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Clinical Image
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Abrikossoff Tumor of the Stomach (Granular Cell Tumor)

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Clinical Image

A 49 year old M with h/o abdominal pain underwent an Upper Endoscopy that revealed a 1.5 cm submucosal gastric lesion on the greater curvature in the antrum. An EUS revealed a 14 x 16 mm mass arising from the muscularispropria. Core biopsies with a 22 gauge needle were performed which histologically and immunohistochemically confirmed granular cell tumor (GCT). Immuno-staining for S-100 protein and CD 68 were positive, supporting the tumor's proposed Schwann cell origin. GCT are benign tumors most commonly seen in the esophagus (75%), Colon (21%) and are very rarely seen in the stomach (4%) [1,2]. Colorectal and gastric GCT's are thought to have more infiltrative growth [1]. Immunolabelling for S-100 protein, CD56, CD68, SOX-10 and Inhibin-α is usually positive [1]. GCT can become malignant if rapidly grow to a size of 4 cm or more, have increased cellular atypia or high mitotic activity defined as a Ki-67 index of 10% or more [3]. Surgical en bloc or wedge resection in the past and more commonly endoscopic submucosal dissection (ESD) has been described for both benign and malignant tumors [2-5]. Most of the gastric GCT were either surgically resected [3] or endoscopically dissected [2], we opted for continued endoscopic surveillance as the biopsies were consistent with a small benign tumor.

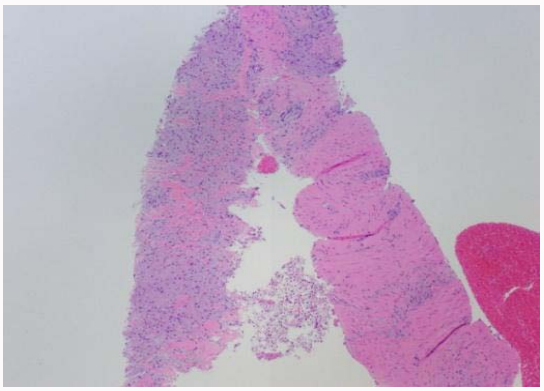

Figure 1: Core biopsies show a granular cell tumor involving muscular tissue (muscularis).

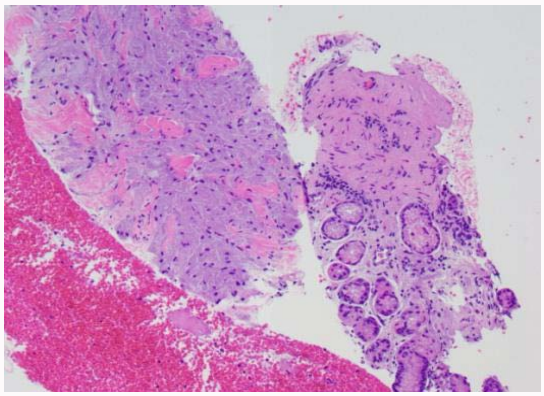

Figure 2: The neoplastic cells contain small hyperchromatic nuclei and abundant eosinophilic cytoplasm (left). A fragment of uninvolved gastric mucosa is also observed (right black arrow).

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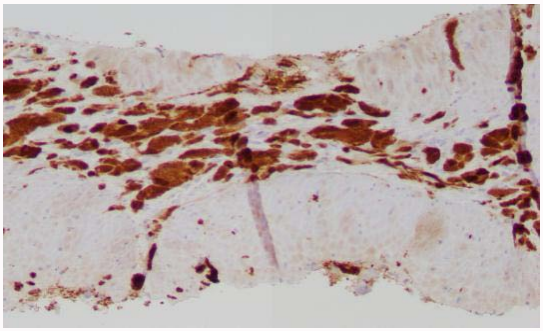

Figure 3: Immunohistochemical stains for S100 was positive supporting the diagnosis of granular cell tumor.

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