Esophageal Leiomyosarcoma: A Rarity

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Citation

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Abstract

Leiomyosarcoma is an unusual tumor arising from various sites, i.e. genitourinary tract, gastrointestinal tract, peritoneum, soft tissues, blood vessels, lungs, liver etc. It contributes 1-2% to all malignancies affecting the gastrointestinal tract and is rarely found in the esophagus. The standard management is radical surgery followed by chemoradiation. Esophageal leiomyosarcoma usually presents with dysphagia and severe nutrition depletion. If a patient is not fit for extensive surgical excision, less radical procedures in form of enucleation are a good palliation.

INTRODUCTION

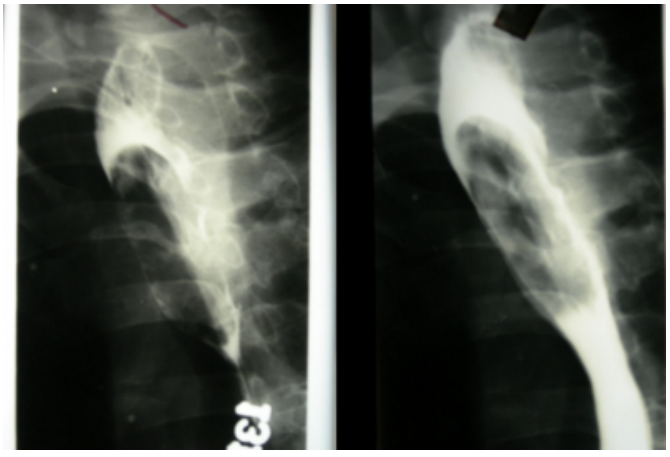
Leiomyosarcoma of the esophagus is not a common tumor. Although, radical surgery in form of esophagogastrectomy is advisable, yet simple enucleation would give good palliation to such patients. We report one such case.

CASE PROFILE

A 55-year-old female presented with a three months' history of dysphagia, vague upper abdominal pain and weight loss on clinical examination. There was gross protein energy malnutrition. No lump or lymphadenopathy was detected. Barium swallow revealed a smooth filling defect in mid-esophagus (Fig 1).

Figure 1

Figure 1: Barium Swallow showing a smooth filling defect in mid-esophagus



CT scan showed a mass attached to the anterior wall of the esophagus. Upper gastrointestinal endoscopy revealed a mass projecting into the esophageal lumen with overlying mucosa at 30cm. Biopsy revealed normal esophageal mucosa. On thoracotomy a well encapsulated growth was found in mid-esophagus. The mucosa overlying the growth was normal. Enucleation with primary closure of the esophagus was done. The postoperative period was eventless. Subsequent histopathological examination revealed a leiomyosarcoma of the esophagus.

COMMENTS

Although dysphagia is a common symptom and narrowing is quiet often demonstrated on barium study, the histopathological proof is usually not available due to the submucosal location of the leimyosarcomas. Since most of them are well encapsulated[2], even large esophageal leimyosarcomas are amenable to enucleation, although esophagogastrectomy is the surgery of choice.[3] Prognosis of this tumor is good and hence all attempts must be made to at least enucleate such tumors. The present case is doing very well without any evidence of metastasis after 2 years of follow-up. The case is being reported to highlight the fact that if oesophagogastrectomy is not possible for any reason, enucleation is a good palliation.

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References

1. Levine MS, Buck JL, Pantongory BL, Buetow PC, Hallman JM, Sobin LH. Leiomyosarcoma of esophagus. AJR 1996; 167: 27-42.
2. Levine MS. Benign tumours. In : Levine MS editor.

Radiology of the Esophagus. Philadephia: WB Saunders, 1989: 113-130.

3. Patel SR, Anandaroa N. Leiomyosarcoma of esophagus. NY State J Med 1990; 90: 371-372.

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