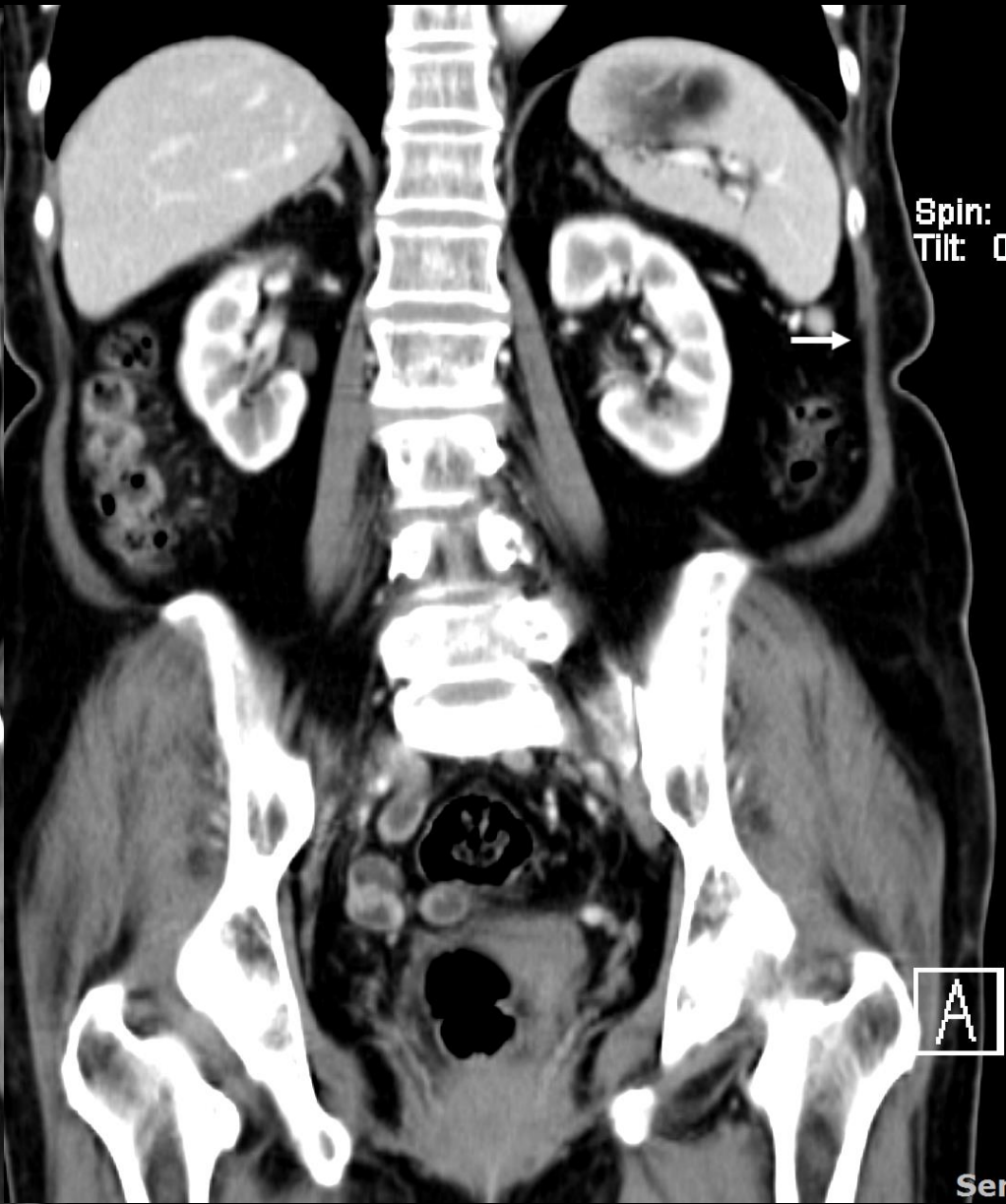






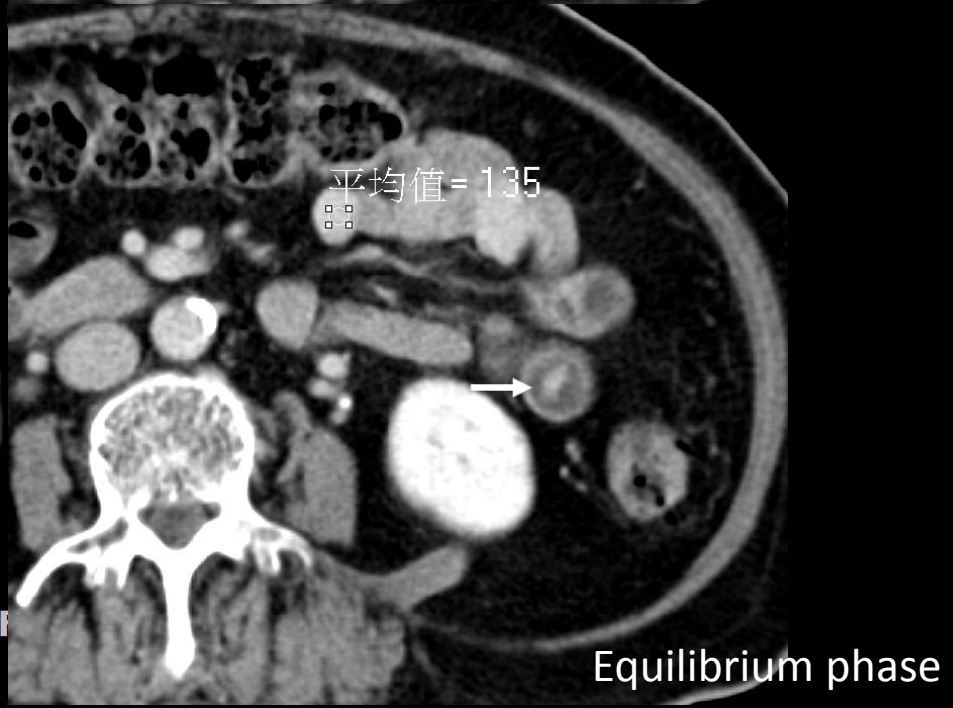
