A Unique Case of Appendicular Leiomyoma: Usual Lesion in an Unusual Site

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INTRODUCTION

Most appendicular neoplasm in adults are carcinoid tumors.¹ Benign tumors including leiomyoma are extremely rare. Ultrasonography is a useful aid in the diagnosis of appendicitis,² but the sonographic appearance of appendicular leiomyoma is poorly documented and, therefore, it is impossible to diagnose it preoperatively. This is the reason most of the diagnosis is only established after the surgery. Growth and proliferation of smooth muscle tissue in women coincide with estrogenic stimulation. Children rarely develop these tumors.³,⁴ Here, we present a rare case of typical appendicular leiomyoma in a 45-year-old female patient with hemangioma in the liver.

CASE REPORT

A 45-year-old female with the unremarkable past history presented in the surgery clinic for evaluation of the abdominal pain since 2 months. There was no history of trauma or accident. Underwent tubectomy 8 years back, with a menstrual history suggestive of perimenopause. On surgical examination, tender mass in the right iliac fossa was identified. Underwent tubectomy 8 years back, with a menstrual history suggestive of perimenopause. On surgical examination, tender mass in the right iliac fossa was identified. The sono-

Abstract

Appendicular leiomyoma is a rare entity described in 1977. Herein, we present a case of leiomyoma of the appendix in a 45-year-old female who presented with pain in the lower abdomen of 2 months duration. She was diagnosed as recurrent appendicitis based on the physical examination and ultrasonography. The pathological findings showed uni-lobular proliferation of fusiform cells, arranged in net-like sheets or swirls, in a hyaline background with edematous stroma. To our knowledge, there are only 3 cases of appendicular leiomyomas reported in the literature. Although it is a rare tumor, surgeons and pathologists should be aware of it.

Key words: Appendix, Benign appendicular, Leiomyoma

DISCUSSION

Leiomyomas of the uterus are the most common benign tumors of smooth muscle origin, but they arise in any
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Patient presents with pain abdomen and vomiting with tenderness in the lower abdomen. The reported age range includes 2 years child to those older than 60 years. In our case, patient had appendicular mass as well hemangioma of the liver which was noticed incidently while scanning. Estrogens have known growth stimulatory effects on the vasculature and most hemangio mas demonstrate estrogen receptors. In view of this, hyperestrinism in perimenopausal women could be the causes for the development of hemangioma and leiomyoma. In our case, after appendicectomy, the patient had an uneventful post-operative phase and was discharged 8 days after the operation.

Histo-pathology
On gross examination, body of the appendix was bulging. Histology showed a small leiomyoma in the submucosa. There were no inflammatory exudates in the lumen. The adjacent appendicular parenchyma is otherwise unremarkable.

The term “gastrointestinal stromal tumor” has become increasingly popular for variety of mesenchymal tumors, including smooth muscle tumors, spindle cell tumors with possible neural differentiation. Diagnostic criteria to distinguish leiomyoma from leiomyosarcoma which is highly aggressive depend on patient gender and anatomic site. Most leiomyoma arise in females, bland looking lesions with fewer than 10 mitosis per 50 hpf, located in the uterus, retroperitoneum, and extremities appear to be benign. Such lesions are commonly positive for estrogen and progesterone receptors and appear to have considerable similarities to gastrointestinal leiomyomas. As yet, there are insufficient data concerning comparable retroperitoneal lesions in males, and a diagnosis of leiomyoma in these setting should be made only with extreme caution.

CONCLUSION
Leiomyoma of the appendix is a very rare benign tumor. Clinical appearance and diagnostic exams are usually not sufficient for the definite diagnosis and require a histopathological examination. However, if the surgeons and pathologists are aware of it; conservative surgical treatment would protect the patient from dangers like complete obliteration of the appendicular lumen and tumor progression.

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