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Efficacy and Safety of Endoscopic Resection in the Treatment of Small Gastric Stromal Tumors: A State-of-the-Art Review

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Abstract:

Gastrointestinal stromal tumors (GISTs) can occur in any part of the gastrointestinal tract, but gastric stromal tumors (GSTs) are the most common. All GSTs have the potential to become malignant, and these can be divided into four different grades by risk from low to high: very low risk, low risk, medium risk, and high risk. Current guidelines all recommend early complete excision of GSTs larger than 2 cm in diameter. However, it is not clear whether small gastric stromal tumors (sGSTs, i.e., those smaller than 2 cm in diameter) should be treated as early as possible. The National Comprehensive Cancer Network (NCCN) recommends that endoscopic-ultrasonography-guided (EUS-guided) fine-needle aspiration biopsy (FNAB) and imaging (CT or MRI) be used to assess cancer risk for sGSTs detected by gastroscopy to determine treatment. When EUS indicates a higher risk of tumor, surgical resection is recommended. There is some question whether sGSTs also require early treatment. Many studies have shown that endoscopic treatment of GSTs with diameters of 2–5 cm is very effective. We here address whether endoscopic therapy is also suitable for sGST. In this paper, we try to explain two questions: (1) Does sGST require treatment? (2) Is digestive endoscopy a safe and effective means of treating sGST?

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