Endoscopic en bloc resection of an esophageal leiomyoma

Umid Kumar Shrestha*

Manipal College of Medical Sciences & Manipal Teaching Hospital, Pokhara, Nepal
Kaski Sewa Hospital and Research Center, Pokhara, Nepal

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*Corresponding author
Umid Kumar Shrestha
Department of Medicine
Manipal College of Medical Sciences, Pokhara, Nepal
E-mail: umidshrestha@gmail.com

CASE

A 52 year-old female presented with difficulty in swallowing for 1 month to Kaski Sewa Hospital, Pokhara, Nepal. There was no nausea, vomiting, or weight loss. Results of a physical examination and standard laboratory tests were normal. Barium swallow x-ray showed a smooth filling defect in esophageal lumen without a mucosal abnormality. Computed Tomography (CT) scan of the chest showed a small mass originating from esophagus without mediastinal lymphadenopathy. Her upper gastrointestinal endoscopy showed smooth submucosal bulging in the esophagus at 35 cm from the central incisors (figure 1). Endoscopic Ultrasonography (EUS) could not be performed because of the unavailability of that facility in that center. What is the diagnosis of this esophageal lesion?

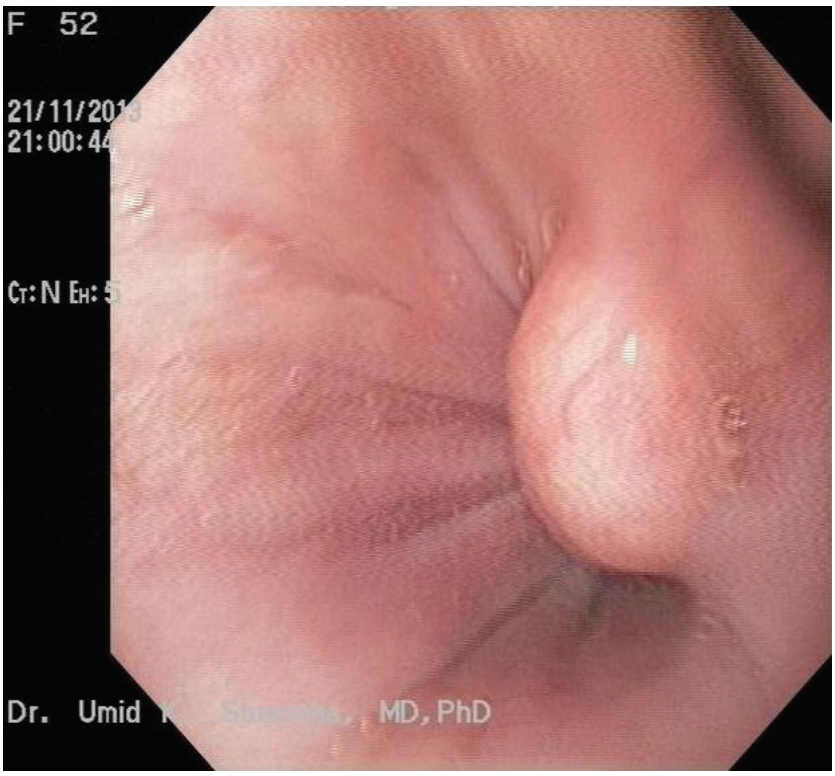

Figure 1: Upper gastrointestinal endoscopy showed smooth submucosal bulging in the esophagus at 35 cm from the central incisors

Answer:

Esophageal leiomyoma:

The endosopic resection of the submucosal bulging was done en bloc (figure 2) and there was no complication after the en bloc resection. The enucleated mass was smooth and measured 20 mm X 25 mm (figure 3). The histopathological examination of the specimen showed spindle cell fascicles without mitosis or atypia, which was consistent with the leiomyoma of oesophagus.

Figure 2: *Endoscopic en bloc resection of the submucosal bulging in the esophagus*

Figure 3: *The enucleated esophageal mass was smooth and measured 20 mm X 25 mm*

Benign tumors of the esophagus constitute less than 1% of esophageal neoplasms; esophageal leiomyoma is the benign tumor of the esophagus and approximately two thirds of benign esophageal tumors are leiomyomas.[1] Esophagoscopy is used for the diagnosis of esophageal leiomyoma, but it only shows submucosal lesions.[2] The structure of the esophageal wall can be clearly revealed by the use of endoscopic ultrasound (EUS). Leiomyoma presents as a homogeneous and hypoechoic lesion with clear margins, surrounded by a hyperechoic area on EUS.[2] The esophageal leiomyoma has got a slow growth rate, and negligible risk of malignant transformation.[3] The asymptomatic or smaller lesions should be followed periodically with regular endoscopy.[3]

The surgical resection of esophageal leiomyoma has been the mainstay of treatment for the symptomatic or larger esophageal leiomyoma.[3] However, the less invasive procedure in the form of endoscopic resection can be performed by the hands of the experienced endoscopists in the selected cases of esophageal leiomyoma.

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