



Title	Gastro-intestinal stromal tumours in Hong Kong
Author(s)	Chan, CW; Mak, HKF; Chan, KH; Lau, RLK
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Gastro-intestinal stromal tumours in Hong Kong

To the Editor—We read “Gastro-intestinal stromal tumours: a review of current management options”¹ with interest. We wish to point out that, in Hong Kong, gastro-intestinal bleeding is the most common presenting symptom (60-80% of cases), in contrast to ‘vague abdominal mass’ or ‘fullness’ seen in many overseas studies.² Endoscopic ultrasound (EUS) is invaluable in the management of gastro-intestinal stromal tumours (GISTs) due to its unique ability to reveal detailed tumour structures in relation to the adjacent fine bowel wall layers. A heterogeneous mass arising from the muscularis propria/mucosae with irregular extraluminal margins, cystic spaces, and lymph nodes, is highly suggestive of a malignant GIST.³ Endoscopic ultrasound-guided needle-aspiration biopsy with immunohistology staining provides prognostic markers which influence therapeutic strategies. Successful EUS-guided endoscopic resection of a small GIST has been reported.⁴ The GIST field was revolutionised by the 1998 discovery of c-KIT (CD117 antigen) as both a diagnostic marker and therapeutic target. We observed an increase in the incidence of GIST following the introduction of CD117, in both Hong Kong and the US.² In a homogenous population of CD117-positive GISTs, we are likely to see more consistent data regarding survival and treatments from new studies.

While grossly incomplete tumour removal is an established poor prognosticator, lack of data makes it difficult to determine optimal strategies for management of patients with microscopic involvement of the resection margin. In our cohort, survival and tumour recurrence rates in patients with microscopic involvement of the resection margin resembled those of patients with complete tumour resection. Nevertheless, we support the author’s comment that the surgeon should attempt to obtain microscopically negative margins in any GIST with malignant potential.

CW Chan, MB, ChB, FHKAM (Medicine)

E-mail: chanchunwing@hotmail.com

Department of Medicine, Yan Chai Hospital, Hong Kong

Henry KF Mak, MB, ChB, FHKAM (Radiology)

Department of Radiology, Prince of Wales Hospital, Hong Kong

KH Chan, MB, ChB, FHKAM (Medicine)

Department of Medicine, Yan Chai Hospital, Hong Kong

Ruth LK Lau, MB, ChB, FHKAM (Pathology)

Department of Pathology, Yan Chai Hospital, Hong Kong

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