



1

(desmoid tumor), (lipomatous tumor), , 4000 c가
(smooth muscle tumor), (neuro -
genic tumor) , (mesothelioma) ,
(desmoplastic small round cell
tumor) 가 가 ,
, 가

1

(Fig. 2A, B).

(Fig. 2C)

c - kit smooth muscle actin

58

가 1

가

CD34

가

, 50

CT

27.5 × 15.0 × 25 cm

8

(Fig. 2D).

가

가

가

(Fig. 1A - C).

(Fig. 1C).

(Fig. 1A, B).

(mesenchymal tumor)

가

가

(Fig.

1D).

(1 - 4).

(20 - 25%), (5%), (60 - 70%)가 가
(<5%)
(ometum)

1

2

2002 8 7

2002 10 25

68

가

, 가 39

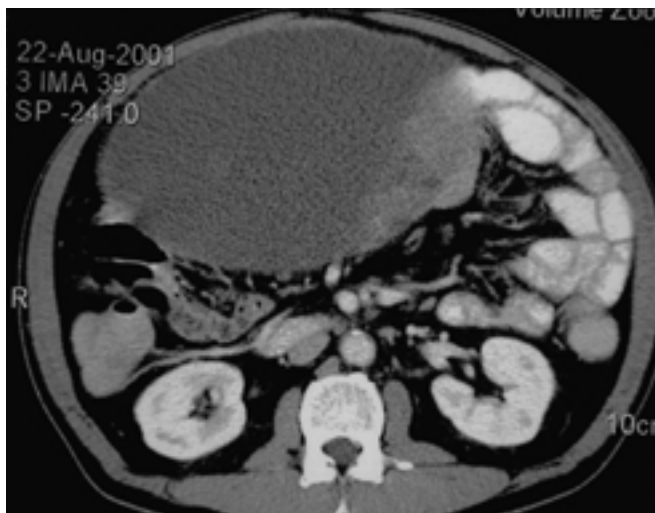
, 가 29

61.2 (24 - 85),
15.3 cm (2 - 30 cm) (5).

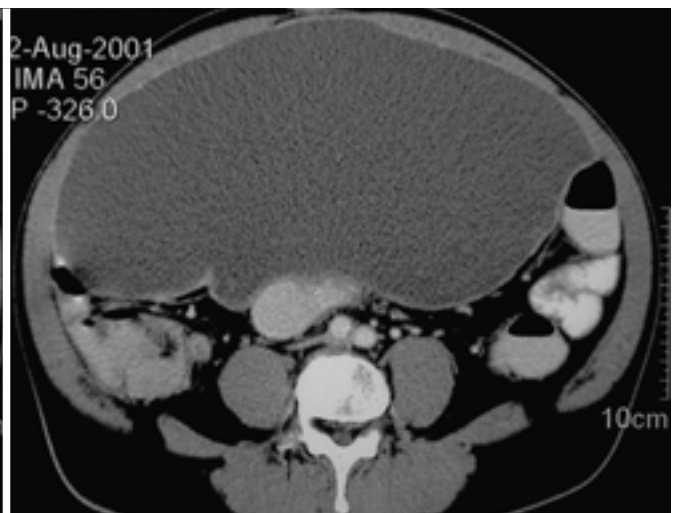
가
(1, 2).

Cajal (Interstitial cell 47% 가
of Cajal)
CD117 (c-kit) CD34
(6). Miettinen (2) 12
CD117 CD34
CD117 , CD34
, CD34 Miettinen (2) CD117
(7).
(8). 가 8 (50)
(malignant potential)
(x 400) 5
가 50 가 5 cm

(1). DeMatteo



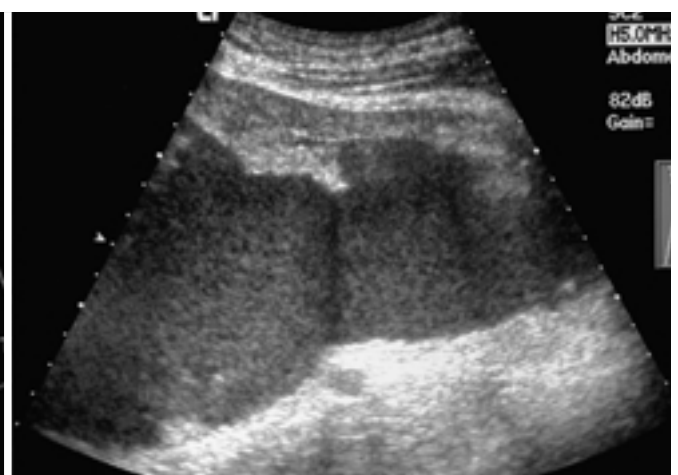
A



B



C



D

Fig. 1. A 58-year-old man with a 27.5 × 15.0 × 25 cm huge mass in abdominal cavity.
A. Postcontrast CT scan of the upper portion of the mass shows some solid portion at left side of the mass displacing the jejunal loops.
B. Postcontrast CT scan of the mid portion of the mass shows nearly cystic huge mass occupying the most part of abdominal cavity.
C. Postcontrast CT scan of lower portion of the mass shows some solid portion at the anterior portion of the mass in pelvic cavity.
D. US shows a large mainly low echoic cystic mass with peripheral solid portion.

