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Gastrointestinal stromal tumor: An interesting presentation

Sameer Rehman and **John Foster**
Hartford Hospital, USA

The case report begins with the 84-year male with past medical history of HTN, HLD, iron deficiency anemia presented with three days of dark, "mahogany" stool, abdominal pain and dizziness. He was on Coumadin for prior CVA. His INR was supratherapeutic and Coumadin was held. Workup for his GI bleed began with endoscopy on 4/19 and 4/24, demonstrating duodenal ulcers and esophageal ulcer which was clipped. However, the patient consistently required transfusions due to ongoing drops in H&H. He underwent a tagged RBC scan that was positive for bleeding in the small bowel. Capsule endoscopy showed blood in distal small bowel. An arteriogram showed a hypervascular 3.2x3.3 cm mass in the mid-ileum that was felt to be a Meckel's diverticulum. The patient underwent an exploratory laparotomy and had a 3 cm mass in the jejunum, more proximal than a typical Meckels diverticulum. It was felt to be more consistent with a benign tumor, possibly a leiomyoma, although official pathology was pending. Official pathology report revealed a gastrointestinal stromal tumor arising from the jejunum.

Biography

Sameer Rehman is a 4th year Postgraduate Radiology Resident Physician at Hartford Hospital in Connecticut. He has completed two years of surgical training and healthcare focused MBA prior to starting Radiology Residency. He has published several research papers and written book chapters in disciplines of Surgery, Radiology and Healthcare Economics. He aims to improve healthcare delivery by developing an efficient healthcare model via research and innovation. His clinical interest lies in Interventional Radiology/Oncology.

rehmansameer@hotmail.com

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