

GIST As A Rare Cause of LUTS

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Citation

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Abstract

Gastro intestinal stromal tumor (GIST) though rare, is not an unknown entity to surgeons. It invariably presents with bowel symptoms, but for GIST to manifest exclusively with lower urinary tract symptomology (LUTS) is unknown. Herein, we report such a rare case to create awareness among the medical fraternity.

INTRODUCTION

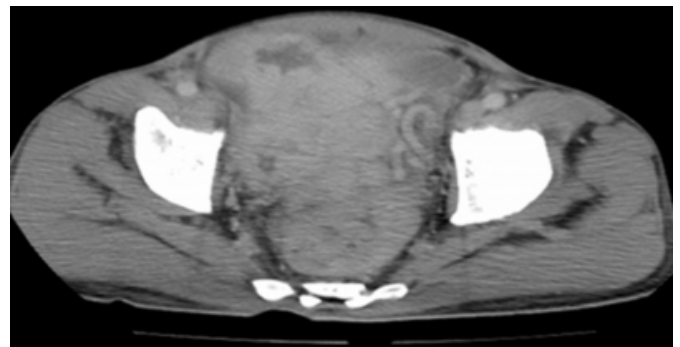
A young healthy male presenting with LUTS opens up a plethora of differential diagnosis; but without the presence of bowel symptoms or generalized systemic symptomology, the possibility of a GIST as the causative agent is remote, or to be more precise, unheard of.

CASE REPORT

A 28 year old male presented with complaints of recent onset lower urinary tract symptoms- increased frequency, dysuria, feeling of incomplete emptying, straining to void for approximately 2 months. There was no hematuria, loin pain, pyrexia, or past history of calculus disease. Bowels were regular. The patient went into acute urinary retention one morning with intense suprapubic pain. The patient was catheterized by a local practitioner and subsequently referred to our centre.

On examination, the general condition of the patient was normal. Per abdominal evaluation revealed a hard irregular 18 cm by 12 cm mass suprapubically. It had restricted mobility in both the planes. On rectal examination, the lesion was felt separate from the prostate, and was irregular and hard. CECT abdomen and pelvis was done that revealed a mass lesion involving the bladder (Fig.1). The patient was taken for Cystoscopy. The posterior wall and bladder neck seemed to be elevated from behind, distorting the bladder morphology; but intravesically, no lesion was demonstrable. After preparation, the patient underwent exploratory laparotomy.

Figure 1



During surgery, a large irregular hard mass lesion approx. 17.6 cm by 12.8 cm was found arising from the anti mesenteric border of the jejunum (Figs.2, 3).

Figure 2

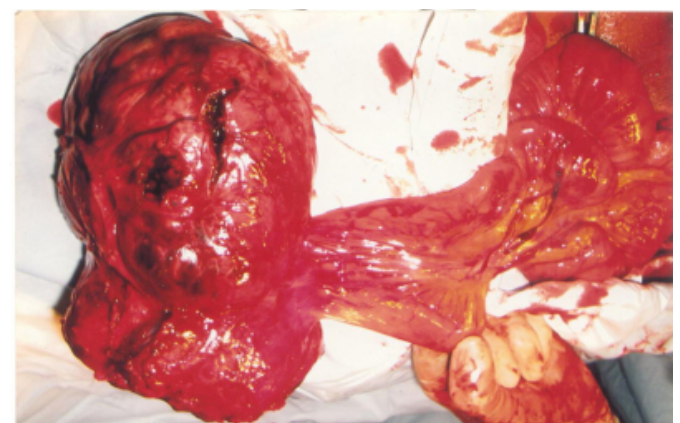
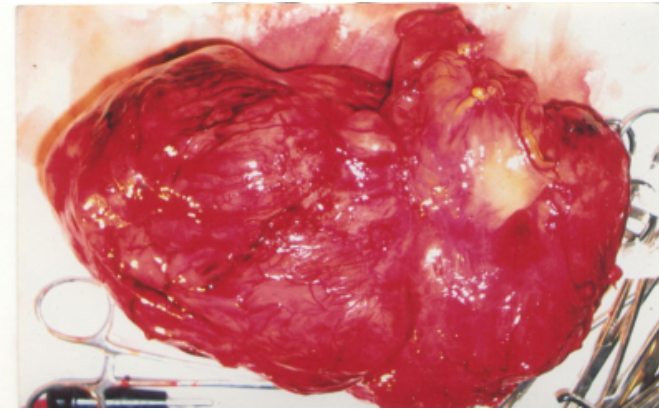
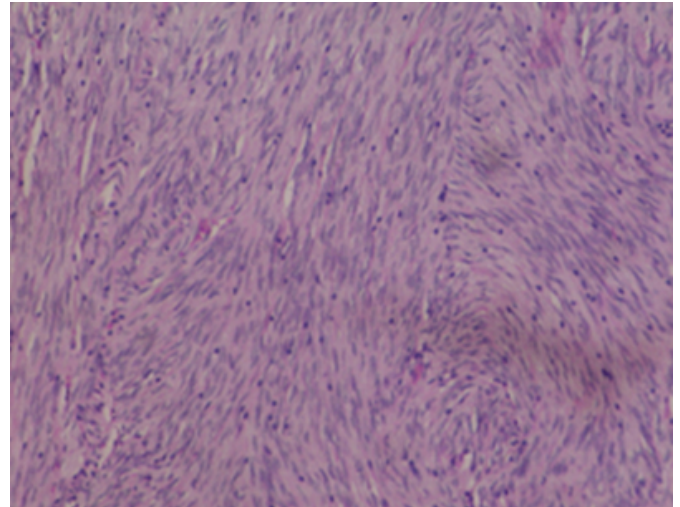


Figure 3



The bladder was seen separate from the mass, the posterior wall being abutted by the tumor. The mass was very vascular. No lymphadenopathy was found. The patient underwent resection and end to end anastomosis of the bowel along with removal of the mass. The post operative period was uneventful and patient voided well on catheter removal after 3 days. The lesion was subjected to histopathology. Biopsy came as gastrointestinal stromal tumor. (Fig.4).

Figure 4



The patient is in regular follow up and CECT scan repeated at 6 months shows no abnormality.

DISCUSSION

GIST presenting purely with LUTS and leading to retention of urine is not a described entity; and the review of literature has failed to reveal any similar case. Thus, this rare entity should also be borne in mind and considered as a cause for retention of urine.

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References

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