

## RARE BENIGN ESOGASTRIC TUMORS. CONTEMPORARY TACTICS OF DIAGNOSIS AND TREATMENT

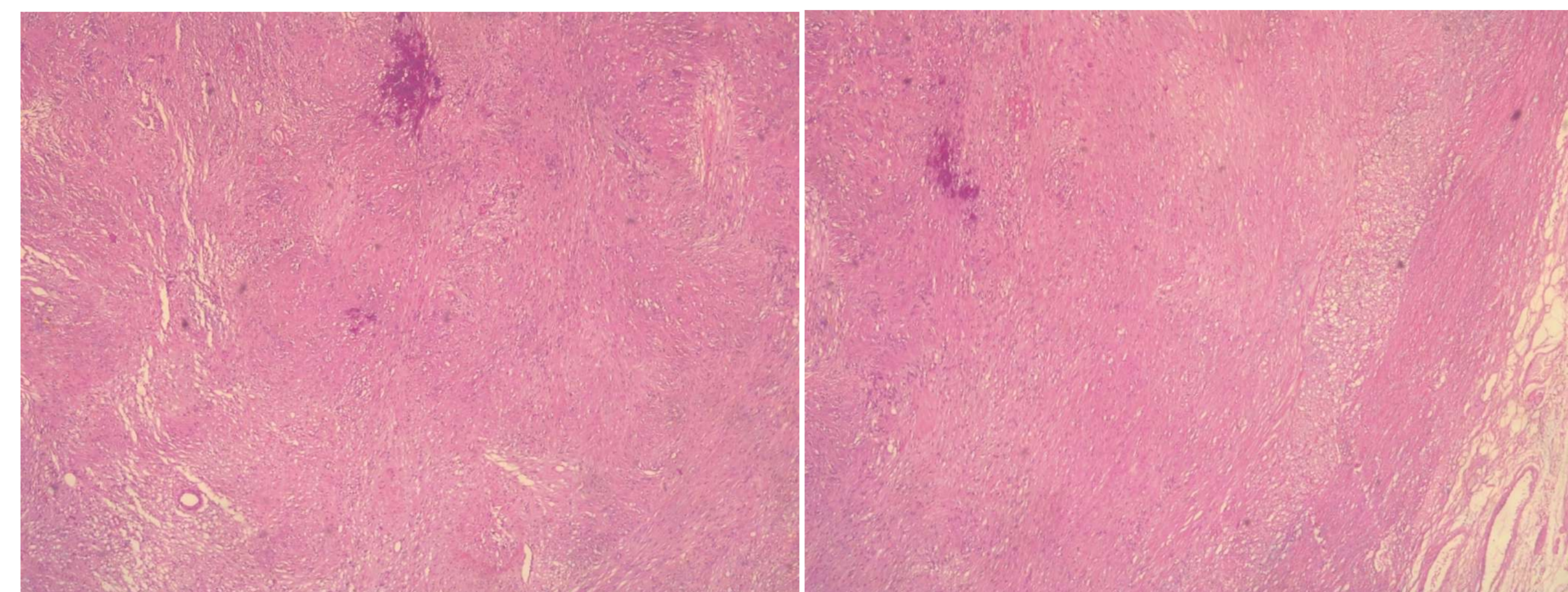
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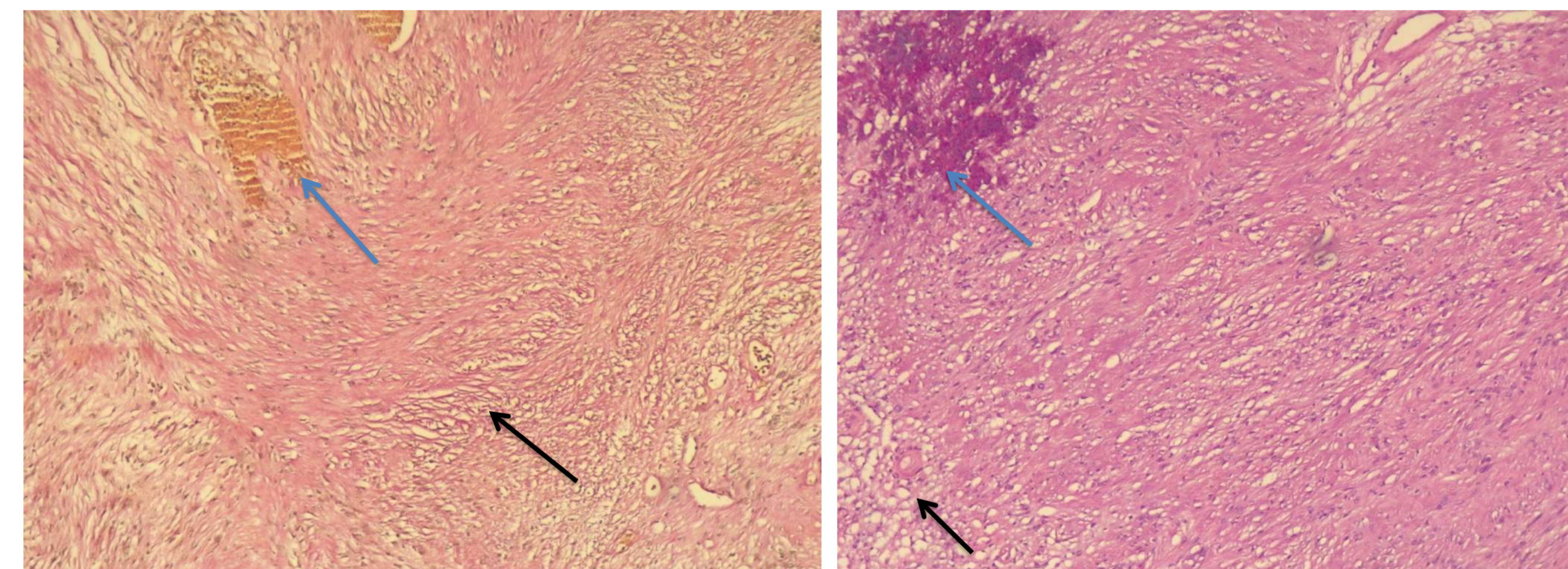
**Introduction:** Leiomyomas are rare benign mesenchymal GI tumors, with low malignancy rate that are often asymptomatic, casually discovered, but can suddenly result in massive hemorrhage. Esophageal leiomyomas represent 8% of the total esophageal tumors, gastric leiomyomas account for 2,5% of all gastric neoplasms. On imaging, this tumor is normally characterized as: solitary mass, usually smaller than 3 cm, location: distal body of the stomach or fundus. The main differential diagnosis on imaging is made with a gastric GIST, which is much more common. Complications are rare and may include hemorrhage (hematemesis, melena) obstruction fistulisation / perforation, malignant degeneration (exceptional).