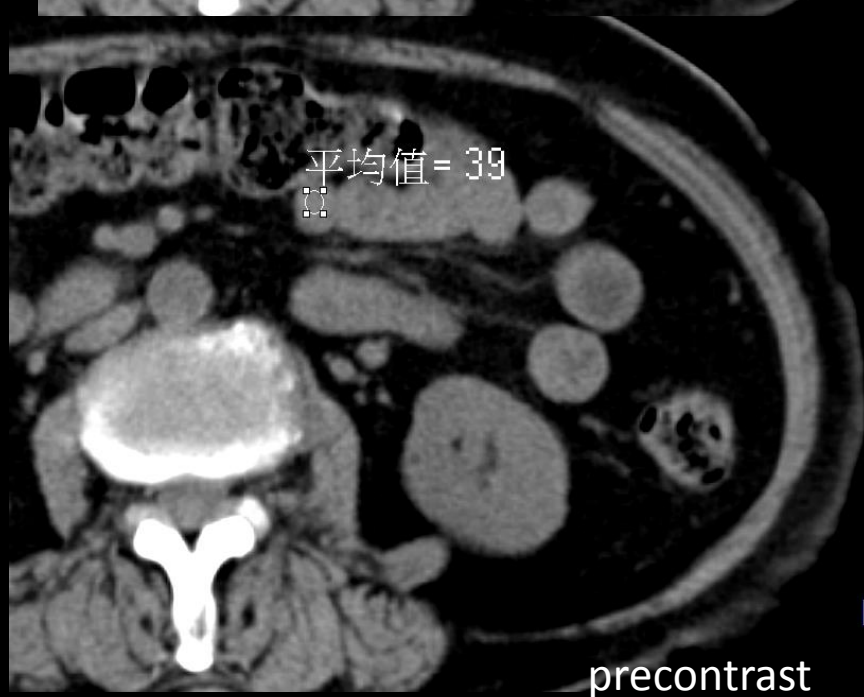
