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GIANT ESOPHAGEAL LEIOMYOMA: DIAGNOSTIC AND THERAPEUTIC CHALLENGES

Surgery

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ABSTRACT

Background: Benign tumors of the esophagus are uncommon, with leiomyomas being the most frequent among them. While often small and asymptomatic, giant esophageal leiomyomas (>5 cm) are rare and may present with compressive symptoms or be discovered incidentally. **Case Presentation:** We report the case of a 34-year-old female who presented with a 3-month history of vague lower abdominal pain, intermittent chest discomfort, and early satiety. Initial endoscopy revealed extrinsic compression of the distal esophagus with proximal dilatation. Imaging with contrast-enhanced CT and PET-CT showed a large, eccentrically exophytic lesion measuring 10.2 × 12.2 × 12.3 cm, involving the abdominal and lower thoracic esophagus, with significant vascular encasement. CT-guided biopsy and immunohistochemistry confirmed a spindle cell tumor, SMA positive, S100 negative, Ki-67 <1%, consistent with leiomyoma. **Management And Outcome:** Given the tumor's size, location, and compression of vital structures, the patient underwent resection through a combined left thoracotomy and abdominal approach, including en bloc resection of the diaphragmatic crus and esophagectomy with gastric conduit reconstruction. Postoperative recovery was uneventful. **Conclusion:** Giant esophageal leiomyomas pose diagnostic and therapeutic challenges. Preoperative diagnosis requires high-resolution imaging and tissue confirmation. While smaller tumors may be observed or enucleated, large or symptomatic tumors often necessitate esophagectomy. Surgical resection remains the definitive treatment, both for symptom relief and to exclude malignancy.

KEYWORDS

Esophageal leiomyoma, giant esophageal tumor, spindle cell tumor, esophagectomy, benign esophageal neoplasm

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