

# Gastrointestinal and Liver Pathology at Rush

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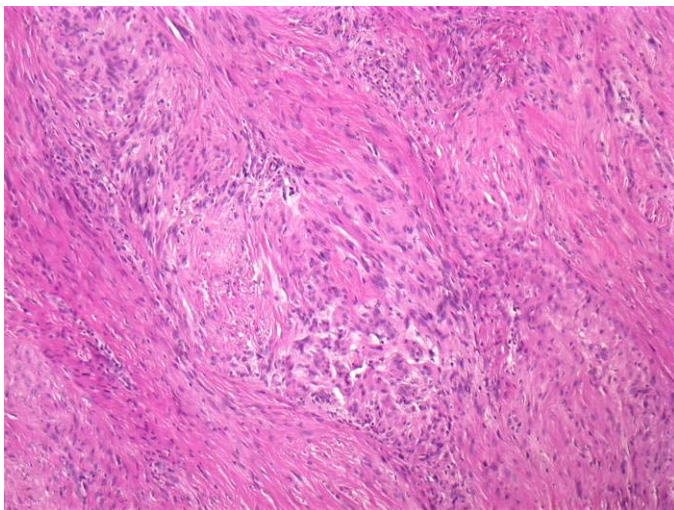
## Case of the Month Question – July 2009

*Contributed by Drs. Marlene Gallegos and Shriram Jakate*

An 84-year-old Caucasian male with a history of coronary artery disease, esophageal cancer, and multiple diaphragmatic hernia repairs, presents to the emergency room with hematemesis for 1 day and melena for 3 days. The patient was pale, weak, and bradycardic and denied trauma, throat, and abdominal pain. Laboratory tests revealed low hemoglobin: 9.2 g/dl, low hematocrit: 27.1%, normal MCV: 98.9 fL, and normal platelets: 166/uL. After blood transfusions, endoscopy and EUS were performed and showed a 3 cm submucosal polypoid lesion with an ulcerated surface along the lesser curvature of the stomach. The patient was taken to surgery and underwent a subtotal gastrectomy. Grossly, the mass was submucosal, well-circumscribed, and had a firm yellow-white cut surface (Figure 1). Histologic sections showed paucicellular interlacing collagenous bundles of spindled cells (Figure 2).



**Figure 1.** Gross photograph of submucosal polypoid lesion (2.7 x 2.6 x 1.7 cm).



**Figure 2.** Microphotograph of mass (100x magnification H&E).