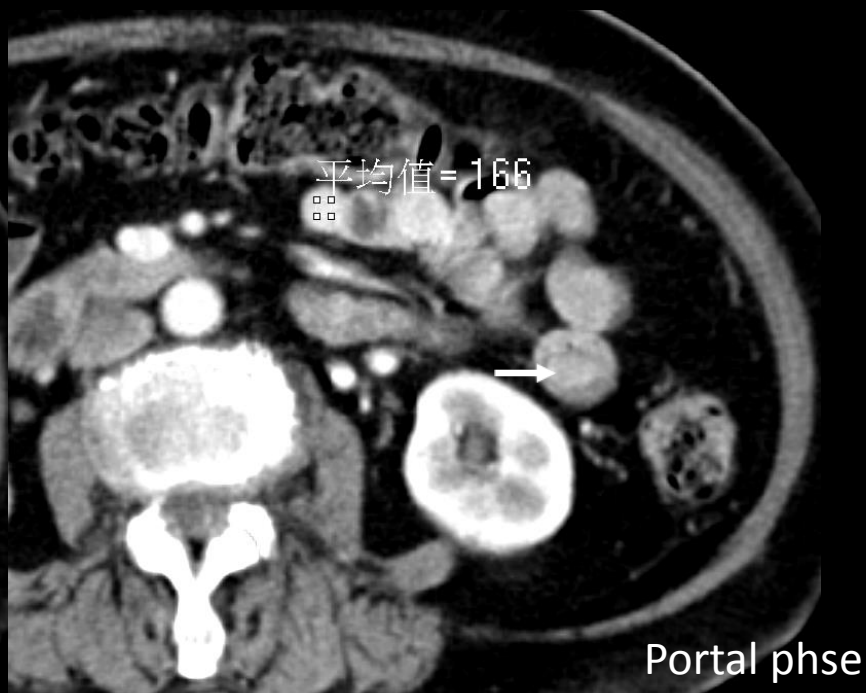
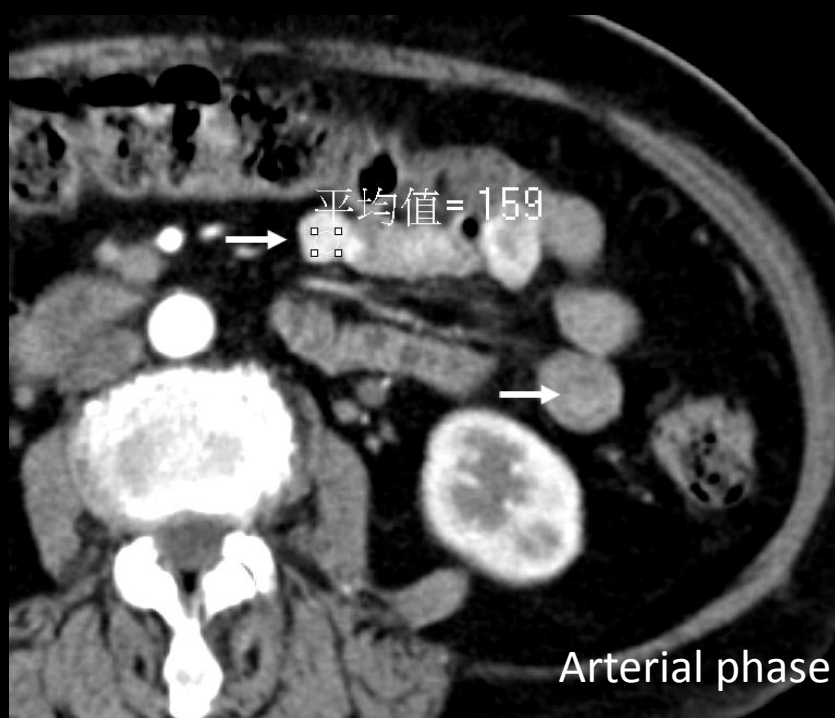












