

Figure 1. Abdominal ultrasonography image

A 56×43 -mm hypoechoic tumor with a smooth margin, internal heterogeneity, and no blood flow signal at the posterior wall of the gastric corpus and tail of the pancreas.

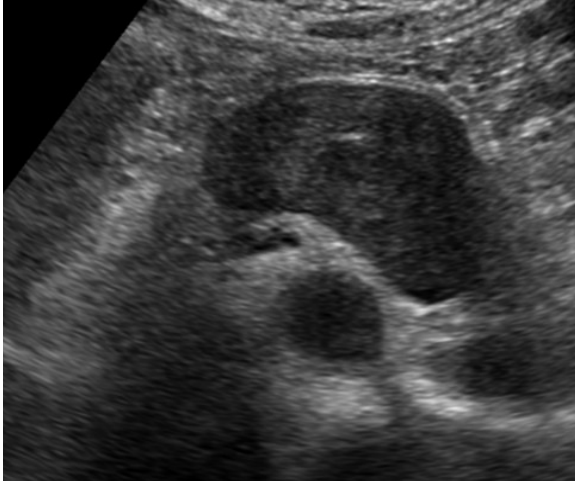


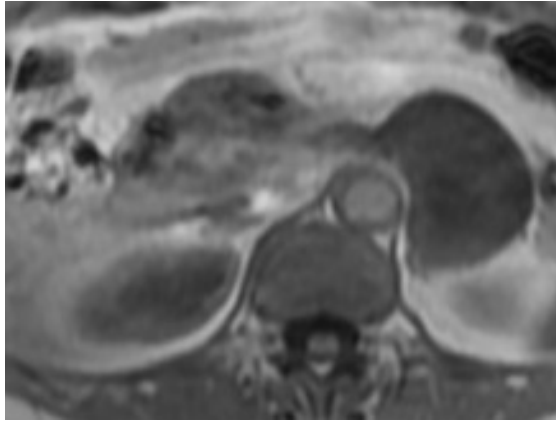
Figure 2. Abdominal contrast-enhanced computed tomography images

A 56.7 × 37.9 × 54.7 mm between the posterior wall of the gastric corpus and the right margin of the abdominal aorta (*red arrows*).

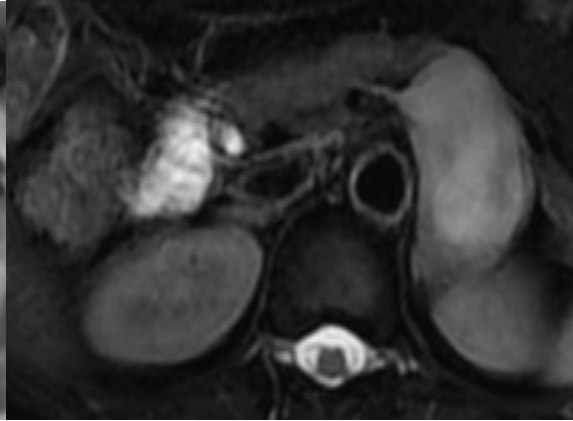


Figure 3. Abdominal contrast-enhanced magnetic resonance images

Low signal on T1-weighted imaging, faint and heterogenous high signal on T2-weighted imaging, and faint high signal on diffusion-weighted images

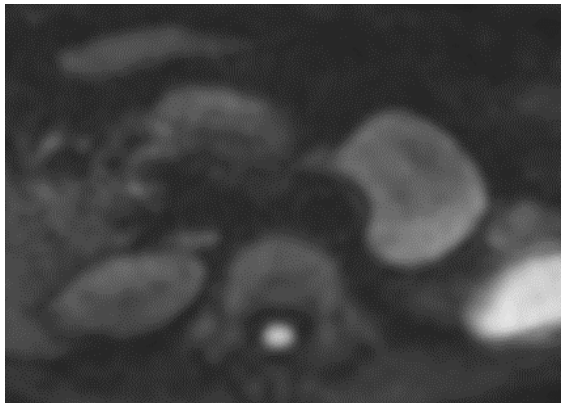


T1-weighted imaging



Fat-suppressed T2-weighted

imaging



Diffusion-weighted images

Figure 4. Endoscopic ultrasound image

A 47.3×31.3 -mm hypoechoic tumor at the posterior wall of the middle part of the gastric corpus. It is suspected to be derived from the muscular layer of the fourth layer of the gastric wall (*red arrow*).

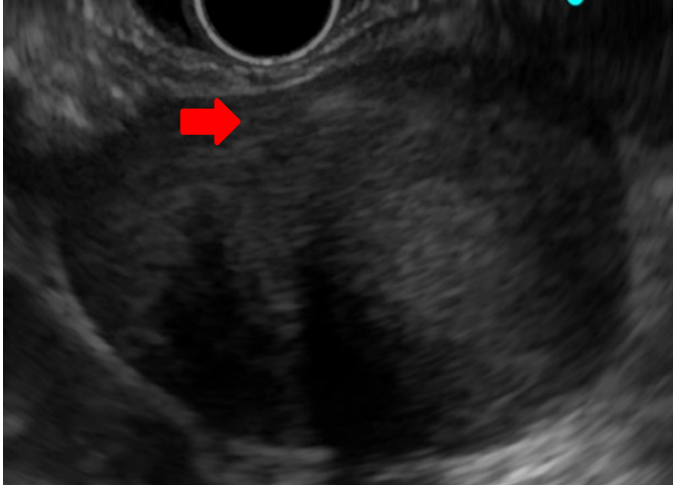


Figure 5. Surgical findings

The pancreas were tunneled and lifted; the tumor and the retroperitoneum were then exfoliated.

