

- A 66 year old male patient EX-smoker (~30 PY) previously healthy presented to ER with 3 days history of melena with generalized fatigue and syncope associated with weight loss (~20 kg/3 months). On physical examination the patient was pale, tachycardic with a blood pressure of BP:100/60 . DRE showed a mixture of melena and fresh blood. Initial laboratory studies showed Hemoglobin of 5.9 & Hematocrit of 16. The patient was admitted to ICU. Intravenous proton pump inhibitors initiated.
- Upper endoscopy showed a small fundic polyp. Colonoscopy was done and was normal.
- During his stay in the ICU the patient continued to have melena with drop in Hemoglobin despite transfusion. He received 13 units of packed RBCs.
- CT enterography was done and it showed evidence of bleeding in the jejunum but no mass lesion was detected.
- Push enteroscopy was done and showed a polypoid, well circumscribed lesion, 5.1*2.4*2.4 cm, with 0.4 cm shallow mucosal ulceration in the proximal jejunum.
- The pt underwent exploratory laparotomy with jejunal enterectomy and side to side anastomosis.
- The specimen was sent for pathological and immunohistochemical analysis which showed monotonous population of spindle cells with moderate cellularity. On immunohistochemistry the cells were C-Kit (CD117) Positive
- The tumor was classified as GIST with **intermediate risk** (size>5 cm, mitotic index<5/50 HPF).