



# Esophageal Leiomyoma – A Rare Case Presentation

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## Abstract

Large pedunculated esophageal leiomyomas are rarely encountered in clinical practice and often can be missed or misdiagnosed. They frequently present with progressive dysphagia, regurgitant mass or lump in throat. Most arise from muscularis mucosa of distal two-thirds of the esophagus and are slow growing with minimal malignant change. Herein, we report a previously asymptomatic 70-year-old woman presenting with a 12 cm x 5 cm mass with rounded end protruding out of the mouth after a severe bout of cough. The mass was resected, and endoscopy done after 2 weeks. Histopathology confirmed diagnosis of Esophageal Leiomyoma.

## Introduction

Esophageal leiomyomas are the most common type of benign esophageal tumors and usually present with dysphagia. Earliest histological description of esophageal leiomyomas was given by Virchow in 1867. They are mostly submucosal and pedunculated variants are rare. In this report, we describe an unusual presentation of esophageal leiomyoma protruding out of the mouth in a previously asymptomatic 70-year-old woman.

## Case Presentation

A 70-year-old female presented to the emergency department of our hospital in the middle of the night, with complaints of sudden onset of a severe bout of cough followed by something coming out of the mouth. The patient was previously asymptomatic with no prior history of dysphagia, feeling of lump in throat, chest pain or respiratory discomfort. On examination, a smooth pyriform shaped mass of largest dimension 12 cm x 5 cm and a rounded end was seen protruding out from the right angle of mouth (Figure 1). The posterior margin of them ass could not be reached digitally. Blood investigations done in emergency revealed no abnormalities. The patient was taken up for an emergency examination under GA, which revealed a long, slender, smooth and fleshy tapering stalk reaching up to the lateral pharyngeal wall, extending beyond the tonsil. The stalk was ligated below the level of the tonsil up to the most reachable extent and cut, and mass was resected and sent for histopathology. Examination of the rest of the oral cavity revealed no abnormalities. A Ryle's tube was inserted. The patient was observed for 72 h for any signs and symptoms of esophageal perforation. Ryle's tube was removed after a test feed done 72 h later and patient was started on liquid diet which he tolerated very well and the next day was started with soft diet. On day 4, a upper GI endoscopy was done which revealed the healed residual stalk originating from the esophageal mucosa at 18 cm from the incisors with smooth esophageal mucosa and relatively dilated upper esophagus. Stomach and duodenum were normal. Histopathology examination of the resected tissue revealed a diagnosis of esophageal leiomyoma without any features suggestive of malignancy. The patient was discharged on day five, with advice of CECT of Neck and Thorax at one week of follow up. Patient did not turn up for any follow up after that.

## Discussion

Benign neoplasms of the esophagus account for <1% of all esophageal tumors. Majority of them (60%) are leiomyomas [1]. Esophageal Leiomyomas are usually single, small (<1 cm) and submucosal, and hence are asymptomatic [2]. They may be confused with fibrovascular polyps, lipoma, hamartoma, liposarcoma, carcinomas or angiofibrolipoma on endoscopy [3]. Most common symptoms of such pedunculated polyps are progressive dysphagia to solids and liquids (62%), regurgitant mass (38%), lump in throat (25%) and weight loss (19%). 15% patients have regurgitant mass as the only presenting complaint [4]. Most of these tumors arise from middle and lower thirds of the esophagus and about 62% originate from the muscularis mucosa. They are extremely slow growing tumors with scarce chance of malignant transformation [5]. Pedunculated esophageal leiomyomas are rare variants. TSUDA *et al.* [6] proposed that they originate from muscularis mucosa, due to action of strong forces generated by peristalsis on this thin and weak layer. The

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**Figure 1:** Patient with protruding pedunculated esophageal polypoid lesion – Esophageal Leiomyoma.

diagnostic modality of choice for submucosal esophageal leiomyomas is EUS [7]. The treatment options for esophageal leiomyomas range from surgical enucleation (either open or thoracoscopic), esophageal resection and reconstruction, or endoscopically [8]. However, for pedunculated lesions arising from muscularis mucosa, endoscopy is both diagnostic and therapeutic and averts the use of surgery.

Similar cases have been reported by Vinson [9] in which the patient had a mass coming out of the mouth repeatedly which he swallowed. He did not have any dysphagia and was diagnosed as a simple lipoma. Another case reported by Chitty EC. [10] describes a patient with complaints like our case – a mass coming out of the mouth after a severe bout of cough. However, this patient had a previous history of neck swelling which disappeared after the incident. This mass was diagnosed as a myxo-fibroma. In the present case, the patient had no symptoms previously. Since this was the first visit of the patient to the hospital, no previous investigations were done. Endoscopy displayed a mildly dilated upper esophagus. We hypothesize that, the patient was asymptomatic because this mass had been growing very slowly and was gradually accommodated by the dilatation of the esophagus. This mass was pushed out due to the bout of cough. As the stalk was very slender and tapering and accessible intra-oral examination under anesthesia, the mass was easily removed by cutting the stalk. Further investigative work-up of the patient could not be done as the patient was lost to follow up.

## Conclusion

Esophageal Leiomyomas are extremely rare. This case is an extraordinary presentation of this disease with not many cases reported in the modern literature. Such presentations can be perplexing for the clinician and can result in misdiagnosis of the disease. The mass may become life-threatening if it grows and obstructs the airways. Hence, careful examination and clinical decision making is warranted in such cases.

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