Uncommon Giant Submucosal Tumor of Stomach

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A 38-year-old man presented with a 3-year history of intermittent and vague epigastric discomfort and abdominal distention. Gastroscopy found submucosal neoplasms in the greater gastric curvature (fig. 1a). Endoscopic ultrasound (EUS) found that the structure of the muscularis propria and serosal layer were destroyed and interrupted by a giant mass (fig. 1b). The echo intensity of the mass was chaotic; at the same time, clustered low

echo could be tested in the mass. Enhanced multi-detector computerized tomography (MDCT) and three-dimensional reconstruction showed the external-growing mass approximately 10.0 × 4.8 cm in size with a clear boundary from the surrounding tissues and the intact mucosal layer (fig. 2). There were no obvious enlarged lymph nodes detected at MDCT scan, but calcification could be found in the mass. Three bunchy cystoid mass-

Fig. 1. a Gastroscopy illustration showing a submucosal mass. **b** EUS imaging showing the destroyed structure of the gastric wall.

Fig. 2. Coronary reconstruction of MDCT showing continuous masses located at the greater curvature.

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Fig. 3. **a** Gross finding in laparotomy. **b** Tumor specimen showing the enlarged blood and lymphatic vessels. HE. $\times 5$.

es locating at the greater curvature accompanied by the right gastroepiploic vessels were found at laparotomy (fig. 3a). Morphologically, the appearance of the para-tumor gastric tissue was normal and the boundary between the mass and the normal gastric tissue was clear. Histopathology confirmed the diagnosis of gastric angioma, which contained the histological components of both hemangioma and lymphangioma (fig. 3b). Pylorus-preserved partial gastrectomy was carried out with negative margins established by frozen section examination. At 1-year follow-up, the patient had a well-preserved quality of life and was asymptomatic, without any indication of recurrence or metastases.

Gastric angioma is a rare benign congenital tumor, and usually asymptomatic. However, some rare symptoms, such as bleeding, obstruction, or rupture, may occur. EUS, enhanced MDCT and MRI are considered as the most common and most sensitive modalities for diagnosis. Resection of the tumor offers curative surgery.

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