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Accepted Manuscript

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PII: S0016-5107(18)30262-1

DOI: [10.1016/j.gie.2018.04.003](https://doi.org/10.1016/j.gie.2018.04.003)

Reference: YMGE 11003

To appear in: *Gastrointestinal Endoscopy*

Received Date: 31 January 2018

Accepted Date: 2 April 2018

Please cite this article as: Okoronkwo N, Ghavimi S, Chokshi R, Peters S, Ahlawat S, Gastric calcifying fibrous tumor mimicking GI stromal tumor, *Gastrointestinal Endoscopy* (2018), doi: 10.1016/j.gie.2018.04.003.

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Gastric calcifying fibrous tumor mimicking GI stromal tumor

Short title: Gastric calcifying fibrous tumor

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Key words: pseudotumor; gastric tumor

Grant support: None

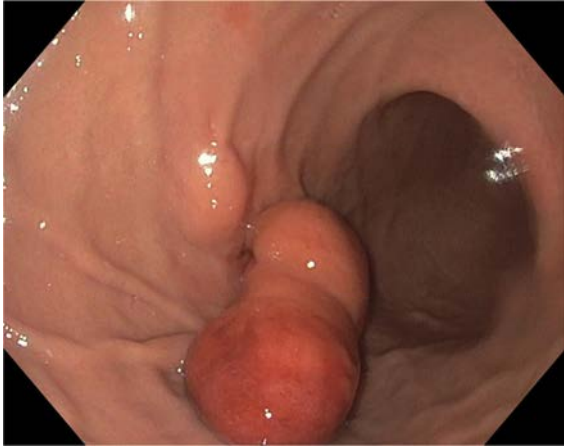
Conflict of interest: No disclosures

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A 27-year-old female with no significant medical history was referred for an EUS to evaluate a large, firm, gastric mass (A), which was detected during esophagoduodenoscopy done for persistent reflux symptoms and intermittent epigastric pain. EUS revealed a polypoid, broad-based, solid intramural mass, 2 cm x 4 cm in size, heterogeneous in echo-texture with calcifications and post-acoustic shadowing. The polypoid gastric mass appeared to arise from the muscularis propria (B).

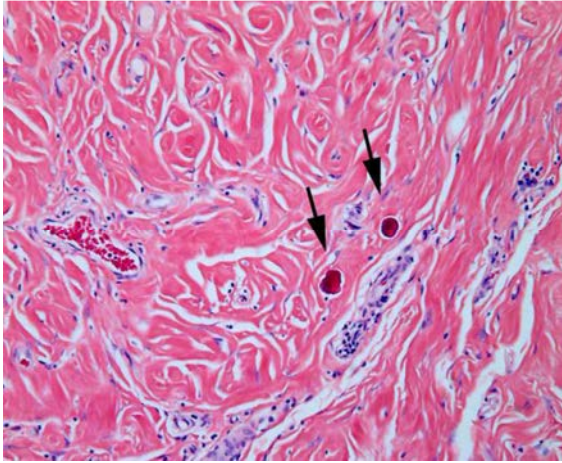
EUS-guided fine-needle aspiration was performed and sent for cytology but the results were nondiagnostic. Subsequently, the patient underwent a laparoscopic partial gastrectomy with resection of the gastric mass. Cut section of the mass showed poorly defined vaguely nodular firm grey white tissue. On histology the gastric mass was composed of dense, paucicellular, irregular fibro connective tissue penetrated by small arterioles and capillaries with scattered small round and irregular calcifications (C, H&E stain, high power). Paucicellular irregular dense fibroconnective tissue is seen with several small calcifications (*arrows*) and several small arterioles and capillaries in a collagenous background. Lymphocytic infiltrates were also present among the fibrous proliferation (D, H&E stain). Immunohistochemical testing was negative for c-kit, DOG-1, beta-catenin, and desmin. Based on these typical findings, a diagnosis of gastric calcifying fibrous tumor was made.



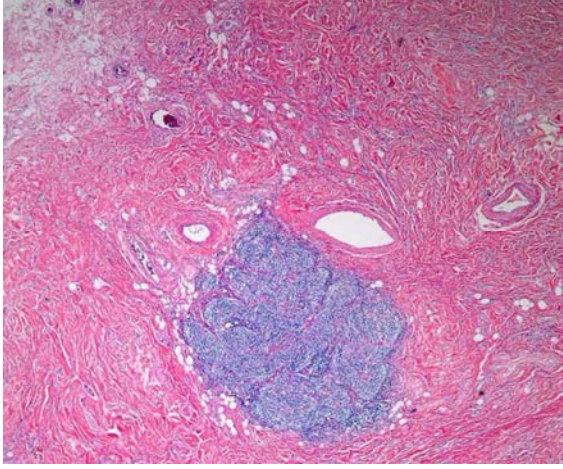
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