Gastric calcifying fibrous tumor mimicking GI stromal tumor

Nneoma Okoronkwo
Shima Ghavimi
Ravi Chokshi
Stephen Peters
Sushil Ahlawat

Follow this and additional works at: https://mds.marshall.edu/int_med

Part of the Internal Medicine Commons
Accepted Manuscript

Gastric calcifying fibrous tumor mimicking GI stromal tumor

Nneoma Okoronkwo, MD, Shima Ghavimi, MD, Ravi Chokshi, MD, Stephen Peters, MD, Sushil Ahlawat, MD

PII: S0016-5107(18)30262-1
DOI: 10.1016/j.gie.2018.04.003
Reference: YMGE 11003

To appear in: Gastrointestinal Endoscopy

Received Date: 31 January 2018
Accepted Date: 2 April 2018


This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.
Gastric calcifying fibrous tumor mimicking GI stromal tumor

Short title: Gastric calcifying fibrous tumor

Nneoma Okoronkwo, MD\textsuperscript{1}, Shima Ghavimi, MD\textsuperscript{1}, Ravi Chokshi, MD\textsuperscript{2}, Stephen Peters, MD\textsuperscript{3}, Sushil Ahlawat, MD\textsuperscript{1}

Division of Gastroenterology and Hepatology, Rutgers New Jersey Medical School\textsuperscript{1}, Division of Surgical Oncology, Rutgers New Jersey Medical School\textsuperscript{2}, Department of Pathology and Laboratory Medicine, Rutgers New Jersey Medical School\textsuperscript{3}

Key words: pseudotumor; gastric tumor

Grant support: None

Conflict of interest: No disclosures

Corresponding Author:

Nneoma Okoronkwo, MD
Division of Gastroenterology
University Hospital
150 Bergen St, E-178
Newark, NJ 07103
Ph. 973-972-6077
Fax: 973-972-2238
Email: okoronnn@njms.rutgers.edu
A 27-year-old female with no significant medical history was referred for an EUS to evaluate a large, firm, gastric mass (A), which was detected during esophagastroduodenoscopy done for persistent reflux symptoms and intermittent epigastric pain. EUS revealed a polypoid, broad-based, solid intramural mass, 2 cm x 4 cm in size, heterogeneous in echo-texture with calcifications and post-acoustic shadowing. The polypoid gastric mass appeared to arise from the muscularis propria (B).

EUS-guided fine-needle aspiration was performed and sent for cytology but the results were nondiagnostic. Subsequently, the patient underwent a laparoscopic partial gastrectomy with resection of the gastric mass. Cut section of the mass showed poorly defined vaguely nodular firm grey white tissue. On histology the gastric mass was composed of dense, paucicellular, irregular fibro connective tissue penetrated by small arterioles and capillaries with scattered small round and irregular calcifications (C, H&E stain, high power). Paucicellular irregular dense fibroconnective tissue is seen with several small calcifications (arrows) and several small arterioles and capillaries in a collagenous background. Lymphocytic infiltrates were also present among the fibrous proliferation (D, H&E stain). Immunohistochemical testing was negative for c-kit, DOG-1, beta-catenin, and desmin. Based on these typical findings, a diagnosis of gastric calcifying fibrous tumor was made.