Torricelli-Bernoulli Sign in a Large Intestine Gastrointestinal Stromal Tumor

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A 72-year-old man presented with a high fever and lower abdominal pain. A blood examination indicated the patient was in a pre-disseminated intravascular coagulation state. Extensive chemotherapy with antibiotics was started on the initial diagnosis of an intra-abdominal abscess. Magnetic resonance imaging showed a gadolinium (Gd)-enhanced tumor in the pelvic space on the Gd-enhanced T1-weighted sagittal image (Picture 1) containing fluid and air inside the tumor with niveau on the T2-weighted axial image (Picture 2). Percutaneous drainage and contrast radiography showed the cavity inside the tumor communicating with the sigmoid colon (Picture 3). Tumor resection and ileostomy were performed due to firm adhesion of the tumor to the surrounding tissues. The patient’s final diagnosis was exophytic c-kit positive high grade gastrointestinal stromal tumor (GIST) with infection in the central cavity arising from the sigmoid colon. The images indicate a central ulceration into the bowel lumen (Torricelli-Bernoulli sign) which is common in large GIST (1). After the operation, he was treated with imatinib for 3 years and was later lost to follow-up.

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Reference