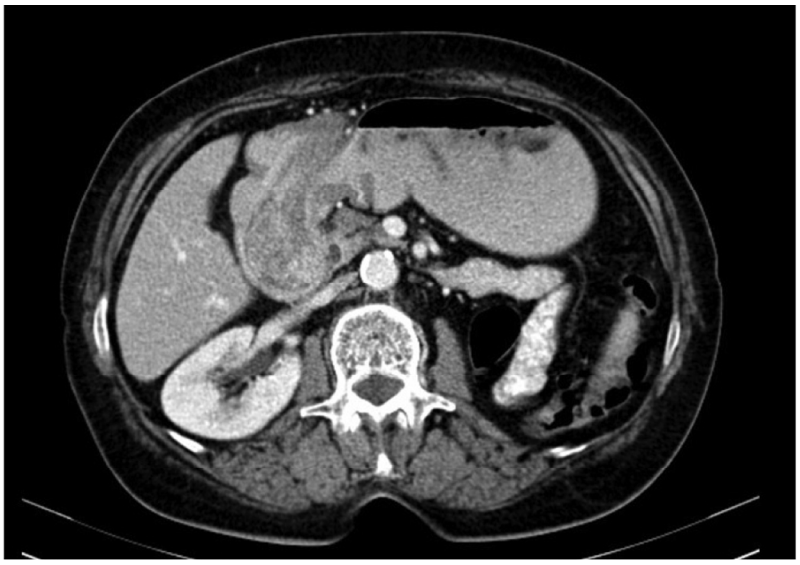

Figure 1. Axial slice of a contrast enhanced CT abdomen/pelvis demonstrating a dilated stomach and irregularity of the dudoneum.
210x117mm (150 x 150 DPI)

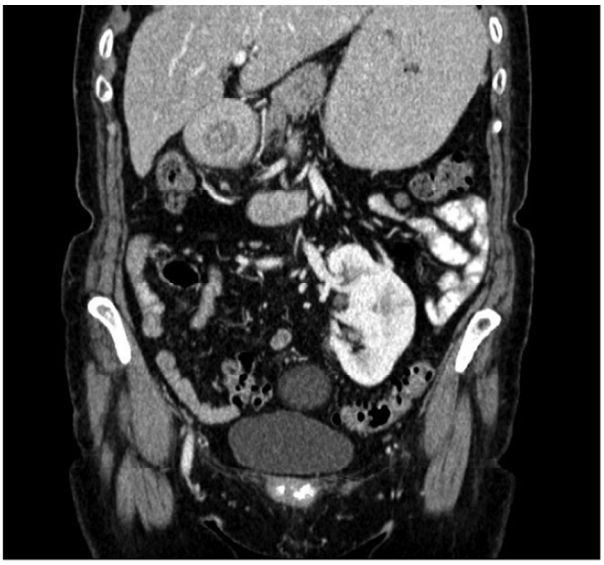

Figure 2. Coronal slice of a contrast enhanced CT abdomen/pelvis clearly demonstrating the "target sign" which is characteristic of GI intussusception. There is also an incidental finding of a left sided pelvic kidney.
197x109mm (150 x 150 DPI)