# Image findings (1)

- Lung nodules
  - An enhanced nodule (1.3x2.2cm) in RUL next to mediastinum and SVC.
  - A small GGO nodule (0.5cm) in RUL near azygos vein.

# Differential diagnosis (1)

- Primary lung nodule
  - Adenocarcinoma, bronchoalveolar cell carcinoma.
  - Bronchial adenoma hamartoma.
  - Infectious process.
- Metastasis.

# Image findings (2)

- Intra-abdominal nodules
  - Multiple enhanced exophytic nodules on the walls of a long segmental proximal jejunum. The largest one is greater than 3cm in diameter.
  - A small intraluminal nodule was also noted in the jejunum.
  - The nodules demonstrate early and strong enhancement.

# Differential diagnosis

- Multiple hyper-vascular nodules on intestinal wall and an intraluminal nodule.
  - GISTs/leiomyosarcoma.
  - Neuroendocrine tumor
  - Hemangioma
  - Schwannoma
  - Angiosarcoma
  - Metastasis



Review Article

# **Gastrointestinal Stromal Tumors Associated with Neurofibromatosis 1: A Single Centre Experience and Systematic Review of the Literature Including 252 Cases**

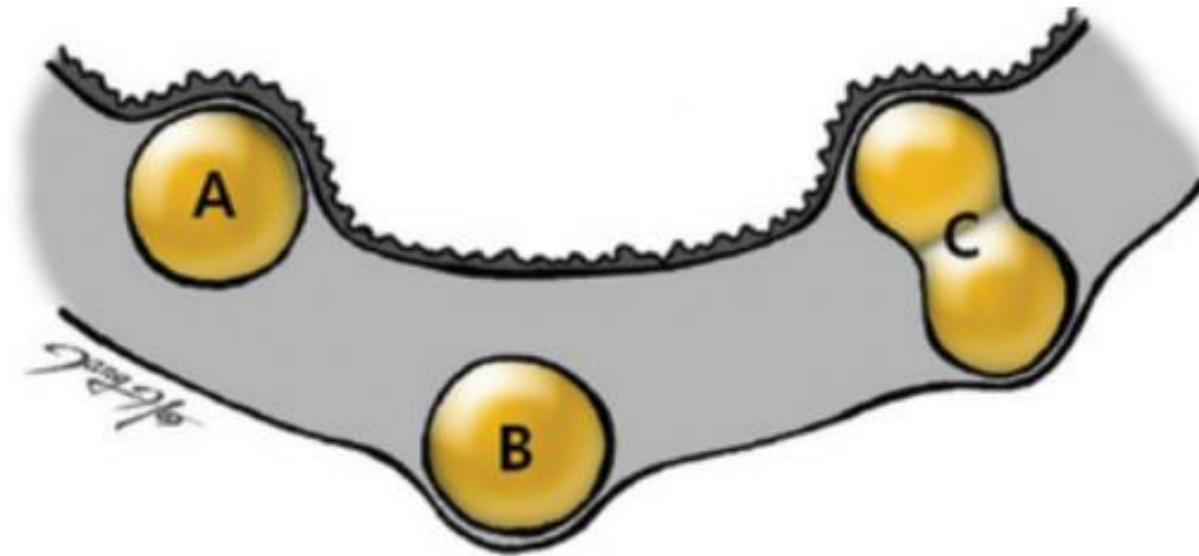
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**Figure 3.** Growth patterns of intramural subepithelial masses. Intramural subepithelial masses tend to grow in an intraluminal (*A*), extraluminal (*B*), or mixed (dumbbell-shaped) (*C*) pattern.

Gastrointestinal stromal tumors are mesenchymal tumors and represent 9% of all small bowel tumors. These tumors most frequently occur in the stomach, followed by jejunum and ileum. Occurrence in colon, rectum, esophagus and appendix is rare.

About 20-30 % of GIST's are malignant at presentation.

In the small bowel they are more often malignant than in the stomach.

Tumors smaller than 2 cm are usually benign, whereas masses larger than 5 cm are often malignant.

Malignant GIST's predominantly grow extraluminally and can show necrosis, hemorrhage, calcification (post therapy) and fistula formation.

Typically a GIST is a well defined and exophytic mass with heterogeneous enhancement and a clear delineation from the mesentery.

An intraluminal mass is far less common.

Obstruction is rare because GISTs do not involve the circumferential bowel wall, in contrast to adenocarcinoma.

Unlike carcinoid tumors, the primary lesion in a GIST is large.

Both GIST and lymphoma can show aneurysmal dilation of the bowel.

Liver metastases are usually hypervascular and can be missed on a single portal venous phase CT.

Lymph node metastases are generally not seen.

If lymphadenopathy is seen, you should consider another diagnosis.

Mesenteric or omental metastases are more common in recurrent disease than at first presentation.

This is thought to be due to spill of tumor during surgery.

These metastases can be easily missed, as they often have a low-density center.