

Extragastrintestinal Stromal Tumours in Uncommon Pelvic Sites: A Case Series

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BACKGROUND

GISTs are the most common mesenchymal tumours of the GI tract. Extragastrintestinal GISTs (EGISTs) are uncommon and, in the **pelvis or vagina**, can mimic gynaecological or colorectal disease.

Aim: To describe two diagnostically and therapeutically challenging pelvic EGISTs managed at a tertiary cancer centre.

CASE 1: 49-YEAR-OLD MAN

- 3 months of lower abdominal pain, vomiting, rectal bleeding and weight loss
- Emergency laparotomy: large haemorrhagic pelvic mass
- Biopsy: spindle-cell GIST, strong **DOG1+**, mitotic index **9/25 HPF**
- CT: bulky pelvic mass inseparable from bladder and rectum; suspected liver surface lesion and indeterminate lung nodule
- MDT review: **unresectable**

CASE 2: 35-YEAR-OLD WOMAN

- 12-year** history of dysuria and painful defecation
- Excision of presumed vaginal fibroids in 2015 and 2021 (outside; histology unavailable), then vaginal bleeding
- EUA: 4 × 6 cm vaginal mass, excised piecemeal. Histology: spindle-cell GIST, **CD117+/CD34+**, margin <1 mm
- MRI: infiltrative mass in vaginal walls, mesorectum and anorectal junction; rectal mucosa intact
- Clinical stage **T4N0M0**; unresectable (R0 would need unacceptable morbidity)

TABLE 1. CASE COMPARISON

	Case 1	Case 2
Age / sex	49 / M	35 / F
Site	Pelvis	Vagina / mesorectum
IHC	DOG1+	CD117+, CD34+
Key feature	9/25 HPF mitoses	Margin <1 mm; T4N0M0
Resectable?	No	No
Molecular testing	Not done	Not done

TREATMENT AND OUTCOME

Case 1: Imatinib gave a partial response at 3 months but the mass stayed unresectable. Progression at ~2 years suggested acquired resistance. Dose escalation to 600 mg was not tolerated (fatigue, anorexia, weight loss). Nilotinib was used (local constraints); sunitinib is the standard second line. Course: recurrent admissions, nasojejunal feeding, transfusion and palliative care.

Case 2: Imatinib started with disease-control intent; under ongoing clinical and radiological surveillance.

DISCUSSION

- Pelvic symptoms are non-specific and extraluminal growth hides the site of origin, so diagnosis is delayed
- Case 2 was treated as a benign vaginal mass for years
- Guidelines advise reporting site, size, mitoses and margins, and **KIT / PDGFRA** testing to guide TKI therapy; this was **not available here** (limitation)
- Neoadjuvant imatinib may shrink tumours, but response does not always mean resectability