Solitary Intestinal Leiomyoma

We recently encountered a case of Solitary intestinal leiomyoma, as cause of neonatal intestinal obstruction which is rare at this age(1).

A one-month-old male child presented with bilious vomiting, abdominal distension and constipation. On examination, abdomen was tender and firm solid mass of 2 × 2 cm was palpable in umbilical region. Investigations showed normal hemogram and dilated small bowel loops on sonography of abdomen. X-ray abdomen suggested intestinal obstruction. On exploratory laparotomy, 2 cm diameter soft tissue mass was palpable in proximal jejunum 10 cm from duodeno jejunal flexure; jejunum proximal to the mass was dilated with rings of congestion and sign of intussusception. The lesion was a non encapsulated, lobulated, slightly firm, solid mass (size 25 × 20 × 1.5 mm) in submucosa of jejunal wall, vaguely fasciculated. Cut surface of the mass was pale white. The lesion was well demarcated at periphery but blended with the mucosa and muscularis propria. The serosa was smooth, uninterrupted and shining. The microscopic examination revealed that the lesion composed of fascicles of non-collagenizing spindle cells of smooth muscle morphology. The mass was free from cystic degeneration, hemorrhage and necrosis. Thus the leiomyoma was confirmed on the basis of histopathology as a cause of intestinal obstruction in neonate, which is very rare.

Benign tumors that arise from the smooth musc cells in the myometrium are properly termed leiomyomas(2). They are the most common benign tumor in females and are found in 30% to 50% of women during reproductive life. Leiomyomas of small intestine i.e., benign stromal tumors are usually well demarcated firm nodules (almost always less than 4 cm in diameter) arising within the submucosa or muscularis propria. They are encapsulated, round to oval gray nodules and are almost invariably overlaid by intact mucosa. When submucosal, they protrude into the lumen and sometimes cause ulceration of the overlying mucosa. Intestinal leiomyoma is a rare cause of intestinal obstruction in the infantile period. Leiomyoma can remain asymptomatic or long periods. Symptoms may result from intussusception, volvulus, central necrosis and obstruction(3).

The differential diagnosis includes inflammatory fibroid polyps, neurofibromatosis and sarcoma. Solitary intestinal leiomyoma appears to be a condition of infancy rarely leading to intestinal obstruction and causes a very good prognosis after segmental resection(4). In contrast congenital leiomyoma with multiple lesions, carries a poor prognosis.

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REFERENCES