



Gastro intestinal stromal tumor(GIST) resection; how surgical margins can be extended?

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Introduction & Aim: To evaluate the most appropriately extend of gastric resection for pediatric gist according to clinical and pathological evaluation of resected tumor.

Methods: Here we review the pathological and surgical finding of 25 cases with gastro intestinal stromal tumor(GIST) by involvement of stomach and evaluate correlation of pathological and surgical finding as well as management strategies during the eight-year period from March 2007 to May 2015 for response to chemotherapy according to pathologic results showing marginal involvement or not.

Result: Seven males and eighteen female patients with average age of 9.5 years operated in our center, were evaluated by clinical pathologic report. The entire patients were grossly free of tumor according to surgical reports; but based on pathologic reports six of them had microscopic marginal involvement. Response to chemotherapy were evaluated for 6-38 months' period.

Conclusion: Despite the proven success of imatinib and other newer tyrosine kinase inhibitors, surgical resection remains the treatment of choice and offers the only chance for cure from GIST. The main operative principle is resection of the tumor with negative microscopic margins; but wide resection of the tumor (2-cm margin) has not been shown to improve outcomes and expert consensus is that dogmatic adherence to a particular width of margin is not necessary or recommended. Recurrence and survival are not associated with the type of resection and microscopic marginal involvement.

Key words: Gist, Gastric Tumor, Gastrointestinal Stromal Tumor