

DISCUSSÃO: Despite the small number of cases we believe that the use of systematic ELC approach in gastric GIST is feasible, safe and effective. Intraoperative endoscopy support allows better exposure of the tumour, greater accuracy of resection, with low morbidity and high patient satisfaction.

HOSPITAL: Centro Hospitalar do Algarve - Unidade Portimão

SERVIÇO: Centro Hospitalar do Algarve. Serviço de Cirurgia III.
*Serviço de Gastroenterologia

AUTORES: M. Cunha, K. Hristrova, J. Roseira, V. Hugo, J. Melo, D. Veiga, B. Peixe*, H. Tavares de Sousa*, J. Rachadell, E. Amorim, M. Americano

CONTACTO: Miguel Cunha

EMAIL: Miguelcunha86@gmail.com

ABSTRACT ID: EG2331888

TÍTULO: **Minimally invasive treatment of gastric GIST by Endo-Laparoscopy**

OBJECTIVO/

INTRODUÇÃO: The gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumours of the gastrointestinal tract. Surgery is the primary therapeutic approach. Objective: To present the results of patients undergoing combined endo-laparoscopic (ELC) approach as a minimally invasive treatment for gastric GISTs

MATERIAL E

MÉTODOS: Prospective analysis of surgical results and follow-up outcomes of the patients undergoing ELC for treatment of gastric GIST (2010-2013)

RESULTADOS: Sample of 6 patients with a mean age of 56 years. Average tumor size 4.1 cm; as for location, 4 were in the body, 1 in the fundus and 1 in the fundus-body; 50% were anterior wall tumors and 50% were located on the posterior wall. A laparoscopic segmental atypical resection with endoscopic support was performed in all cases. There was no need for conversion, no intra-operative complications were identified and RO surgeries were histologically confirmed. All tumors were classified as low-grade malignancy. Maximum postoperative hospital stay of 2 days. Although there, s no mention of any short-term complications, on the second year of follow up an incisional hernia was diagnosed (the only complication of the sample). No recurrences reported to date.

