Gastrointestinal stromal tumors (GISTs) are rare mesenchymal tumors of the gastrointestinal tract originating from the cell of Cajal [1]. Up to 75% of cases are driven by constitutional activation of the proto-oncogene cKIT; 10% by a mutation of the gene encoding for the platelet-derived growth factor receptor (PDGFRA); 12% are wild-type and their pathogenesis has been related to mutations of the succinate dehydrogenase complex, BRAF or NF1 genes. Commonly GISTs arise as a solitary lesion; multiple spread is extremely rare and usually associated with familial GIST, type 1 neurofibromatosis (NF-1), or Carney’s triad [2].

In July 2012, a 49-year-old healthy woman underwent a medical consultation after an episode of rectal bleeding. On examination she was found to have external hemorrhoids; digital rectal examination revealed an incidental finding of a 2-cm nodule in the rectovaginal area, which was later confirmed by a pelvic magnetic resonance imaging (MRI) scan (● Fig. 1).

A colonoscopy showed a 2-cm solid lesion at 6 cm from the anal margin (Fig. 2a) and a second solid lesion of 2.5 cm in the transverse colon (● Fig. 2b), both of which were covered with normal mucosa. An abdominal computed tomography (CT) scan confirmed the colonic lesion (● Fig. 3).

The patient underwent resection of the transverse colon and enucleation of the rectal lesion. Histopathological examination of the colonic specimen showed a GIST of 1.5 cm, with 1 mitosis per 50 high power fields (HPFs). Molecular analysis revealed a mutation in exon 11 of the cKIT gene. The rectal lesion was a GIST of 2 cm with 2 mitoses per 50 HPFs and a mutation in exon 9 of cKIT. Both GISTs were low risk for recurrence so no adjuvant therapy was given. The patient was started on clinical and radiological follow-up and is free from disease more than 1 year after her surgery.

Multiple sporadic GISTs not related to familial or NF-1 syndromes are a rare but recognized clinical presentation of GISTs and can occur as synchronous or metachronous spread. After the first publication, which reported five cases of multiple sporadic GISTs [2], other groups reported their experience, which showed the interest of experts in gaining a better understanding of the pathogenesis and clinical outcome of this peculiar presentation [3–6]. Synchronous second tumors have been reported in 13% of patients with GISTs and consideration of a differential diagnosis is mandatory for a correct therapeutic approach [7]. A molecular analysis is needed to distinguish between multiple primary GISTs and multiple recurrence or metastatic GISTs [7, 8]. To our knowledge this is the first report of sporadic synchronous GISTs originating in the colorectal tract.

Competing interests: None
References
6 Samaras VD, Foukas PG, Triantafyllou K et al. Synchronous well differentiated neuroendocrine tumour and gastrointestinal stromal tumour of the stomach: a case report. BMC Gastroenterol 2011; 11: 27

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1365443
Endoscopy 2014; 46: E252–E253
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Linda Cerbone, MD
Department of Medical Oncology, San Camillo-Forlanini Hospital Circonvallazione Gianicolense 87 00151 Rome Italy
Fax: +39-65-8704317
cerbone.linda@gmail.com

Fig. 3 Computed tomography (CT) scan showing the gastrointestinal stromal tumor (GIST) in the transverse colon (red arrow).

Accarpio Fabio et al. Synchronous sporadic GISTs of the colon... Endoscopy 2014; 46: E252–E253