Gastrointestinal Stromal Tumor of the Tongue

ABSTRACT

Objective: To report a case of a gastrointestinal stromal tumor presenting as a recurrent tongue mass

Methods:

Study Design: Case Report
Setting: Tertiary Public Military Hospital
Participant: One patient

Results: A 40-year-old Filipino soldier from Camarines Sur presented with a recurrent tongue mass two years after excision of a progressively-enlarging, firm, fixed, non-tender mass at the left posterior third of the tongue diagnosed as a Schwannoma. Repeat surgery involved partial glossectomy via midline mandibular swing. Final histopathologic report after immunohistochemical studies for CD117, SMA, and S100 was extraintestinal gastrointestinal stromal tumor of the tongue. The patient was started on the c-kit tyrosine kinase inhibitor Imatinib with no recurrence 10 months post treatment.

Conclusion: Gastrointestinal stromal tumor may be considered when presented with a recurrent tongue mass despite complete surgical resection. Surgical removal is curative for most lesions. Post-operative chemotherapy with the use of Imatinib is valuable.

Keywords: recurrent tongue mass, gastrointestinal stromal tumor, immunohistochemistry, c-kit tyrosine kinase inhibitor

A 40-year-old Filipino soldier from Camarines Sur presented with a recurrent mass over the posterior third of the tongue. His condition started two years earlier, with a progressively enlarging, firm, fixed, non-tender mass at the left posterior third of the tongue of one month duration, associated with difficulty in speech and dysphagia for solid food. There was no history of trauma, weight loss or taste disturbances.

Initial physical examination revealed a 5 x 5 x 3cm, non-hyperemic, non-tender, firm, fixed mass involving the left posterior third of the tongue with no limitation of tongue movement. There were no palpable cervical lymphadenopathies, and the rest of the physical examination findings were unremarkable.

Incision biopsy revealed capillary hemangioma, and intralesional Triamcinolone injection at 1.5cc once a week for four weeks was started. A decrease in size of the mass to 4 x 3 x 3 cm was noted, and wedge excision biopsy with 0.5 cm margins and primary repair was performed under general anesthesia. Histopathological examination showed tissue composed of spindle-shaped cells with indistinct cellular borders disposed in fascicles while others exhibit rows of cells with...