

A Rare Case of Dysphagia: A Case Report

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Received on: 10 September 2024; Accepted on: 16 October 2024; Published on: 27 December 2024

ABSTRACT

Esophageal leiomyomas (EL) are the most common benign tumors of the esophagus, being pedunculated polyp presentation is very rare. A 65-year-old female presented with symptoms of troublesome dysphagia. Esophagogastroduodenoscopy (EGD) performed revealed a pedunculated polyp of $\sim 3 \times 1.7 \times 1.5$ cm in size covered by normal-looking mucosa. The polypoid lesion was then removed successfully with a hot polypectomy snare. The histopathological diagnosis of the polyp turned out to be leiomyoma. Patient symptoms were relieved after successful removal.

Keywords: Case report, Dysphagia, Esophageal leiomyoma, Hot polypectomy snare, Pedunculated polyp.

Euroasian Journal of Hepato-Gastroenterology (2024): 10.5005/jp-journals-10018-1453

INTRODUCTION

Leiomyomas are benign smooth muscle tumors, in tissues with smooth muscle fibers.¹ Esophageal leiomyomas are the most common benign esophageal tumors.²⁻⁷ Dysphagia is the most common presentation.¹ They affect men twice as frequently as women.⁶ The lesion is seen endoscopically as a submucosal solitary mass or masses in the middle or distal third of the esophagus.^{5,6} Esophageal leiomyomas rarely presents as an esophageal pedunculated polyp and often manifests as a smooth surfaced or semicircular protruding lesion originating from submucosa.^{4,5,7} Herein, we are reporting a rare case of large-size pedunculated submucosal tumor evaluated by Esophagogastroduodenoscopy (EGD) and removed by endoscopic resection. No immediate and delayed bleeding or complications were noted.

CASE PRESENTATION

A 65-year-old female patient, married, housewife, treated case of right breast carcinoma, had mastectomy and chemotherapy done in 2018. She presented in the Gastroenterology clinic with complaints of dysphagia and weight loss for 4 months. Dysphagia occurred after initiation of swallowing, it was progressive initially, was for solids then for liquids, associated with regurgitation of food particles, heartburn, and chest pain and she was referred for EGD. Both hematological and biochemical workups performed at our department were normal. EGD performed with Olympus 190 series revealed a large pedunculated polyp 20 cm from incisors covered by normal-looking mucosa, $\sim 3 \times 1.7 \times 1.5$ cm in size (Fig. 1A).

The polyp was removed with a hot snare (Fig. 1B).

The surface of the head and stalk of the polyp show no irregularity, and both stalk and head are stained with Lugol's iodine. The stalk of the mass was soft and flexible when touched with forceps. Both head and stalk sent for histopathology revealed EL with positive Desmin and anti-smooth muscle antibody (Fig. 2). Patient symptoms were relieved after the polypectomy.

DISCUSSION

We reported a case of EL in an elderly lady, which was previously reported in only male patients. Leiomyoma is a most common

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How to cite this article: Butt N, Mohiuddin G, Raza M. A Rare Case of Dysphagia: A Case Report. *Euroasian J Hepato-Gastroenterol* 2024;14(2):244–245.