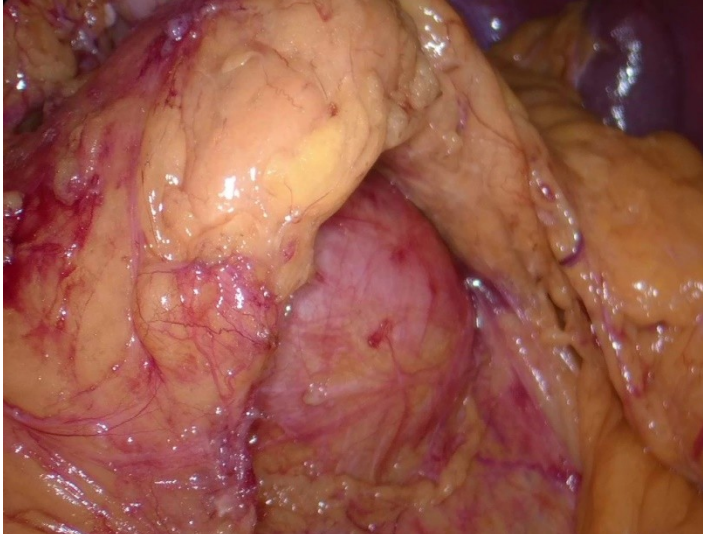


Figure 6. Surgical findings

Feeding vessels flow from the left gastric artery toward the tumor (*red arrow*).

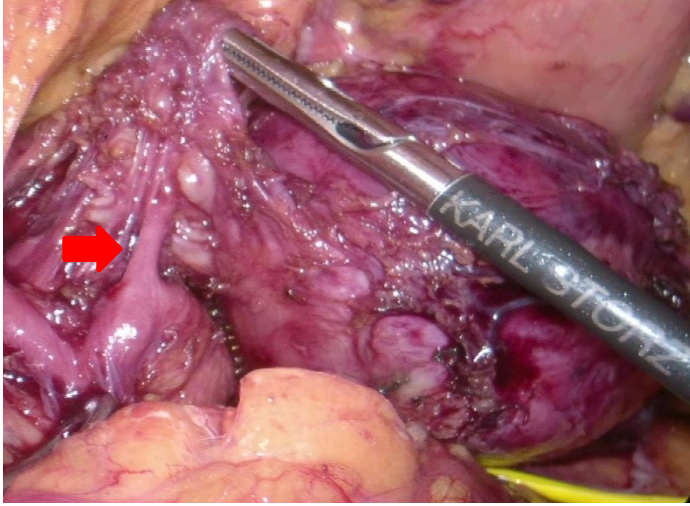


Figure 7. Macroscopic findings

A round tumor with capsule with a clear boundary was observed, and no necrosis existed on the cut surface. Moreover, yellow consolidation was observed.

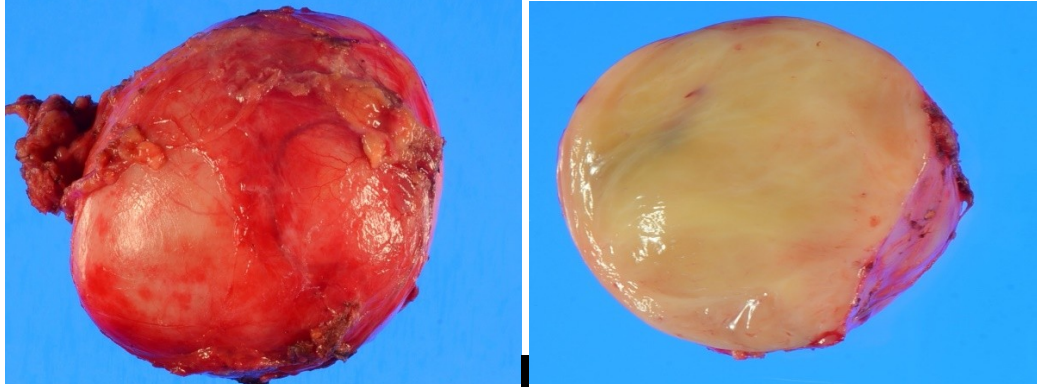


Figure 8. Histopathological findings

Supporting tissues and capillaries were observed around the pleomorphic tumor cells and alveolar aggregates, exhibiting a Zellballen pattern.

