Letter to Editor

Letter to: Gastric Glomus Tumor: Report of a Case

Teck Seong Young[1], Shi Yun Lee[1], Chiak Yot Ng[2], Firdaus Hayati[1]

Bangladesh Journal of Medical Science Vol. 21 No. 02 April'22 Page : 477-478
DOI: http://doi.org/10.3329/bjms.v21i2.58086

Dear authors,

We read with great interest the article by Leblebici et al, entitled "Gastric glomus tumor: report of a case", which was recently published in Bangladesh Journal of Medical Science.[1] We congratulate the authors of this interesting manuscript highlighting a rare tumour at a rare site. The discussion was extensively detailed and clearly understood by readers, including those without sound background knowledge of pathology of glomus tumour.

Radiologically, glomus tumours are vascular tumours which give the avid enhancement during arterial enhancement phase. This can be explained due to the nature of its derivatives of perivascular glomusbodies mesenchymal tumour[2]. Computer tomography angiogram of the abdomen and catheter guided angiogram of the glomus tumour can identify the feeding vessels, which will guide preoperative selective arterial embolization. The purpose of preoperative selective arterial embolization is to reduce intraoperative haemorrhage and clouding of blood over the operative field which may impair visualisation of adjacent structures, to enable a cleaner surgical field[3]. Another benefit would be to shrink up to 30% of the tumour size, which will improve its resectability[4].

As a reader, we believe that the values of this study are lacking in certain areas, which can be improved in the near future. Firstly, we think, probably, the authors can include more relevant negative history such as symptoms of gastric outlet obstruction including epigastric discomfort and pain, non-bilious vomiting, early satiety, upper gastrointestinal tract haemorrhage including hematemesis, and swellings in other parts of the body, especially the subungual region[5,6]. Apart from the history, we believe it will be useful to mention the relevant physical findings in the case report. On physical examination, the patient would exhibit epigastric tenderness upon palpation in cases of gastric glomus tumors[7]. Secondly, the merit of the article could be enhanced if the authors attached the histopathological images as well as the immunohistochemical images for a clearer illustration. Certain expression including C-erb-B2 is crucial in determining the prognostication and survival in gastric cancer.[8] Thirdly, in the era of minimally invasive surgery, we were hoping initially that a laparoscopic surgery as the intervention of choice rather than a laparotomy. Lastly, it is a great value if there is a discussion of the recurrence as it is a well-recognized complication of glomustumours. Regrettably, it was not mentioned about the measures to look for recurrence. The rate of recurrence of gastric glomus tumour has been reported as high as 10%[6]. Hence, we believe it would be worthwhile to touch upon this aspect.

Source of fund:

No source of funding

1. Teck Seong Young
2. Shi Yun Lee
   Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia.
3. Chiak Yot Ng, Department of Radiology, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia.
4. Firdaus Hayati, Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia.

Correspondence: Firdaus Hayati, Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia. E-mail: m_firdaus@ums.edu.my

Conflict of interest:

No conflict of interest

Authors' contribution:

Data gathering and idea owner of this study: Firdaus Hayati

Study design: Teck Seong Young, Shi Yun Lee

Data gathering: Chiak Yot Ng

Writing and submitting manuscript: Firdaus Hayati

Editing and approval of final draft: All authors

Response of author

Dear Editor,

First of all, we would like to thank the authors for their interest in our article. We believe that the merit of the article will increase with this evaluation.

This article is a case report and it was written within the limitation of the case report writing rules.

We think that clinical presentation of glomus tumors, which are very rare as indicated in the article, may specific to the patient, not the disease. In our case, a submucosal tumor is detected in the prepyloric area in the upper gastrointestinal endoscopy performed in the patient who presented with the complaint of weight loss and melena. Except for these situations, the patient died not have any complaints. Physical examination did not show any features, including pain and tenderness. There was no bleeding on endoscopy procedure, symptoms of glomus tumor was noted at discussion.

In this case, we think that preoperative angiography / angioembolization may be overtreatment due to the small size of the tumor. These interventions may perform for very large tumors.

The Immunohistochemical test result was clearly stated in our article, and a definite differential diagnosis was made from other gastrointestinal stromal tumors (neuroendocrine tumor, epithelioid, leiomyoma).

Laparoscopy may be a good option for such lesions but not the gold standard yet. Minimally invasive procedures can be performed in case of advanced laparoscopic surgery experience. We have already noted this in the discussion.

References

1. Leblebici M, Erol CI, Ekinci O, Eren T, Alimoglu O. Gastric Glomus tumor: Report of a case. *Bangladesh Journal of Medical Science*. 2021;**20**(3):662-664 https://doi.org/10.3329/bjms.v20i3.52813
2. Kang G, Park HJ, Kim JY, Choi D, Min BH, Lee JH, et al Glomus tumor of the stomach: a clinicopathologic analysis of 10 cases and review of the literature. *Gut and liver*. 2012;**6**(1):52-57 https://doi.org/10.5009/gnl.2012.6.1.52
3. Amato ACM, Ferreira DDG, da Silva FTF, Uemura MA, Stucchi TO, Dos Santos RV. Hybrid surgery in excision of a Shamblin II glomus tumor. *J Vasc Bras*. 2019;12;18:e20180122. https://doi.org/10.1590/1677-5449.012218
4. Girolami G, Heuser L, Hildmann H, Sudhoff H. Präoperativeembolisationmitchirurgischerresektion von glomustumorenimkopf-hals-bereich: analyse der klinischenergebnisse [Selective embolization and surgical resection for head and neck glomustumours--clinical outcome analysis]. *Laryngorhinootologie.* 2008 Mar;**87**(3):181-185 https://doi.org/10.1055/s-2007-966968
5. Fang HQ, Yang J, Zhang FF, Cui Y, Han AJ. Clinicopathological features of gastric glomus tumor. *World J Gastroenterol*. 2010;**16**(36):4616-4620 https://doi.org/10.3748/wjg.v16.i36.4616
6. Johan S, Khairuddin A, Zuki AM, Teng WW, Hayati F, Mra A, et al. Malignant ulcer: a great mimicker of gastric plasmablastic lymphoma. *Clin J Gastroenterol*. 2021 Apr 1. Epub ahead of print. https://doi.org/10.1007/s12328-021-01409-3
7. Lin J, Shen J, Yue H, Li Q, Cheng Y, Zhou M. Gastric glomus tumor: A clinicopathologic and immunohistochemical study of 21 cases. *Biomed Res Int*. 2020;2020:5637893 https://doi.org/10.1155/2020/5637893
8. Yılmaz HT, Ergen S, Baydarİdris, Çarlıoğlu A, Kurt A. Relatıonshıp between C-erb-B2 expressıon and other prognostıc factors in gastrıc cancer. *Bangladesh Journal of Medical Science*. 2019;**18**(1):124-129 https://doi.org/10.3329/bjms.v18i1.39562