

ULCERATED GASTRIC LEIOMYOMA CAUSING MASSIVE UPPER GASTROINTESTINAL HEMORRHAGE: A RARE OCCURENCE

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INTRODUCTION: Leiomyomas are rare, benign submucosal tumours originating from smooth muscle cells. The clinical presentation is usually asymptomatic, with excellent prognosis. We herein report a case of 60 year old female with a solitary leiomyoma found on evaluation for abdominal pain and melena. Histopathological examination revealed smooth muscle proliferation supported by positive staining for smooth muscle and negative staining for CD117 and S-100

● **CASE STUDY-** A 60 year old female presenting with abdominal pain since 1 month-epigastric region, not radiating, cramps, aggravated by food intake; nausea during fasting; melena since 1 week

● **PAST HISTORY-** Type 2 DM, Systemic hypertension, Coronary artery disease

● **EXAMINATION-**

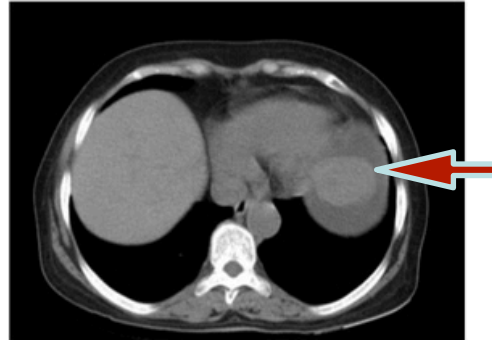
GENERAL EXAMINATION- Patient severely anemic; Vitals stable

Per abdomen- Soft, BS+ ; No tenderness ; No mass palpable

Per rectum- Melena +

● **INVESTIGATIONS**

HB	3.3	2.6	7.1
PCV	11	10.6	26

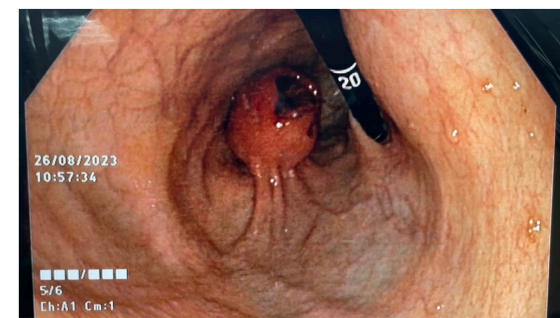


CECT- Abdomen & Pelvis:-

5*4.6cm homogeneously well defined intraluminal mass lesion without significant contrast enhancement noted involving fundal region of stomach. Ulceration noted along the luminal surface of lesion. No e/o calcification or necrotic component - p/o leiomyoma

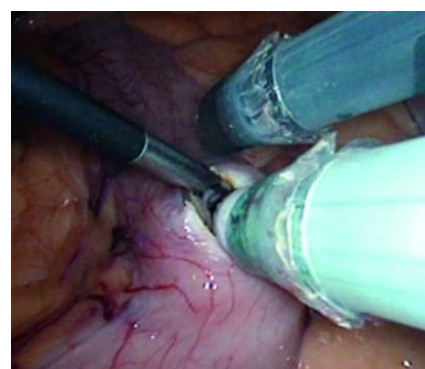


● **OGD Scopy**

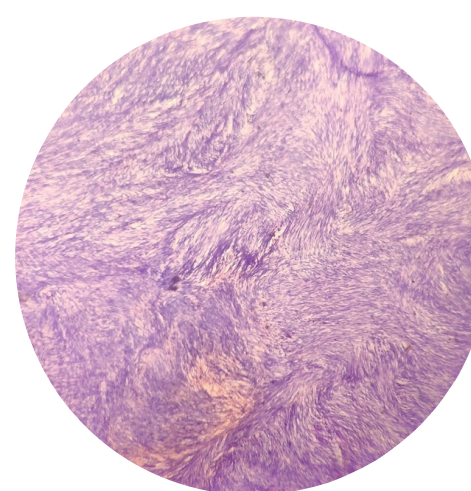


● **PROCEDURE-** Laparoscopic trans gastric resection was done

● Postoperatively, on day 4 sips of fluid were started and gradually escalated. Patient was discharged on POD-7



Histopathological examination



Sections studied from biopsy received show gastric mucosa with underlying spindle shaped tumour cells arranged in interlacing fascicle. The individual cells are spindled with elongated nucleus and eosinophilic cytoplasm.
IHC- S100 negative
CD117 negative
-suggestive of leiomyoma

DISCUSSION: In the past, leiomyomas and GISTs were referred to interchangeably. However it is clinically important to distinguish these two entities, as leiomyomas are benign, while GISTs may have malignant potential. It is important to differentiate leiomyoma from leiomyosarcoma, which is a malignant tumor, and from GISTs, which also possess malignant potential. According to American Gastrointestinal Association guidelines, patients with submucosal tumors <3cm may be followed up by periodic OGD or endoscopic ultrasound examinations, while lesions >3cm require surgical or endoscopic excision for diagnosis.

CONCLUSION: Gastric leiomyoma is a rare, benign submucosal tumor originating from smooth muscle cells, most commonly found in gastric cardia and is most importantly found in patients aged 50-70 years. Furthermore, according to AGA practice guidelines, surgical or endoscopic resection is recommended for tumors sized >3cm. The patients with surgically resected tumors have a favourable clinical outcome.

REFERENCE:

-Shackelford's TEXTBOOK of ALIMENTARY TRACT
-Schwartz's PRINCIPLES OF SURGERY
-SABISTON TEXTBOOK OF SURGERY