Inflammatory myofibroblastic tumor (IMT) is a mesenchymal tumor that occurs preferentially in children and young adults. IMTs were considered to arise as a result of a reactive inflammatory or post-surgery process [1]. However, they are thought to have low-grade malignant potential, based on the recent molecular finding of rearrangement at chromosome band 2p23, the site of the anaplastic lymphoma kinase (ALK) gene in the tyrosine kinase locus [2]. They are most commonly found in the lung but may arise in extrapulmonary sites [3].

A 42-year-old woman presented with intermittent dull epigastric pain since 1 month and tarry stool passage since 1 week. The laboratory findings were unremarkable except for a normocytic anemia (hemoglobin 7.7 g/dL). Upper endoscopy revealed a broad-based, protruding mass of approximately 5.5 cm, located in the anterior wall of lower gastric body. The tumor was accompanied by bridging folds and two deep ulcerations on the surface.

Fig. 1  a, b Upper endoscopy showing a broad-based, protruding mass, approximately 5.5 cm in size, in the anterior wall of lower gastric body. The tumor is accompanied by bridging folds and two deep ulcerations on the surface.

Fig. 2  Abdominal computed tomography (CT) scan demonstrating a strongly enhancing mass, approximately 5.5 cm in size, with surface ulceration, arising from the submucosal layer of the anterior wall of the lower gastric body.

Fig. 3  Microscopic section showing the tumor composed of spindle cells with massive, predominantly inflammatory, infiltration of plasma cells (hematoxylin and eosin, magnification × 40).

Inflammatory myofibroblastic tumor: an unusual submucosal lesion of the stomach

Competing interests: None
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Endoscopy 2011; 43: E151 – E152
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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