Letter to Editor

Letter to: Gastric Glomus Tumor: Report of a Case
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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 glomus bodies mesenchymal tumour². 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 field³. Another benefit would be to shrink up to 30% of the tumour size, which will improve its resectability⁴.

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 region⁵⁶. 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 tumors⁷. 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.

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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