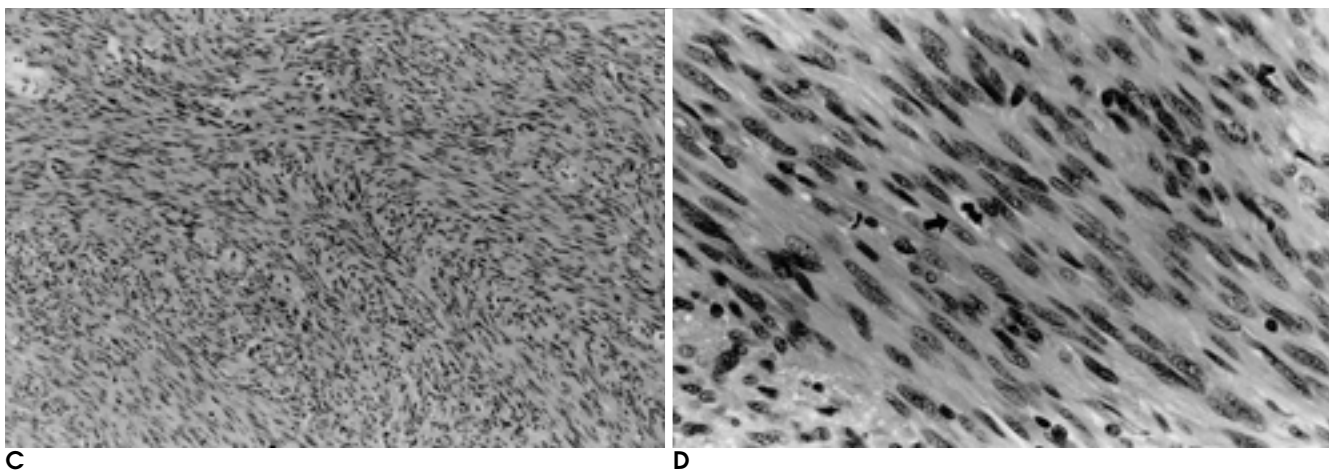
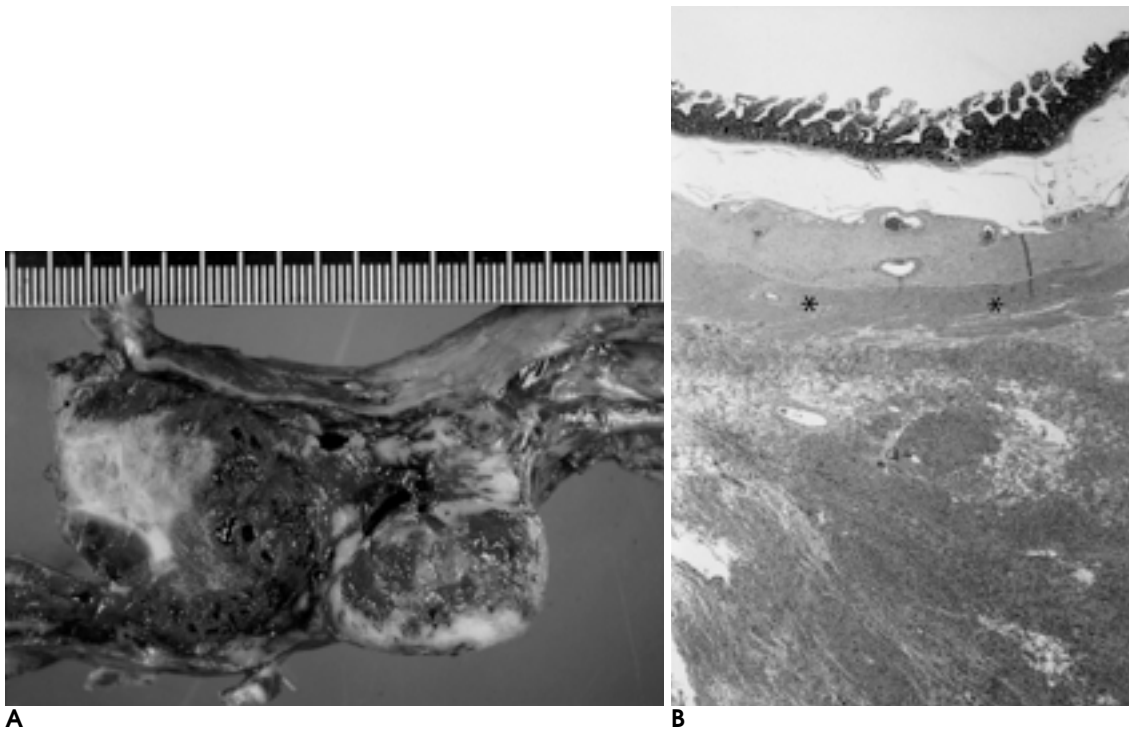


