

in PEComa. As there is significant morphologic overlap among GT, epithelioid GIST, and LGNET, a definitive diagnosis of GT can only be established by appropriate IHC stains.

In conclusion, GT should be considered in the differential diagnoses of FNA of submucosal lesions in the stomach. In addition to the cytomorphology, appropriate IHC aids in the differentiation of GT from other gastric submucosal lesions and in the exclusion of more aggressive submucosal/intramural lesions of the stomach. Furthermore, the recognition of its cytological features is important and may help the surgeon to plan an ESMR rather than more radical surgery, because the majority of GTs behave in an indolent fashion, are amenable to local resection, and offer an excellent prognosis.

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