Endoscopic characterization and resection of Vanek’s tumor of the duodenum

A 66-year-old white man was referred following visualization of a duodenal mass on endoscopy. The patient had presented to his primary physician complaining of a 6-week history of nausea, vomiting, 20-pound unintentional weight loss, and melena. Initial physical exam revealed diffuse abdominal pain. Laboratory work-up revealed normocytic-normochromic anemia (Hb 9.4 g/dL), abdominal ultrasound showed a distended gallbladder, and abdominal computed tomography scan findings were negative. Esophagogastroduodenoscopy (EGD) revealed a bleeding pedunculated lesion (2×2 cm) in the duodenum. The lesion was injected with epinephrine 1:10 000, and a detailed endoscopic image of this tumor was obtained. Most previous publications lack endoscopic documentation. IFPs are semipedunculated or sessile lesions covered by normal mucosa with occasional superficial ulceration, and measure 2–5 cm in diameter [4, 5]. Microscopically, they contain spindle cells, vascular and fibroblastic proliferation, with eosinophilic infiltration. Immunohistochemistry distinguishes them from gastrointestinal stromal tumors, as IFPs are CD-34 and vimentin positive but CD-117 negative. Finally, endoscopic resection was demonstrated to be effective in removing the IFP. However, larger lesions should be removed surgically.

In summary, this case demonstrated the endoscopic and histologic characteristics of duodenal IFP, and showed that endoscopic resection solves the partial gastric outlet obstruction and gastrointestinal bleeding.

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