Fig. 2. A. Cut section shows a large hemorrhagic tumor mainly located in the mesenteric portion of the jejunum, which seems to be simply attached to the jejunal wall with no obvious extension.
B. Low magnification view of the jejunum attached to the tumor demonstrates that the tumor is mainly located below the muscular layer (asterisk) with a definable boundary (H & E, $\times 40$).
C. Microscopically, the tumor is composed of spindle shaped cells arranged in fascicular pattern (H & E, $\times 100$).
D. The neoplastic cells show moderate cytologic atypia and mitotic figure (arrow) (H & E, $\times 400$)

30 (88.2%)가
 7 (20.6%)

CT

(9), 가

가

(10).
 (9, 11). Shitomi (5)
 34

CT

1. Miettinen M, Lasota J. Gastrointestinal stromal tumors- definition, clinical, histological immunohistochemical, and molecular genetic features and differential diagnosis. *Virchows Arch* 2001;438(1):1-12
2. Miettinen M, Monihan JM, Sarlomo-Rikala M, et al. Gastrointestinal stromal tumors/smooth muscle tumors(GISTs) primary in the omentum and mesentery; clinicopathologic and immunochemical study of 26 cases. *Am J Surg Pathol* 1999;23(9):1109-1118
3. . *Medical postgraduates* 1998;26: 161-165
4. Pidhorechy I, Cheney RT, Kraybil WG, Gibbs JF. Gastrointestinal stromal tumors: current diagnosis, biologic behavior, and management. *Ann Surg Oncol* 2000;7(9):705-712
5. Shitomi T, Akasaka I, Yamaguchi T, et al. A case of mesenteric epithelioid leiomyosarcoma showing rapid growth of cystic component. *Nippon Shokakibyo Gakkai Zasshi* 2001;98(10):1179-1184
6. Sarlomo-Rikala M, Kovatich AJ, Barusevivius A, Miettinen M.

CD117: a sensitive marker for gastrointestinal stromal tumors that is more specific than CD34. *Mod Pathol* 1998; 11(8): 728-734

7. DeMatteo RP, Lewis JJ, Leung D, Mudan SS, Woodruff JM, Brennan MF. Two hundred gastrointestinal stromal tumors: recurrence patterns and prognostic factors for survival. *Ann Surg* 2000;231:51-58
8. Miettinen M, El-Rifai W, HL Sobin L, Lasota J. Evaluation of malignancy and prognosis of gastrointestinal stromal tumors: a review. *Hum Pathol* 2002; 33(5): 478-483
9. Koehler RE, Memel DS, Stanley RJ. Gastrointestinal tract. In: Lee JKT, Heiken JP, Sagel SS, Stanley RJ, eds. *Computed body tomography with MRI correlation*. 3rd ed. Philadelphia: Lippincott-Raven, 1998;649-653
10. Levine MS, Megibow AJ. Other malignant tumors of the stomach and duodenum. In: Gore RM, Levine MS, eds. *Textbook of gastrointestinal imaging*. 2nd ed. Philadelphia: Saunders, 2000; 645-648
11. Levine MS. Benign tumors of the stomach and duodenum. In: Gore RM, Levine MS, eds. *Textbook of gastrointestinal imaging*. 2nd ed. Philadelphia: Saunders, 2000;584-587

J Korean Radiol Soc 2002;47:631 - 634

Malignant Gastrointestinal Stromal Tumor of Mesentery Origin: Case Report¹

Myong Hee Seo, M.D., Jae-Chan Shim, M.D., Mee Joo, M.D.², Seok Jong Ryu, M.D.,
Ghi Jai Lee, M.D., Ho Kyun Kim, M.D.

¹Department of Diagnostic Radiology, College of Medicine, Inje University

²Department of Pathology, College of Medicine, Inje University

A primary tumor of mesenteric origin is rare. We encountered a malignant gastrointestinal stromal tumor (GIST) of mesenteric origin that demonstrated severe necrosis, and report the CT findings and review the literature.

Index words : Mesentery, neoplasms
Mesentery, CT

Address reprint requests to : Jae Chan Shim, M.D., Department of Diagnostic Radiology, Seoul Paik Hospital, College of Medicine, Inje University, 2-85, Jur-dong, Chung-gu, Seoul 100-032, Korea.
Tel. 82-2-2270-0139 Fax. 82-2-2266-6799 E-mail: joshim96@unitel.co.kr