Two patients (G1 and G2) were recruited in our study. Patient G1 (male, age 68) underwent laparoscopic mass resection surgery shortly after his diagnosis. The size of tumor from patient G1 was about 5 × 4 × 3.5 cm. The tumor did not invade the gastric mucosa and the surrounding cautery edge was clean. The risk stratification for patient G1 was low risk. The mitotic index was 4/50 high power field (HPF). The immunohistochemical results were CD117(+), DOG‐1(+), CD34(+), SMA(−), Desmin(−), h‐CD(+), S‐100(−), and Ki‐67(5%+).

Patient G2 (male, age 62) was a high‐risk patient. When patient G2 was diagnosed as GIST, the immunohistochemical results were CD117(+), DOG‐1(+), CD34(+), SMA(−), S‐100(−), and Ki‐67(10%+).The tumor size was 6.7 × 5.2 × 5.8 cm, estimated by computed tomography. Multiple round slightly low‐density lesions were seen in the liver. Proliferative lymph nodes were observed around the stomach, hepatic portal, and retroperitoneum. After 4 months of imatinib therapy, the tumor size decreased to 5.8 × 5.5 × 4.5 cm, and the liver lesions disappeared. The mitotic index was 6/50 HPF. At this time, laparoscopic mass resection surgery was implicated. The immunohistochemical results after surgery were CD117(+), DOG‐1(+), CD34(+), CK(−), SMA(−), Desmin(−), S‐100(−), and Ki‐67 (15%+).