An unusual submucosal lesion

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Question

We report the case of a 33y old woman who underwent upper-GI endoscopy for epigastric pain. The first endoscopy showed a pericentimetric submucosal lesion located on the lesser curve of the antrum. The superficial biopsies of the lesion concluded to chronic gastritis. An echo-endoscopy was performed to obtain new biopsies, and showed a well-defined, hypo-echoic, submucosal lesion of approximately 16mm. Biopsy was not possible because of its mobility. At this point, the differential diagnosis were leiomyoma and GIST.

To obtain a formal diagnosis through mucosal incision assisted biopsy, a second endoscopy was performed 4 months later; the lesion had significantly grown (to 25mm), presenting as a Paris 0-Ip lesion, with superficial ulceration (figure 1).

What is your diagnosis?

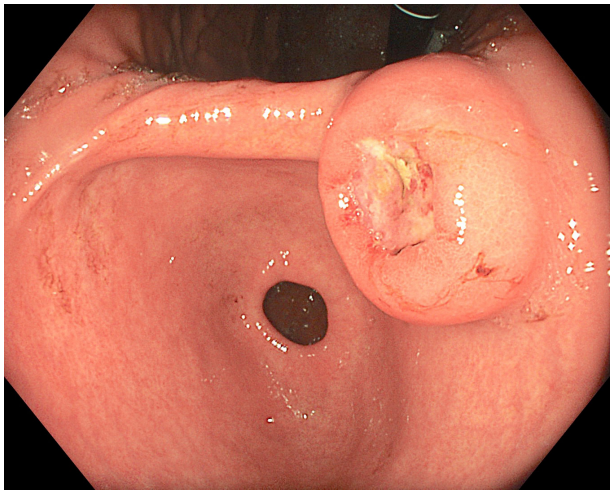

Figure 1. — Submucosal lesion in the antrum.

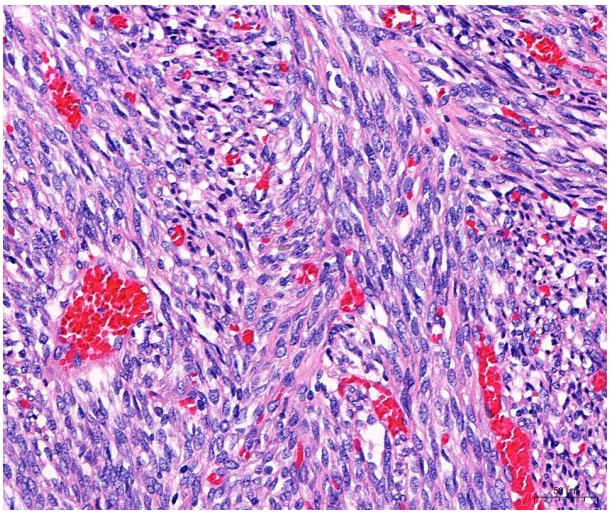

Figure 2. — Gastric synovial sarcoma on haematoxylin and eosin staining.

Answer

The second biopsies initially concluded to a poorly differentiated endocrine carcinoma. The case was discussed in multidisciplinary meeting, and after performing a PETCT that came back negative, the decision to perform a subtotal gastrectomy was made.

On the histological report of the surgical piece, the final diagnosis of a gastric synovial sarcoma was made, and later confirmed by a second lecture.

Synovial sarcomas are malignant soft tissue tumors originating from primitive mesenchymal cells with the potential for epithelial differentiation. It is usually encountered near joints, although it can occur in multiple places throughout the body. The most common clinical presentation of gastric sarcoma is epigastric pain and anemia (1).

The first difficulty in this case was the initial presentation, evocating a small common submucosal lesion such as lipoma, GIST or leiomyoma. The rapid growth and the superficial ulceration on the second endoscopy were however indicators of a malignant tumor. The second difficulty was the histological diagnosis that was initially incorrect because of the diagnostic difficulty of this rare condition; the main differential diagnosis for mesenchymal submucosal tumors with spindled cells has to be made between GIST, leiomyosarcoma and synovial sarcoma and requires specific immunohistochemical and molecular analysis, the SYTeSSX fusion being pathognomical of synovial sarcoma.

In our opinion, repeated endoscopy in patients that fall outside standard reimbursement criteria should be

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Submission date: 12/07/2024
Acceptance date: 18/09/2024

considered to establish a firm diagnosis on any submucosal lesion, even if the lesion appears benign at first.

Conflicts of interest

None

Reference

1. FISHER C., DE BRUIJN DRH, GEURTS VAN KESSEL A. Synovial sarcoma. In: Fletcher CDM, Krishnan Unni K, Mertens F, editors. World Health Organization classification of tumors. Pathology and genetics of soft tissue and bone. Lyon: IARC Press, 2002, p. 200e4.