Introduction: The ideal treatment for non-disseminated gastrointestinal stromal tumors (GIST) of the stomach is the local surgical resection. The laparoscopic approach has been validated showing its safety without compromising the oncological principles. The localization on the gastroesophageal junction is a specific situation on gastric GIST, mainly for submucosal tumors arising over the lesser curvature. Wedge resection of these tumors is technically demanding and has been associated to surgical complications and late development of stenosis and gastroesophageal reflux. For these reasons a mixed technique combining endoscopic and laparoscopic approaches has been developed. Herein we report a patient with an endophytic gastric GIST located on the gastroesophageal junction operated on with this technique. Clinical Case: A female 37-years old patient with a submucosal tumor of the gastroesophageal junction was submitted to laparoscopic surgery. During the surgical act the difficulty to continue with the laparoscopic resection became evident and the intragastric resection assisted with endoscopy was undertaken. The technique and the surgical outcomes are described. Conclusion. The intragastric approach for submucosal tumors located over the gastroesophageal junction is safe and relatively simple. This technique is widely described in the medical literature and its indications validated.

Keywords
Gastrointestinal stromal tumor, GIST, laparoscopy, endoscopy.

Available in: http://www.redalyc.org/articulo.oa?id=345532850013