A 62-year-old woman was evaluated for iron deficiency anemia. She had no history of any medications, trauma, smoking, or alcohol consumption. On physical examination, the patient had a pale appearance, and tenderness in the epigastric region but no rigidity or rebound. Upper gastrointestinal endoscopy revealed the majority of the stomach and duodenal bulb to be normal. However, a well-hidden, red-colored, ulcerated lesion (diameter 2 cm) was observed. The lesion was located mainly on the posterior side of the duodenal bulb, partly occupying the duodenal bulb, and extended to the descending duodenum (Fig. 1 and Video 1). The appearance and size of the lesion suggested a gastrointestinal stromal tumor (GIST), and it was therefore removed surgically. Histopathological examination of the resected tissue confirmed GIST. The patient was discharged 3 days after the surgery, and was doing well at follow-up.

GISTs are the most common submucosal tumors of the gastrointestinal tract, representing 1% – 3% of gastrointestinal malignancies. About 50% – 60% of GISTs occur in the stomach, and about 20% – 30% are malignant [1]. The duodenum is an uncommon location. Diagnosis of duodenal GIST is sometimes difficult, especially those arising in the posterior duodenal bulb. As peristalsis allows a better view of the duodenal bulb mucosa, observation of this area for a while during endoscopic examination is a feasible method of detecting hidden lesions.

Fig. 1 Well-hidden gastrointestinal stromal tumor located on the posterior side of the duodenal bulb (a – c).

Video 1

A hidden, red-colored, ulcerated lesion (diameter 2 cm) was observed. The lesion was located mainly on the posterior side of the duodenal bulb, partly occupying the duodenal bulb, and extended to the descending duodenum.

Competing interests: None

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