A Case of Hepatic Metastasis from Gastric GIST Successfully Resected Following Neoadjuvant Targeted Therapy

A 65-year-old woman with obstructive jaundice was referred to our division for treatment of a huge hepatic tumor. The patient had a history of resection of a stomach submucosal tumor 10 years ago. Dynamic computed tomographic (CT) scan showed a heterogeneous hypervascular tumor occupying both the left hemiliver and the right paramedian sector of the liver, measuring 15 × 10 cm in diameter (850 cm³) (Fig. 1). The tumor strongly compressed major hepatic veins and hilar bile ducts, which caused persistent obstructive jaundice and disturbance of hepatic function. The immunohistochemical examination of biopsied specimen showed that the tumor was positive for c-kit, and a diagnosis of hepatic metastasis from gastrointestinal stromal tumor (GIST) of the stomach was obtained. Neoadjuvant targeted therapy using imatinib (400 mg/day) was administered following percutaneous biliary drainage. After 4 months of chemotherapy, the tumor showed marked reduction in size (8.7 × 7.0 cm in diameter, 220 cm³), tumor enhancement on dynamic CT scan decreased substantially (Fig. 2) and her hepatic function was fully normalized.

She underwent left trisegmentectomy preserving the hepatic hilum and the right hepatic vein. Macroscopically, the tumor was soft, greenish in color and sized 9.5 × 9.0 × 7.0 cm. The immunohistochemical examination of the tumor was positive for CD34 and c-kit, and the diagnosis as a metastatic GIST was confirmed. She has no sign of recurrence 3 months after the operation.

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