

An uncommon case of anemia

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Case History: In January 29st, 2022, was admitted to E.R. Mr C.P., a 55yo man, reporting marked astenia and general fatigue lasting for three days, with melena. Medical records and clinical history were negative for any disease. He did not report any on-going therapy or allergies to environmental agents or medications. Vitals were within normal limits, excepting pallor of skin and mucosae and positive DRE examination for melena.

Patient underwent blood sample examinations. CBC examination showed: Hb 5.6 g/dL, MCV 85.9 fL, HCT 15.2%, RBC 1.770.000 uL, blood iron 45 ug/dL, ferritin 41ng/mL. Patient had two blood transfusions with compatible red cells, in urgency. Successively, he underwent upper endoscopy that showed: "Erosive gastritis, reflux esofagitis grade A sec. Los Angeles [...]. In the digiunum presence of irregular neo-formation, with a middle depression and a superficial erosion on the anterolateral surface, on what are taken samples for biopsy. [...]". It was decided to admit the patient to the Medicine Dept ward. The day after admission, the Hb values improved just slightly, reaching 6.7g/dL, so it was decided to repeat two blood transfusions with compatible red cells. The patient had an Angio-TC of his abdomen that showed: [...] in the context of a digiunum loop it is evident a pseudo nodular neo-formation of 21x19mm that has intense and notable contrast enhancement in the arterious phase of the study [...]. It was performed also a colonoscopy that showed: "[...] angiodysplasia of ascending colon treated with metal clip [...] removal of rectal polyps [...]". After some days of sufficient

Hb values the patient was discharged from the Medicine Dept ward in stable clinical conditions. When ready, the tissue exam report showed: "[...] superficial fragments of mucosa of the small intestine type characterized by a preserved histological structure and a mild chronic inflammatory infiltrate in the lamina propria. Presence of rare cells with atypias of elongation as per probable GIST [...]".The patient underwent surgery for a digiunum resection. The surgical sample was analyzed as the following report: "[...] GIST intestinal stromal tumor with low-grade spindle cell features sec. WHO 2019 [...]".The patient had a good post-surgical course and, at the moment of writing this abstract, he came back to his work With prescription of oncological follow-up.

Conclusions: GISTs are rare malignancies that represent approximately 1-2% of primary gastrointestinal cancers. Despite their rarity, GISTs are the most common mesenchymal neoplasms of the gastrointestinal tract. The worldwide incidence of GISTs is estimated at one to two per 100,000 and the prevalence of 13 per 100,000. 60% of GISTs occur in the stomach followed by the small intestine (30%), colon / rectum (5%) and oesophagus (1%). Large GISTs are often vascular and may present with abdominal pain and / or gastrointestinal bleeding that can occur in the intestines or in the abdominal cavity. About 20% of patients have metastases at the time of diagnosis, mostly located to liver, abdominal cavity and lymph nodes. GIST diagnosis should be considered in all cases of uncommon and unexplained anaemia's with gastrointestinal symptoms and/or atypical lesions of the stomach or proximal loops of small intestine.