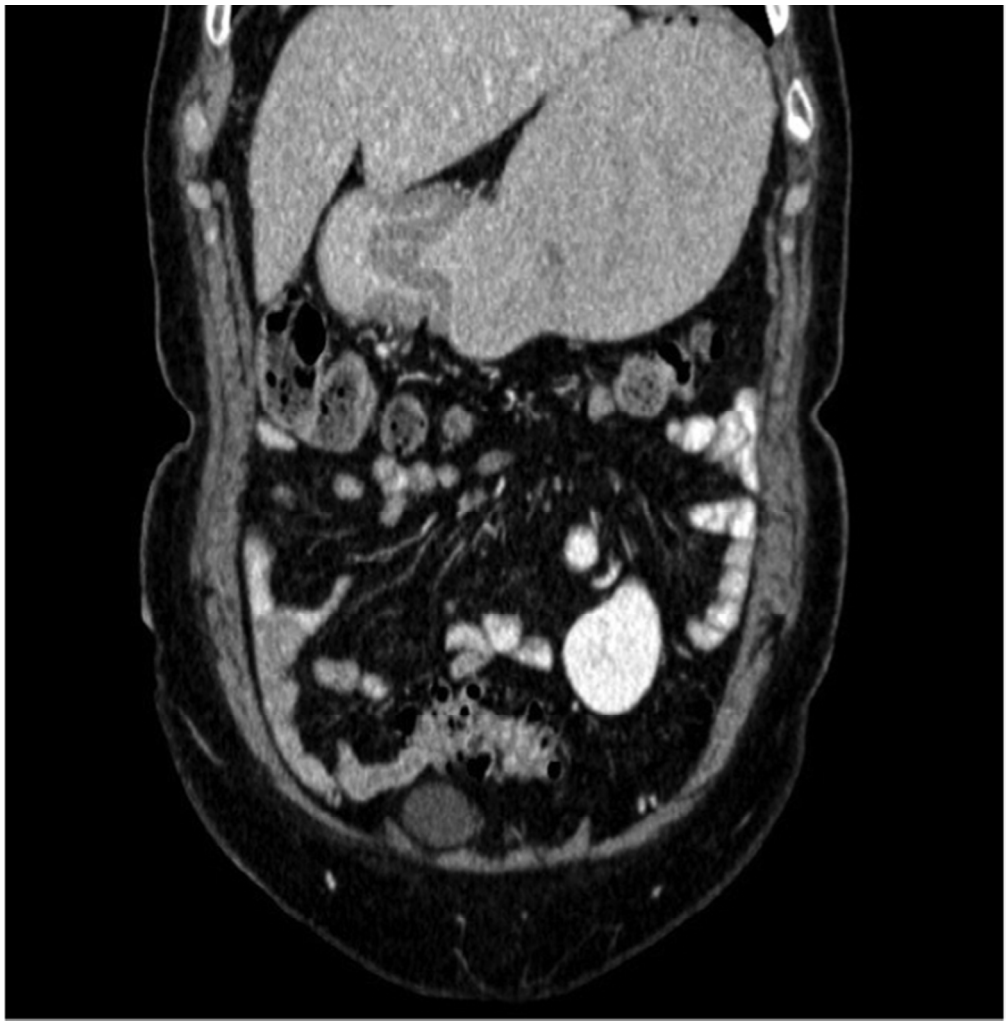

Figure 3. Coronal slice of a contrast enhanced CT abdomen/pelvis demonstrating a mucosal layering seen in GI intussusception.
107x109mm (150 x 150 DPI)

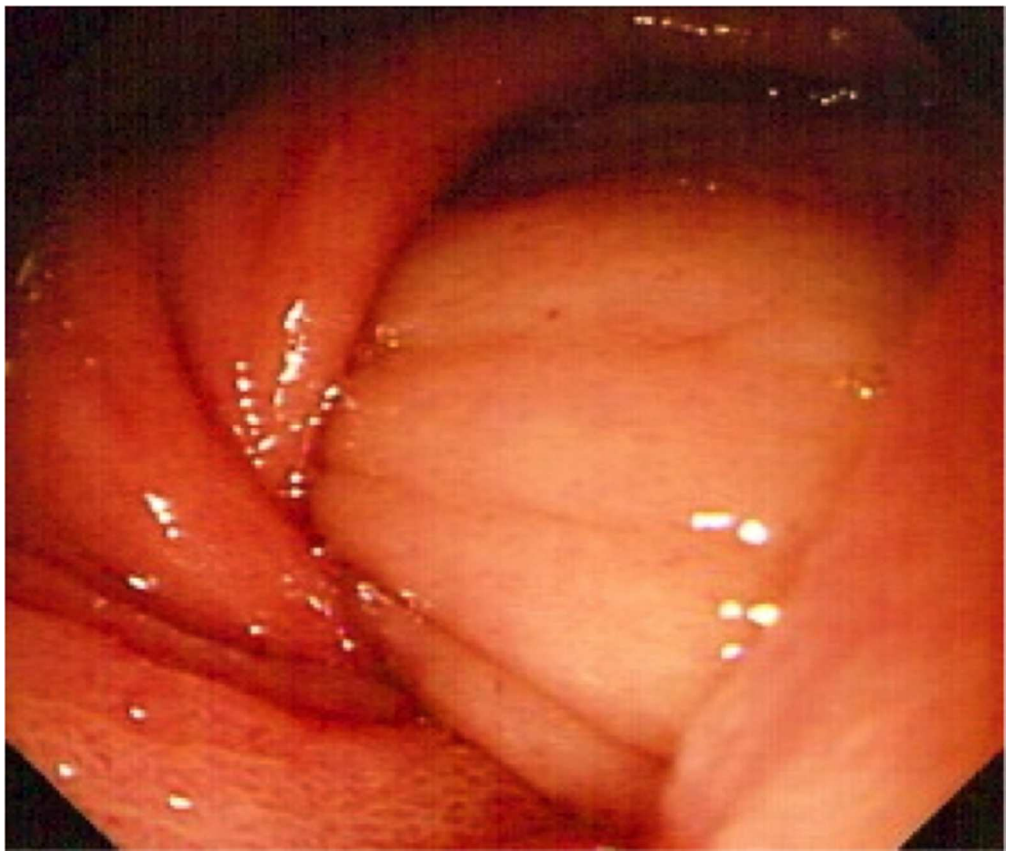

Figure 4. Endoscopic photograph of the distal stomach revealing the proximal aspect of the intussusception.
111x94mm (150 x 150 DPI)

