



**Figure 13-4.** (A) Laparoscopic appearance of a GIST. (B) Laparoscopic wedge resection of GIST.

Any patient with a submucosal lesion that may be a GIST should be considered for surgical resection, which not only confirms the diagnosis but provides the primary therapy and allows for risk stratification by means of pathologic analysis. Surgical therapy should achieve negative margins via wedge or segmental resection. Extended anatomic resections with extensive lymph node dissection are not indicated. Laparoscopic surgery is appropriate in the treatment of GISTs, provided oncologic principles are maintained, and is the preferred approach for small lesions where a nonanatomic resection is feasible (Figure 13-4). In patients who underwent complete primary resection, recurrence-free survival was 83%, 75%, and 63% at 1, 2, and 5 years, respectively. On multivariate analysis, recurrence was predicted by 5 or more mitoses/50 high-power fields, tumor size of 10 cm or larger, and tumor location (with patients having small bowel GIST doing the worst).<sup>7</sup>