Abstract: Gastrointestinal stromal tumors (GIST) are rare malignancies. Although they are the most common sarcoma of the gastrointestinal tract, they represent only 0.2% of all GI tumors. Gastrointestinal stromal tumor is the tumor that arises from the interstitial cells of Cajal. The most common site being sub mucus part of stomach and the most common histological type is spindle cell variant. This case presented with gastrointestinal stromal tumor in small intestine as an exophytic growth with epitheloid type of cells and presented clinically as small intestinal obstruction. A 40-year-old man presented with pain abdomen, vomiting and abdomen distension. On examination the patient had severe tender abdomen with guarding. Plain x-ray revealed multiple air fluid level. Intraoperatively, a 10x10 cm exophytic growth in the ileum was found resection of the growth with end to end anastomoses was done. HPE showed epitheloid variant of gastrointestinal stromal tumor. On IHC CD117 was positive and smooth muscle actin, CD34 was focally positive.

Keyword: Intestinal obstruction, gastrointestinal stromal tumor, small bowel, surgery

INTRODUCTION
Gastrointestinal stromal tumor is the mesenchymal tumor of the GIT. It arises from the interstitial cells of Cajal. The majority of gastrointestinal stromal tumor has uniform population of spindle cells (70%) epithelioid (20%) and mixed (10%) 1, 11. The kit immunochemistry has been helpful in the diagnosis of gastrointestinal stromal tumor. These tumors are universally characterized by the expression of kit2, a transmembrane receptor tyrosine receptor encoded by the c kit proto-oncogene and recognized by the immunohistochemical stain for CD117. This is an antigen to epitome of an extra membrane portion of the kit molecule. Gastrointestinal stromal tumor is most commonly diagnosed in adults 50-80 years 1. The most common symptom being abdominal pain, early satiety and bloating related to space occupying lesion, gi bleed due to erosion of the tumor leading to anemia is also a presenting feature 2. In small intestine they present as bleeding obstruction and may be an incidental finding 3. The most common location is stomach (70%) followed by small bowel (20%) then colorectum(5%) and esophagus(2%) 4. They are found in stomach as noncystic sub mucosal mass most commonly found during endoscopy. Majority of tumor larger than 5 cm and they present as abdominal mass 5. Early lesion should be addressed by complete resection. In patient with advanced lesion imatinab is needed. In this paper we report a case of gastrointestinal stromal tumor (epithelioid type) which presented as acute intestinal obstruction.

CASE REPORT
A 40 yr male admitted in emergency surgical unit with complaints of abdominal pain for three days vomiting for two days. Patient had history of abdominal distention, obstipation for one day, there was history of fever. There was no history of jaundice, melena, hematemesis, mass abdomen, any inguinoscrotal swelling. On examination patient was dehydrated not anemic, not jaundiced. Abdomen was distended with visible step ladder peristalsis; there was no visible mass, scar over the abdomen. On palpation the abdomen was tender with guarding and rigidity. Blood investigations showed raised leucocyte counts with normal other parameter. Plain x-ray revealed multiple air fluid level suggestive of intestinal obstruction. Emergency laparotomy and proceed was planned. Intraoperatively there was a 10 x 10 cm growth in the antimesentric border of the ileum approximately 2 feet from the ileo ceacal junction. The mass was found to be twisted resulting in rotation of the intestine and henceforth resulting in the obstruction. The growth was exophytic and ileum was distented proximal to the mass. Multiple nodes were seen. So resection of the growth with 7to10cm of intestine both proximally and distally and anastomoses was done. On cut section the mass was found to be firm mass with areas of hemorrhage and necrosis. The mass was sent for histopathological examination. The HPE report showed features of epithelioid variant of gastrointestinal stromal tumor which presented as acute intestinal obstruction. Then as suggested by oncology patient was put on imatinab.
**DISCUSSION**

Gastrointestinal stromal tumour are rare malignancies but they represent common sarcoma of the gastrointestinal tract. The incidence is 0.2% of all gastrointestinal tumour. Many Gastrointestinal stromal are asymptomatic, discovered upon imaging or at laparotomy for other reasons. Patients with advanced disease may present with a mass lesion or vague abdominal pain. Gastrointestinal stromal can be highly vascular, and bleeding is one of the more common presenting symptoms. These tumors are typically soft and friable, and can cause hemorrhage by erosion into the intestinal lumen. Tumor rupture with intraperitoneal bleeding can occur, and this complication carries a high risk of disseminated peritoneal seeding of the tumor. Obstruction of the gastrointestinal tract is occasionally a presenting condition, and can lead to perforation. This case presented as obstruction of small intestine in emergency department. Histologically Gastrointestinal stromal occasionally exhibit epithelioid characteristics as in this case.

**CONCLUSION**

In conclusion, the presentation of the exophytic gastrointestinal stromal tumors of the small intestine may be as obstruction and this should be kept in mind in dealing with acute intestinal obstruction. This is a case in which a common disease has rare presentation.

**ABBREVIATION USED**

GIST—gastrointestinal stromal tumor, IHC—immunohistochemistry, HPE—histopathological examination.

**FIG 1**—Gastrointestinal stromal tumor of small bowel.

**FIG 2**—Resected specimen of the tumor showing the mass and proximal dilated ileum.

**FIG 3**—Cut section of the tumor mass with necrosis.

**FIG 4**—H&E stain showing epithelioid GIST.

**FIG 5**—IHC showing CD117 positive.

**Bibliography**

IHC SHOWING CD 117 POSITIVE