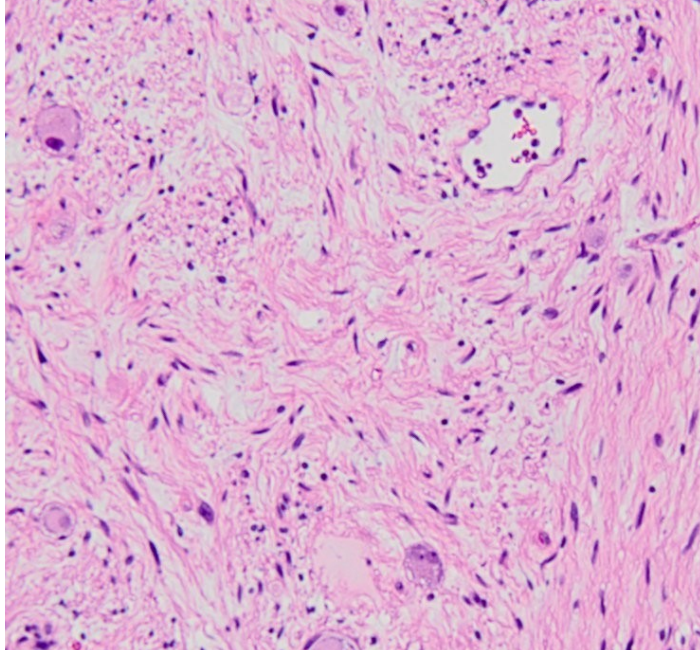
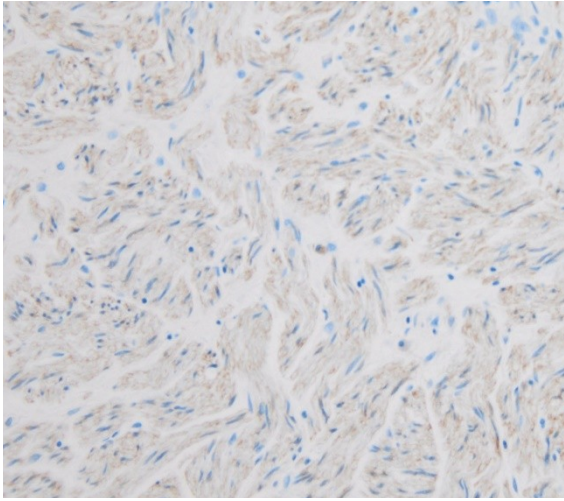
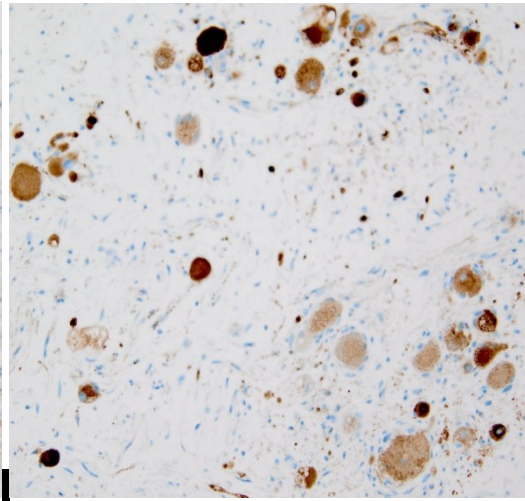


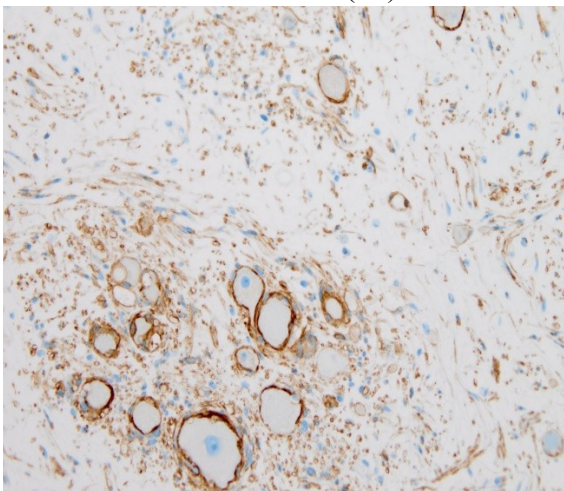
Figure 9. Immunohistochemistry staining



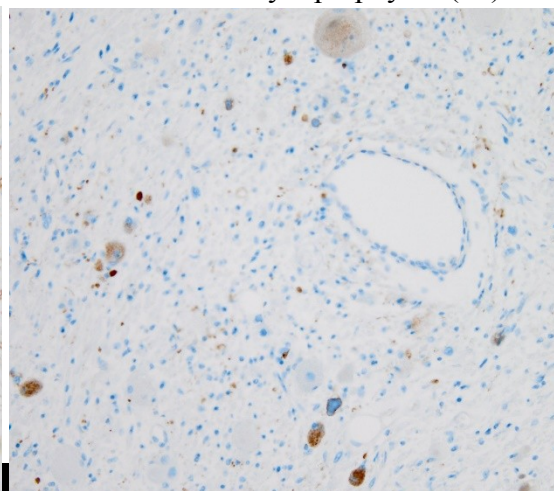
S-100 (+)



Synaptophysin (+)



Chromogranin A (+)



CD56 (+)