ARCHIVES OF HELLENIC MEDICINE: ISSN 11-05-3992

CONTINUING MEDICAL EDUCATION
ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

ARCHIVES OF HELLENIC MEDICINE 2012, 29(3):386
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2012, 29(3):386

Gastroenterology-Endoscopy Quiz – Case 9

K.H. Katsanos,
D. Sigounas,
D.K. Christodoulou,
E.V. Tsianos

First Department of Internal Medicine & Hepato-Gastroenterology Unit, Medical School, University of Ioannina, Ioannina, Greece

A 67-year-old patient was admitted to our department due to two episodes of hematemesis and melena occurred in the previous two days. Esophagogastroduodenoscopy showed a giant semi-pedunculated gastric polyp (fig. 1) located at the gastric corpus. A large ulcer with a clot was also seen on the polyp. The patient was successfully operated with no evidence of any recurrence on follow-up.

Comment

Leiomyomas are the most common benign mesenchymal tumours of the upper gastrointestinal tract. They rarely cause symptoms when they are smaller than 5 cm in diameter. Although small leiomyomas are not rare, the giant gastric leiomyoma is not common, and may present diagnostic and operative difficulties. In giant gastric tumours with apparent submucosal origin differential diagnosis includes among many others leiomyomas, giant gastric polyps, cystic or not leiomyoblastoma and exogastric leiomyoma.[1] Observation with repeated endoscopies is recommended in asymptomatic patients with small lesions. Surgical resection remains the main therapy option for symptomatic and complicated patients.

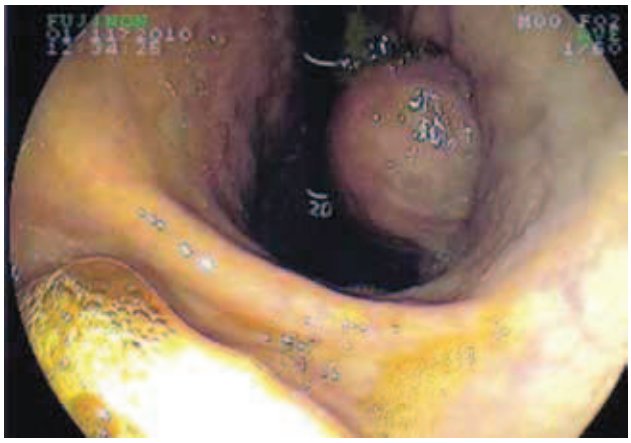

Figure 1

Therapeutic options are surgery, endoscopic submucosal dissection followed by retrieval via laparotomy[2] and ethanol injection in cases of severe bleeding during endoscopy.[3] Follow-up can be made with histology and endoscopic ultrasound. The laparoscopic method may treat benign leiomyomas by wedge resection without opening the gastric cavity. The laparoscopic approach to submucosal tumours of the stomach is technically feasible, is safe, and has good postoperative results. It should be considered a viable alternative to open surgery. Before the routine use of laparoscopy, various methods of treatment for gastric leiomyoma included open celiotomy with gastric wedge resection, partial gastrectomy, enucleation, and extended gastrectomy with en bloc resection of adjacent organs.

References

1. ARCHIMANDRITIS A, PANTZOS A, KALOS A, DELADETSIMA J, SAKELLARIOU D, FERTAKIS A. Giant malignant cystic leiomyoblastoma of the stomach imitating hemorrhagic ascites. *J Clin Gastroenterol* 1993, 17:266–268
2. KOIKE Y, OBANA T, FUJITA N, HIRASAWA D, SUZUKI T, SUGAWARA T ET AL. A case of giant esophageal leiomyoma successfully resected by endoscopic submucosal dissection followed by retrieval via laparotomy. *Nihon Shokakibyo Gakkai Zasshi* 2010, 107:1780–1785
3. OZDIL B, AKKIZ H, KECE C, SANDIKCI M. Endoscopic alcohol injection therapy of giant gastric leiomyomas: An alternative method to surgery. *Can J Gastroenterol* 2010, 24:533–535

Corresponding author:

E.V. Tsianos, Department of Internal Medicine, Medical School, University of Ioannina, Panepistimiou Ave., GR-451 10 Ioannina, tel.: +30 2651 000 750, fax: +30 2651 007 016
e-mail: etsianos@uoi.gr

Diagnosis: *Giant gastric leiomyoma*