**Purpose:** Analysis of the efficacy of diagnosis and surgical treatment of patients with esogastric leiomyomas.

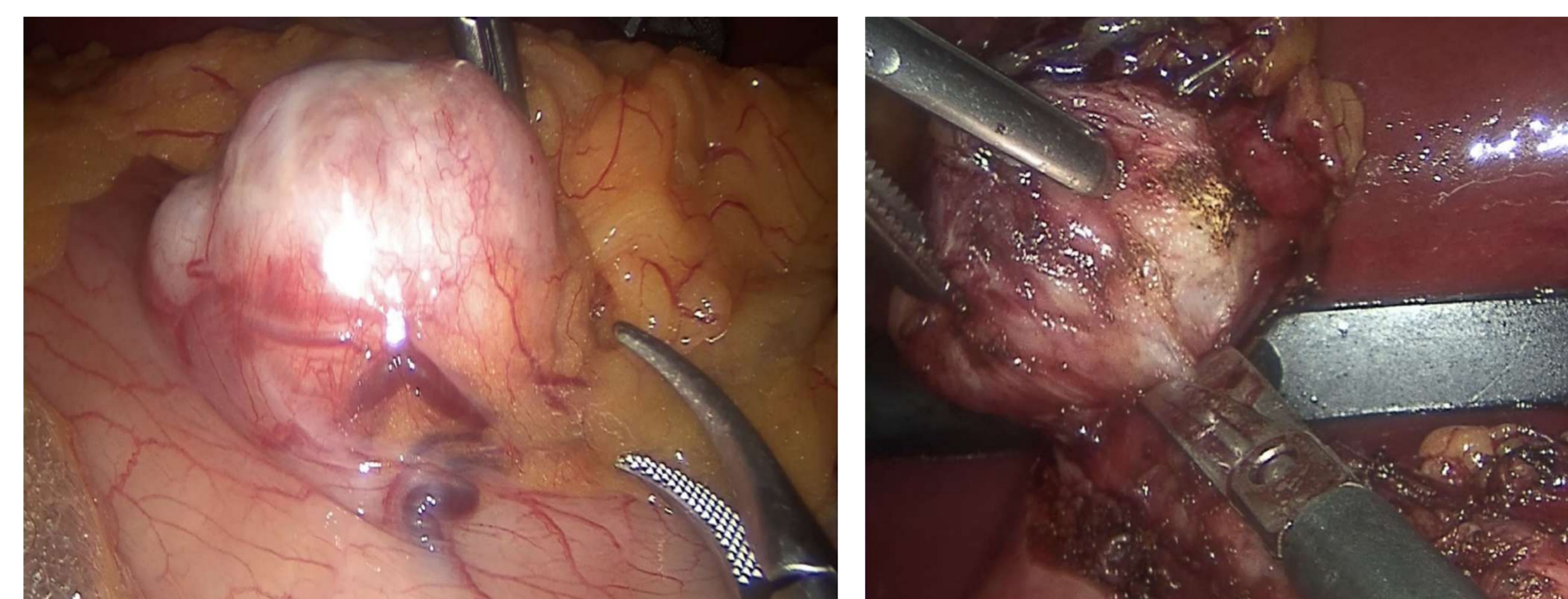
**Keywords:** rare gastric tumors, leiomyoma, laparoscopy



**Fig1,2.** Photomicrograph(original magnification, x4; hematoxylin-eosin stain). Encapsulated fibromuscular mesenchymal tumor (fibroleiomyoma). Histologically, this tumour is composed of well-differentiated smooth-muscle cells with no atypia and atypical mitosis.



**Fig 3.** Picrofuxin (by Van Gieson) stain. Stroma represented by well-vascularized connective tissue stained in pink (positive reaction), (black arrow). Angiomatosis (blue arrow). **Fig 4.** Well differentiated smooth muscle cells with red fibrillar cytoplasm, arranged in fascicles and arising from muscularis mucosae. Calcinosis of the stroma (blue arrow). Myxomatosis (black arrow)



**Fig.5, 6** Gastric leiomyoma 4x4cm

**Material and methods:** In the Surgical department No 4 between 2010-2020 there have been treated 6 patients with benign esogastric tumors, of which 3 – gastric leiomyomas, 2 esophageal, 1 jejunal, that were histopathologically confirmed. Asymptomatic – 2 cases, with epigastric pain – 1 case, with postprandial regurgitation – 2 cases, and one case complicated with gastrointestinal hemorrhage.

**We present one of the cases of gastric leiomyoma:**

Female 59 years old, presented with epigastric discomfort, postprandial fullness and anemia. On CT was discovered a mass at the lesser curvature of 16 mm that grew to 20mm in 6 months. Gastroscopy – it was not informative in this case. The patient underwent laparoscopic surgery - tumor excision was performed. Histopathological examination confirmed encapsulated fibromuscular mesenchymal tumor (fibroleiomyoma).

**Results:** On one patient traditional laparotomy was performed, videothoracoscopy- 1 patient, videothoracoscopy + conversion to thoracotomy- 1 patient, laparoscopy- 3 patients. Postoperative evolution for everyone was favorable, with a short stay in hospital for those with laparoscopic approach. Postoperative complications were not detected.

**Conclusions:** Large tumors are more prone to ulcerations, that may result in severe hemorrhage. The surgical approach to each patient is individual. The minimally invasive surgery represents the "Gold-standard" of treatment.



**Fig.7** CT scan showing a lesser curvature gastric leiomyoma (arrow)