Leiomyoma of Jejunum-A Rare Cause of Acute Abdomen

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Abstract

Leiomyomas are benign smooth muscle neoplasm. Commonest site for leiomyomas is uterus. Small intestinal leiomyomas are rare. Only 3%-6% of gastrointestinal tumors arise from small bowel. Leiomyomas of small bowel are mostly asymptomatic and found incidentally at surgery or autopsy. We report a case of benign jejunal leiomyoma presented as acute abdomen surgical emergency.

Key words- small intestine, benign tumor, acute abdomen.

Introduction

Neoplasm of small intestine constitutes less than 2% of all body tumors (1). Benign tumor of small intestine constitute 10% of all benign neoplasm of gastrointestinal tract & 30% of all neoplasm of small intestine (2,3). Benign tumors of small intestine are lipoma, leiomyoma, adenoma, hemangioma, fibroma & hamartoma (4,5). Leiomyomas of small intestine presents in all age groups, mean age of presentation is fifth decade of life. We report a case of jejuna leiomyoma presenting as acute abdomen.

Case Report

A 56 year male was admitted in surgical emergency ward with severe nausea, vomiting & dull pain in abdomen. There was no history of constipation & rectal bleeding. On physical examination generalized tenderness of abdomen was present along with feeble bowel sounds. Patient was managed conservatively for 48 hours but the symptoms worsened. So an emergency explorative laprotomy was done. which revealed a tumor in the jejunum. Tumor was resected and was given for histopathological examination.
Grossly tumor was measuring 12×8 cms in size. Firm in consistency, smooth outer surface with vascularization(fig.1).

Cut surface was grayish white with whorling appearance(fig.2)

Microscopic examination showed normal jejuna mucosa(fig.3)

& interlacing bundles of spindle shaped or stellate smooth muscle cells with blunt ended pale staining nuclei. No mitotic activity were present (fig.4,5,6). Based on this histological picture a diagnosis of leiomyoma of jejunum was made.

Fig: 4
Figure 4, 5, 6) Photomicrograph showing benign spindle shaped cells (10x, 40x, 100x)

Discussion
Leiomyomas are most common benign tumors of small intestine. Commonest site in small intestine is jejunum followed by ileum & rarely in duodenum. These leiomyomas can be intraluminal, intramural, extraluminal and dumbbell shaped(6). Preoperative diagnosis of leiomyoma of small bowel is difficult because of their rare occurrence and lack of any pathognomonic sign. The sign & symptoms of leiomyomas are vague and are frequently similar to other gastrointestinal manifestations as a consequence these lesion often go untreated for prolonged periods. Preoperative diagnosis of leiomyoma should include appropriate imaging. Preoperative CT scan can show 90% of leiomyomas. Jejunal leiomyomas can occur at any age, have a peak incidence in fifth decade with male predominance. Although most of the tumor remain asymptomatic, most common symptom is gastrointestinal bleeding followed by intermittent intestinal obstruction(7,8). Our patient was male and presented in fifth decade of life with acute abdomen & history of off & on abdominal pain especially after ingestion of food. All the leiomyomas should be carefully ruled out for GIST(gastrointestinal stromal tumors). Histopathologically leiomyomas are benign tumors & mitosis is the most important criteria for discriminating it from GIST(10). They are negative for CD117 & CD34, and positive for smooth muscle desmin & actin. Distinction of the two tumors important because leiomyoma not GIST, can be treated by simple enucleation.

Strict follow up of these tumor should be made due to the uncertain potential of GIST. In small intestine leiomyoma this potential is 10-20%(9).

References