Source of support: Nil

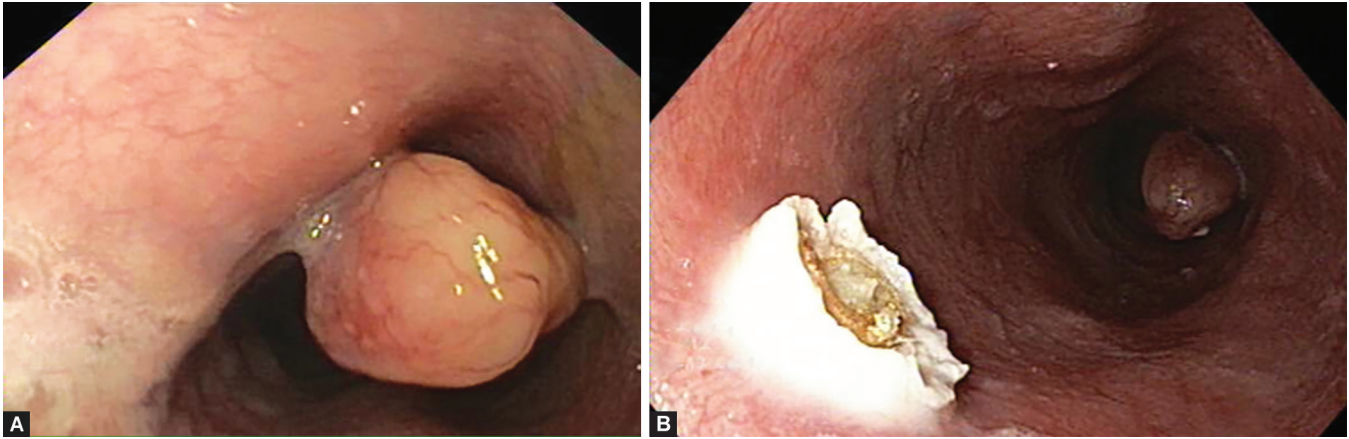
Conflict of interest: None

Patient consent statement: The author(s) have obtained written informed consent from the patient for publication of the case report details and related images.

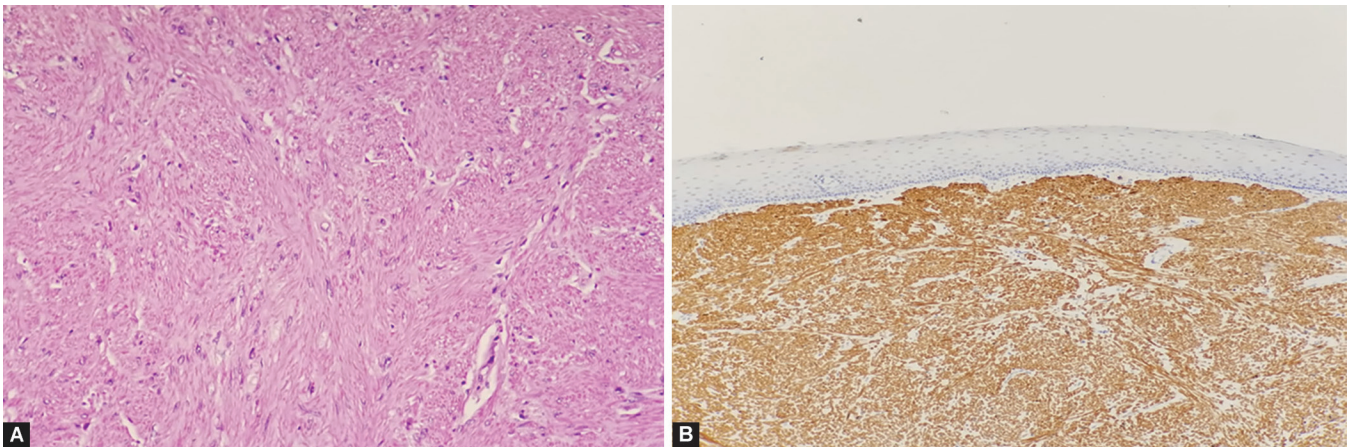
benign lesion of the esophagus, comprising 1 % of the neoplasm of the esophagus.²⁻⁷ Esophageal leiomyomas are mostly intramural and originate in the muscularis propria.^{5,6} The polypoid type is less common and originates from the muscularis mucosae and should not be confused with a giant fibrovascular polyp that is postulated to arise at the pharyngoesophageal junction.^{4,5} However, the presentation of EL as a large polyp was a very rare entity; only two cases have been reported in the literature so far about EL as an esophageal polyp. We reported a case of EL in an elderly lady, which was previously reported in only male patients. Kuo in 2004 reported a rare case of diffuse esophageal leiomyomatosis with a pedunculated polyp, which was an incidental finding on contrast tomography (CT) chest, which was successfully removed by endoscopic resection.⁴ We encountered a large esophageal polyp and removed it successfully with a hot polypectomy snare.

CONCLUSION

Esophageal leiomyomas as a large pedunculated polyp is a rare benign lesion of the esophagus. It can easily be removed with a polypectomy snare.



Figs 1A and B: (A) EGD shows a large pedunculated polyp 20 cm from incisors covered by normal-looking mucosa, approximately 3 × 1.7 × 1.5 cm in size; (B) Removed by endoscopic resection



Figs 2A and B: (A) Intersecting bundles of smooth muscle. Tumor cells are bland and show no significant cytological atypia or increased mitosis; (B) Immunostain desmin is positive, confirming smooth muscle cell origin

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