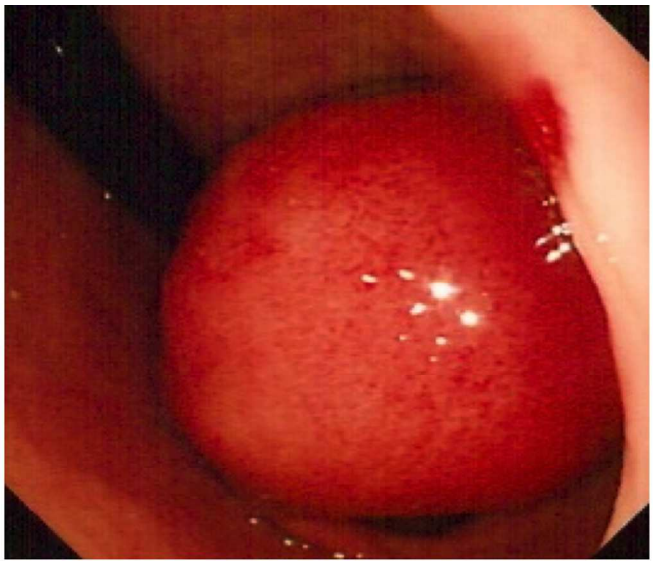

Figure 5. Endoscopic photograph showing the partially reduced intussusception and a polypoid mass that formed the lead point.
210x117mm (150 x 150 DPI)

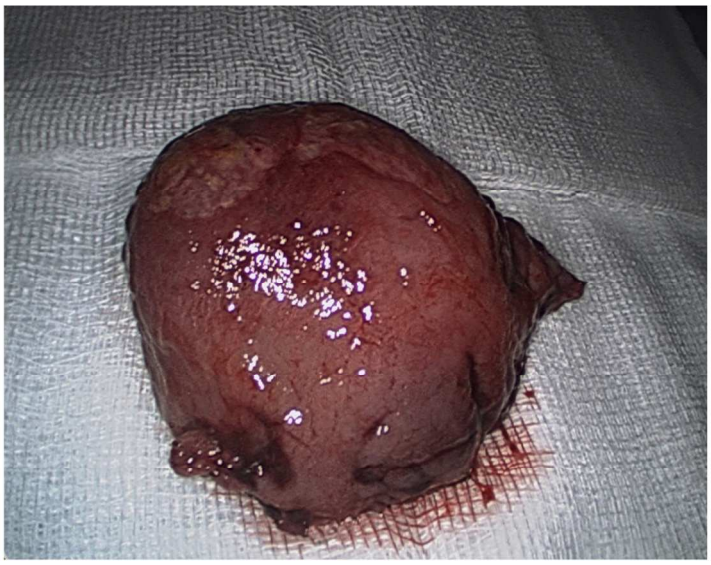

Figure 6. The surgical specimen
250x139mm (150 x 150 DPI)

