

Table 1. Summary of the reported cases of primary synovial sarcoma in the GI tract*

<i>Author, reference</i>	<i>location</i>	<i>Presenting symptoms</i>	<i>Age (years)</i>	<i>Gender</i>	<i>Size (cm)</i>	<i>Gross features</i>	<i>Histologic type</i>	<i>translocation</i>	<i>treatment</i>	<i>Follow-up (months)</i>
Palmer et al, 1983[16]	esophagus	dysphagia	75	F	2.5	Polypoid	Biphasic	---	S+ Rad	DOD, 24
Amr SS et al, 1984[17]	esophagus	dysphagia	25	M	5	Polypoid	Biphasic	---	S+ Rad	AWOD,36
Bloch et al, 1987[18]	esophagus	Dysphagia, dyspnea	15	M	7	Polypoid	Biphasic	--	S+ Rad	AWOD, 36
Pulpiero et al, 1988[19]	esophagus		24	M			Biphasic	--	S	NR
Caldwell et al, 1991[20]	esophagus		29	F			NR	--	S+ Rad +Chemo	AWOD, 195
Perch et al, 1991 [21]	esophagus		15	M			Biphasic	--	S+ Rad	AWOD, 6-5 yrs after surgery
Antón-Pacheco et al, 1996[22]	esophagus	Dysphagia, weight loss	14	F	7	Polypoid	Biphasic	--	S+ chemo+ Rad	AWOD, 30
Habu S et al 1998 [23]	esophagus	Sensation of something stuck in the throat	20	M	8	Polypoid	Biphasic	--	S+ chemo+ Rad	AWOD, 20
Bonavina et al, 1998[24]	esophagus	achalasia	63	F		Polypoid	NR	--	--	--
Billings et al, 2000[25]	Gastro-esophageal junction	Incidental finding for pyloric stenosis	47	M	5.2	Polypoid	Biphasic	t(X; 18)	S	AWOD, 21
Billings et al, 2000[25]	stomach	Abdominal pain, nausea, vomiting and retal bleeding	55	F	16	Spherical, intramural	Biphasic and PDSS	t(X; 18)	S	DOD, 6
Chan et al, 2004 [26]	jejunum	Epigastric pain, vomiting and fever	28	M	15	Polypoid, intramural	Monophasic	t(X; 18), SSX2	S	DOD, 1
Butori et al, 2006 [27]	esophagus	dysphagia	72	F	11	Polypoid	Biphasic	t(X; 18)	S+ Chemo	6
Akhunji et al, 2007 [28]	stomach	Epigastric pain	42	M	11		Biphasic	t(X; 18)	S+ chemo	DOD, 24
Parfitt et al, 2007 [L]	Colon	Rectal bleeding	32	M	2	Polypoid	Mono-phasic	t(X; 18)	S	5
Schreiber-Fracklam et al, 2007 [30]	Distal duodenum	Abdominal pain	39	F	5	Polypoid	Mono-phasic	t(X; 18)-SSX2	S+ Chemo	Recurrence 8 mon after surgery
Makhlouf et al, 2008 [32]	stomach		67	F	0.8		Monophasic	t(X; 18)	S	AWOD, 12
Makhlouf et al, 2008 [32]	stomach		49	M	2		Monophasic with a poorly differentiated component	t(X; 18)	S	DOD, omental metastasis, 29
Makhlouf et al, 2008 [32]	stomach		68	F	2		Monophasic	t(X; 18)	S	AWOD, 22
Makhlouf et al, 2008 [32]	stomach		29	M	2.8		Monophasic	t(X; 18)	S	AWOD, 224

Makhlouf et al, 2008 [32]	Stomach, gastro-duodenal junction		54	F	3		Monophasic	t(X; 18)	S	Recent case
Makhlouf et al, 2008 [32]	stomach		58	F	3		Monophasic	t(X; 18)	S	AWOD, 21
Makhlouf et al, 2008 [32]	stomach		37	F	4		Monophasic	t(X; 18)	S	Local recurrence, reexcised. DOC 48
Makhlouf et al, 2008 [32]	stomach		50	M	6		Monophasic	t(X; 18)	S+ chemo	Alive with recurrence, 6
Makhlouf et al, 2008 [32]	stomach		42	M	8	Polypoid	Biphasic	t(X; 18)	S+ chemo	DOD, 25
Makhlouf et al, 2008 [32]	stomach		66	F	15	Polypoid	Monophasic	t(X; 18)	S	Lost to follow up
Company et al, 2009 [31]	Proximal duodenum	Weight loss asthenia, anorexia, nausea, epigastric pain	69	F	8	Spherical, intramural	Monophasic	t(X; 18)	S	Died due to complications, 1
Present case, 2010	ileum	Abdominal pain, distension and heaviness	39	F	8	intramural	Monophasic	----	S	AWOD, 6

*The second case reported by Billings[25] could represent a metastatic focus of a primary neck tumor showed the same histopathological features.
Abbreviations: M, male; F, female; DOD, died of disease; AWOD, alive without evidence of disease; AWD, alive with residual disease; DOC, died of other cause; NR, not reported; S, surgery; Rad, radiotherapy; Chemo, chemotherapy.