

Correspondence

Gastrointestinal stromal tumors in Saudi Arabia

To the Editor

I have read with interest an interesting retrospective study of Drs. Bokhary and Al-Maghrabi¹ in investigating the pattern of gastrointestinal stromal tumors (GISTs) in western Saudi Arabia. On analyzing data from the pathology laboratories' archives of 2 hospitals between 1995 and 2008, the authors found 37 GIST cases. They concluded that in Saudi Arabia, reporting of GIST cases should be further encouraged.¹ Endoscopy is the first step in the detection of a suspected GIST. Endoscopic ultrasonography (EUS) is the procedure of choice for the diagnosis of submucosal lesions of the gastrointestinal tract, and in particular for GISTs that represent the vast majority of hypoechoic lesions originating from the muscularis propria of the stomach, small intestine, and colon. This method is even more precise than a computed tomography scan, which may be inconclusive in more than 50% of GISTs.² The American Gastroenterological Association suggests periodical follow-up by EUS, for benign appearing submucosal lesions.³ This is based on the consideration that several endosonographic features (tumor diameter, irregular margins, inhomogeneous echo-structure, cystic spaces, echogenic foci, ulcerated mucosa over the lesion) have been linked to malignancy, and their precise definition may guide to the management prompting surgery when necessary.⁴ In their paper, the authors did not mention the diagnostic methods leading to the diagnosis of GIST, and did not report if EUS has been employed in the standard work-up. These details will not only strengthen the work, but also provide a clue to define a health policy. It would be interesting to know if

the authors have more information on this issue in the examined population.

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Reply from the Author

We would like to thank Dr. Pellicano for his interest in our paper. As pathologists, our research depended on the histological diagnosis of cases as GIST. We collected the epidemiological data of the patients from the request forms received in the lab. It will be interesting to do another study in collaboration with a gastroenterologist, or a surgeon in our institute in order to review if the EUS was used in the initial clinical workup of the patient, or in the follow-up after treatment.

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References

1. Bokhary RY, Al-Maghrabi JA. Gastrointestinal stromal tumors in western Saudi Arabia. *Saudi Med J* 2010; 31: 437-441.
2. Cameron S, Ramadori G. Gastrointestinal stromal tumors: diagnostics, therapy and beyond? *Minerva Gastroenterol Dietol* 2009; 55: 409-423.
3. American Gastroenterological Association Institute. American Gastroenterological Association Institute medical position statement on the management of gastric subepithelial masses. *Gastroenterology* 2006; 130: 2215-2216.
4. Bruno M, Carucci P, Repici A, Pellicano R, Mezzabotta L, Goss M, et al. The natural history of gastrointestinal subepithelial tumors arising from muscularis propria: an endoscopic ultrasound survey. *J Clin Gastroenterol* 2009; 43: 821-825.