A 56-year-old man presented with epigastric pain since 2 weeks. Esophagogastroduodenoscopy (EGD) revealed a 3-cm submucosal mass in the posterior wall of the gastric body. Abdominal ultrasound showed a multilocular cystic lesion (10 × 6 × 9 cm) in the pancreatic tail. Endoscopic ultrasound (EUS) confirmed a multicystic lesion arising from the pancreas (Fig. 1).

The cysts were macrocystic in nature, ranging from 1 cm to 2 cm in size, and were intermixed with solid tumor. There was no evidence of internal calcifications or connection to the pancreatic duct. The EUS features were suggestive of a mucinous cystadenocarcinoma of the pancreas. However, a subsequent computed tomography scan revealed that the multilocular lesion was arising from the posterior wall of the stomach; this was confirmed on laparotomy (Fig. 2).

Macroscopically, the tumor was a lobulated, circumscribed mass with a mix of solid and cystic components (Fig. 3).

Histologically, it consisted of proliferating spindle cells in a fibromyxoid stroma, admixed with a moderate amount of mixed inflammatory cellular infiltrate, compatible with a gastric inflammatory myofibroblastic tumor (IMT).

IMTs are rare neoplasms in adults. Microscopically, they are composed of spindle cells with abundant cytoplasm on an inflammatory background [1]. The diagnosis of IMT is often difficult and there are scarce reports of the EUS appearances. A well-defined hypoechoic mass arising from the submucosa, similar to gastrointestinal stromal tumors, has been described [2, 3]. However, a multilocular cystic appearance along with solid components has not been previously documented in the literature. In the present case, the lesion was initially mistaken to be a pancreatic cystic neoplasm and a ret-
rospective review of the EUS images demonstrated that the tumor was indeed arising from the gastric wall. The mainstay of treatment for IMT is resection with clear margins [4, 5]. After complete resection, the prognosis of IMT is generally good with a low risk of distant metastasis [1, 4, 5].

Competing interests: None

Division of Upper Gastrointestinal Surgery, Department of Surgery, Prince of Wales Hospital, Chinese University of Hong Kong, Hong Kong SAR, China

References
5 Pungpapong S, Geiger XJ, Raimondo M. Inflammatory myofibroblastic tumor presenting as a pancreatic mass: a case report and review of the literature. JOP 2004; 5: 360–367

Bibliography
Endoscopy 2010; 42: E231–E232
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
E. K. W. Ng
Department of Surgery
Prince of Wales Hospital
Shatin New Territories
Hong Kong SAR
China
Fax: +852-2637-7974
endersng@surgery.cuhk.edu.hk