



Rectal Leiomyosarcoma, About a Case

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Resume

Rectal leiomyosarcoma is a very rare malignant mesenchymal tumor whose treatment is poorly coded and has a poor prognosis with a 5-year survival of less than 20%. We operated a 55-year-old patient for a rectal tumor whose lanapath returned to a rectal leiomyosarcoma. Resection was carried out with a healthy margin of resection on both sides of the tumor.

Introduction

Rectal leiomyosarcoma corresponds to 0.1% to 0.5% of all malignant tumors of the rectum. Thirty-six (36) these mesenchymal tumors originate from the smooth muscle fibers, our case concerns a patient aged 56 admitted in our service for taking burden of a high rectal leiomyosarcoma whose diagnosis was pre-established by biopsy following rectosigmoidoscopy.

Observation

Patient NB, 55 years old, with no specific antecedents admitted through the gastroenterology department for repetitive bleeding, which motivated our confrere gastroenterologist to perform a rectoscopy which objectified a mass at the level of the upper rectum of which biopsies were performed. Who came back in favor of myosarcoma directed to our service for surgical management?

On Admission

Conscious patient cooperating good general condition at the inspection: normocolorous teguments no sign of dehydration or of engrissement or of denutrition with a BMI 22. The examination of the abdomen: Soft abdomen with no palpable mass, splenohepatomegaly or palpable adenopathy the rest of the examination is unspecific.

Examination of the calling area

Inspection:

No fissure or fistula

Rectal touch: pectoral knee, static then dynamic

Sphincter normo tonic

Perception of a mobile left hemi-circumferential ulcer-bulging mass by contribution to deep planes sitting about 10 cm from the anal margin

The fingerstall returns stained with blood.

The rest of the somatic examination is without particularity.

To support the diagnosis, a rectosigmoidoscopy was performed which shows:

An ulcer-budding process reducing light to 15cm of AD, extending over 5 cm with biopsy returning to favor from a rectal leiomyosarcoma. As part of the extension assessment, a series of complementary examinations were requested, namely: a colonoscopy to find another synchronous localization which returned without particularity.

Thoracoabdominopelvic CT: Figure 1

Tissue wall thickening of the upper rectum extended to the stenosing budding recto-sigmoid hinge achieving a mass, measuring 50 mm × 52 mm, extended to 62 mm in height, with infiltration of the fat opposite.

FNS hg: 12.9 g/dl, ht: 40% GB: 4800/mm

Correct kidney function

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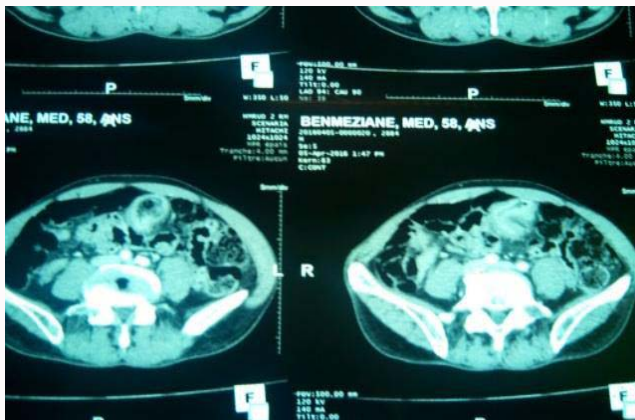


Figure 1: Preoperative biological assessment was carried out.

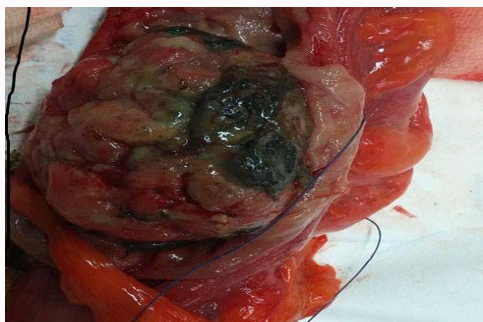


Figure 2: Cerebral tumor excision specimen unorganized.

Correct hemostasis

Proteinemia, albuminemia: correct

58-year-old BM patient without pathological ATCD admitted to our level for the management of a rectal leiomyosarcoma extended to the recto-sigmoid hinge classified T4N0M0, stage II B requiring surgical treatment.

Discussion

Leiomyosarcoma of the rectum is a rare tumor. The rectal location represents only 7% of cases (stomach: 47%, small bowel: 35%, colon and esophagus: 5%), or 0.08% of malignant tumors of the rectum. It should be distinguished from leiomyosarcoma of the anal canal developed from the internal sphincter. Unlike the anal location, it reaches more frequently the man, at the average age of 55 years. The revealing clinical manifestations are rectorragies (24% to 42%), pain (20% to 36%) and transit disorders (22% to 41%) [2,3]. 5% of patients are asymptomatic. The rarity of the occlusive syndrome can

be explained by the mode of exo-luminal development. The echo endoscopy is of interest here, by looking for lymphadenopathies, by appreciating the size, the exo-parietal development and the integrity of the sphincter apparatus in case of low lesions [4]. The elements of poor prognosis rest mainly on the size of the tumor and the mitotic index. The site of recurrence is locoregional, hepatic or peritoneal. The prognosis of malignant forms is poor (25% to 50% survival at 5 years). These tumors are little radio-chemo sensitive. Leiomyosarcomas are tumors with low radiochemical sensitivity. Surgical treatment is essential in the first stage [5].

In the case presented we asked the indication of an anterior resection carrying the tumor formation. The patient was operated by means of a medial laparotomy above and under umbilical, the exploration found a tumor at the level of the recto sigmoidal hinge with the absence of liver metastases and ascites. A resection removing the tumor with 5 cm on either side of the tumor with a preparation of a colorectal anastomosis. The patient was put out the fourth day postoperative with good postoperative follow-up. The pathological examination confirmed the diagnosis of a rectal leiomyosarcoma with resection margins that returned seines ranked pT3N0M0. Figure 2 thus there is no indication of a therapeutic supplement, any chemotherapy or radiotherapy.

Conclusion

The rectal leiomyosarcoma is part of the family of digestive stromal tumors, connective tumors developed from the digestive wall, or even the peritoneum. These are rare tumors; the rectal location represents less than 10% of the digestive forms. Nevertheless, they are important to know because they must be evoked before any submucosal tumor of the digestive wall.

References

1. Minsky BD, Cohen AM, Enker WE, Paty P. Sphincter preservation with preoperative radiation therapy and coloanal anastomosis. *Int J Radiat Oncol Biol Phys.* 1995;31(3):553-9.
2. Grann A, Paty PB, Guillem JG, Cohen AM, Minsky BD. Sphincter preservation of leiomyosarcoma of the rectum and anus with local excision and brachytherapy. *Dis Colon Rectum.* 1999;42(10):1296-9.
3. Kiffer JD, Castles L, Quong GG, Feigen M. Leiomyosarcoma of the rectum: What role does adjuvant therapy play? *Australas Radiol.* 1999;43(2):262-5.
4. Randleman CD Jr, Wolff BG, Dozois RR, Spencer RJ, