Inflammatory myofibroblastic tumor (IMT) is a mesenchymal tumor that occurs preferentially in children and young adults. IMTs were considered to arise as a result of a reactive inflammatory or post surgery process [1]. However, they are thought to have low-grade malignant potential, based on the recent molecular finding of rearrangement at chromosome band 2p23, the site of the anaplastic lymphoma kinase (ALK) gene in the tyrosine kinase locus [2]. They are most commonly found in the lung but may arise in extrapulmonary sites [3].

A 42-year-old woman presented with intermittent dull epigastric pain since 1 month and tarry stool passage since 1 week. The laboratory findings were unremarkable except for a normocytic anemia (hemoglobin 7.7 g/dL). Upper endoscopy revealed a broad-based, protruding mass of approximately 5.5 cm in size, located in the anterior wall of lower gastric body. The tumor was accompanied by bridging folds and two deep ulcerations on the surface.

Upper endoscopy showing a broad-based, protruding mass, approximately 5.5 cm in size, in the anterior wall of lower gastric body. The tumor is accompanied by bridging folds and two deep ulcerations on the surface.

Immunohistochemistry (IHC) showed positive staining for desmin and smooth muscle actin and was negative for GIST markers including CD117, DOG1, CD34, and S100. Kit-negative GIST was further excluded as there were no mutations in the c-KIT and PDGFRα genes.

Gastric IMT is very rare and may be confused with other submucosal lesions, especially GIST, and IHC studies are the only conclusive diagnostic modality [4]. When investigating a gastric submucosal lesion, IMT should be considered particularly if the patient is young or the pathology shows massive plasma cell infiltration admixed with spindle cells.

Competing interests: None
Y. K. Lee, H. Y. Wang, L. R. Shyung, C. W. Chang, M. J. Chen
Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital and Mackay Medicine, Nursing and Management College, Taipei, Taiwan

References
4 Greenson JK. Gastrointestinal stromal tumors and other mesenchymal lesions of the gut. Mod Pathol 2003; 16: 366–375

Bibliography
Endoscopy 2011; 43: E151–E152
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
Dr. M. J. Chen
Division of Gastroenterology
Department of Internal Medicine
Mackay Memorial Hospital
No.92, Sec. 2 Chung-Shan North Road
Taipei
Taiwan
Fax: +886-2-25433642
mingjen.ch@msa.hinet.net