A 60-year-old Caucasian man was brought to emergency room with bright red bleeding per rectum. He had several large bloody bowel movements followed by syncope and fall. His past medical history included history of pituitary adenoma s/p resection, chronic gastritis, celiac disease, neurofibromatosis type 1, deep vein thrombosis on warfarin. His physical exam was unremarkable except for multiple cutaneous neurofibromas. Patient underwent urgent upper endoscopy during which bleeding appeared to arise from the ampulla, endobiliary stent was placed and attempt was made to control bleeding via endoscopic clip. Next day, repeat upper endoscopy and endoscopic ultrasound was performed.

8/3/2020

What is the most likely diagnosis?

A. Ampullary adenocarcinoma
B. Ampullary GIST
C. Ampullary carcinoid
D. Ulcerated lipoma

Answer: B
EUS image shows uniformly hypoechoic mass corresponding to the ampullary mass visualized on endoscopy, which is arising from the 4th layer on EUS mostly likely GIST. Carcinoid arise from layer 2 or 3. Lipoma is hyperechoic on EUS. Normal wall layer pattern is lost in adenocarcinoma, endoscopic appearance of smooth submucosal mass with central ulceration is also not consistent with adenocarcinoma.