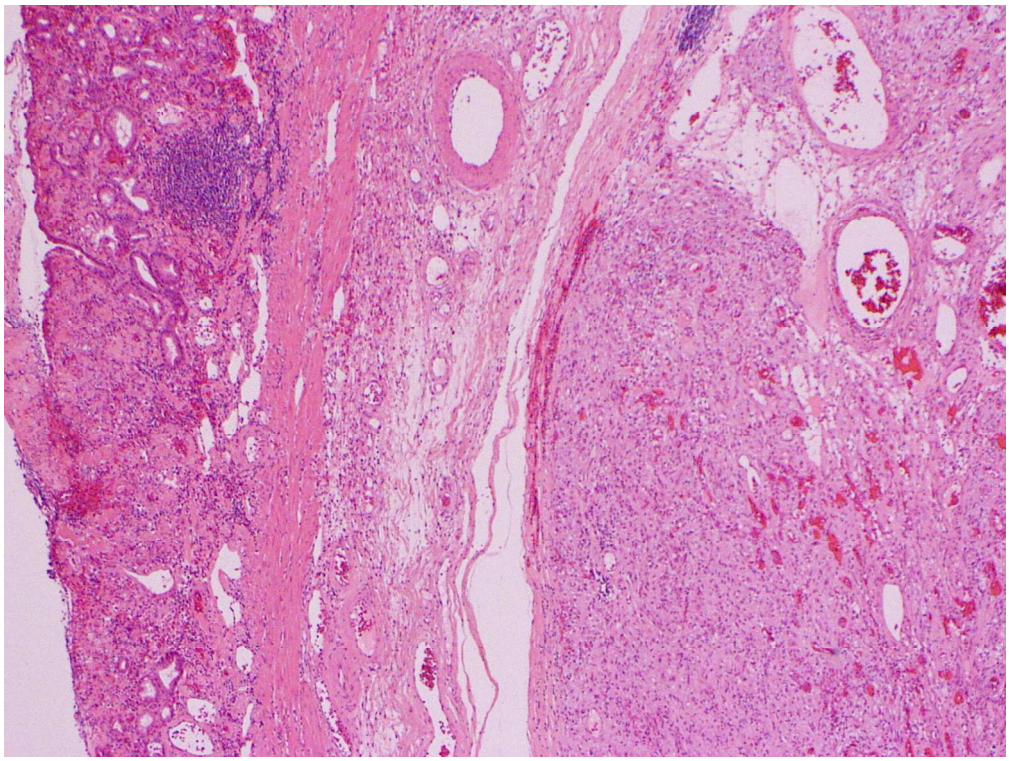

Figure 7. Microscopic detail of the polypoid gastrointestinal stromal tumour. Note the ulcerating surface on the left side. Haematoxylin eosin (HE) x 20
564x423mm (72 x 72 DPI)

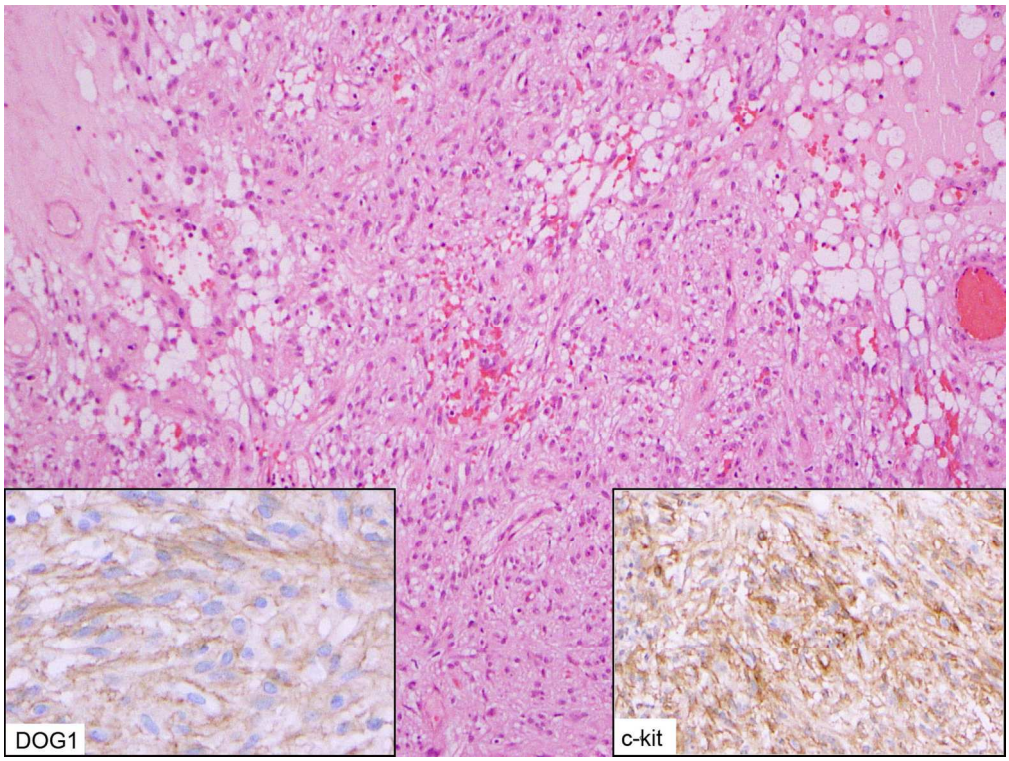

Figure 8. Histology of the tumour shows admixture of spindle and epithelioid cells and areas of myxoid changes with the presence of vacuolated cells. HE x40. Left insert: Specific DOG1 reactivity of the tumour cells. Right insert: Cytoplasmic and partial membrane reaction with c-kit antibody on the tumour cells.
564x423mm (72 x 72 DPI)