Small Intestinal GIST: A rare cause of spontaneous and abundant hemoperitoneum

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Clinical Image

Spontaneous hemoperitoneum is a rare cause of acute abdominal pain. When it happens, it may be fatal. The etiology includes generally hepatic, splenic, gynecologic, vascular causes, and bleeding disorders [1]. Gastrointestinal stromal tumors (GIST) are uncommon tumors with a diverse malignancy potential, habitually detected in the stomach and the small intestine [2]. This entity is exceptionally responsible for a spontaneous hemoperitoneum [3].

We report a case of a 59-year-old-man, with pathological history of intermittent and diffuse abdominal pain without intestinal transit disorder. The patient developed acute onset of perpetual widespread abdominal pain accompanied by dizziness and profound asthenia. He presented to the emergency department 2 hours after the beginning of symptoms. A physical examination revealed haemodynamically instable patient and abdominal distension.

His baseline workup showed a profound anemia with 6g/dl hemoglobin level. The rest of blood coagulation tests especially platelet count, prothrombin time and INR were without anomalies. A FAST (Focused Assessment with Sonography in Trauma) examination showed the presence of intraperitoneal abundant free fluid presumed to be blood (hemoperitoneum).

Hence, a decision was made for diagnostic laparotomy after resuscitation of massive hemorrhage. Surgical exploration was in favor an abundant hemoperitoneum caused by a small intestinal tumor suggestive of GIST (figure 1). The patient underwent an ileal resection with safety margin and end-to-end ileo-ileal anastomosis.

The post-operative outcomes were favorable. He was reviewed in consultation three months later, the clinical examination was unremarkable and there were no abnormal findings on CT. The histological analysis found a small intestinal GIST.

Conflict of interest

The author declares that there is no conflict of interest.

Figure 1: images showing the small intestinal GIST before and after resection.

References