Extra-uterine Endometrial Stromal Sarcoma of the Stomach Mimicking a Gastrointestinal Stromal Tumour: a Case Report

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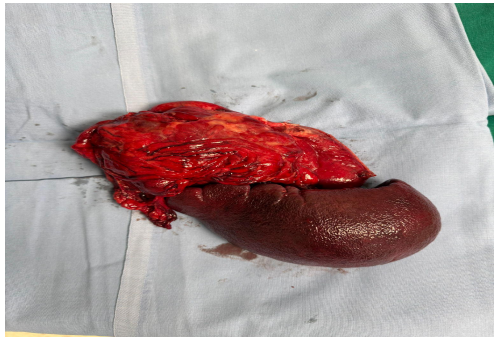
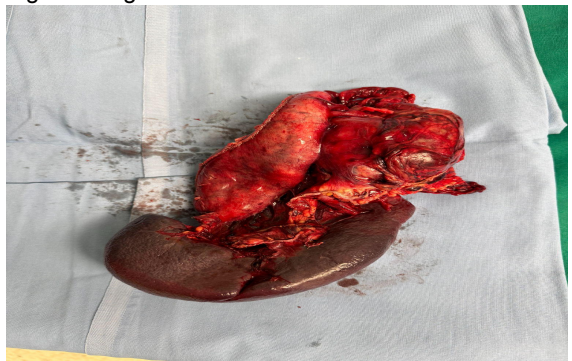
BACKGROUND

Extra-uterine endometrial stromal sarcoma (EESS) is an uncommon entity (10 % of all ESS) primary gastric involvement is exceptionally rare, with only two well-documented cases previously reported. Because such tumours present as ulcerated submucosal masses,they are easily misdiagnosed as gastrointestinal stromal tumours (GIST), making accurate,timely recognition critical for appropriate management.



CASE PRESENTATION

A 53-year-old woman presented with a five-day history of worsening epigastric pain, low-grade fever and malaise. CT imaging showed a 11 cm vascular mass on the greater curvature of the stomach with splenic-hilum and transverse-colon contact; endoscopy revealed a friable ulcerated lesion, and biopsies suggested a spindle-cell neoplasm favouring GIST. At laparotomy the tumour infiltrated stomach, splenic hilum, colon serosa and omentum. An en-bloc partial gastrectomy, splenectomy, segmental colectomy, cholecystectomy and omentectomy achieved negative surgical margins.



CONCLUSION

Primary gastric extra-uterine endometrial stromal sarcoma remains an exceptional finding and is easily mistaken for gastrointestinal stromal tumour. Accurate diagnosis and optimal management depend on comprehensive histology and immunohistochemistry, supported by fusion-gene testing, to guide margin-negative surgery plus endocrine therapy and, where applicable, TRK-targeted treatment. Given the tumour's capacity for very late relapse,lifelong surveillance is mandatory despite an initially favourable prognosis.