A 63-year-old man was admitted to our clinic with a 2-month history of epigastric pain and dyspeptic complaints. He had no history of any disease and his vital signs were within normal limits. Physical examination revealed a palpable abdominal mass. Laboratory tests showed unremarkable findings. Upper gastrointestinal endoscopy revealed a crater-like ulcer, approximately 3 cm in diameter, in the anterior wall of the gastric body, and compression on the posterior wall of the stomach (Fig. 1). The esophagus and duodenum were unremarkable. Histopathological analysis of an endoscopic biopsy sample from the ulcer revealed malignant melanoma. Abdominal computed tomography showed a large, heterogeneous, cystic solid tumor 15 cm in diameter, compatible with gastrointestinal stromal tumor (GIST), originating from the posterior wall of the stomach (Fig. 2). Percutaneous biopsy was performed. A diagnosis of GIST was confirmed by histopathological findings. The patient was referred to the surgery and medical oncology departments.

GIST is the most common type of mesenchymal tumor and can develop anywhere in the gastrointestinal tract. Half of all GISTs (50%) occur in the stomach [1]. The combination of GIST with other gastric tumors is extremely rare. To the best of our knowledge, this is the first reported case of a patient with synchronous gastric malignant melanoma and large gastric GIST.

Competing interests: None

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DOI http://dx.doi.org/10.1055/s-0034-1377981
Endoscopy 2014; 46: E574
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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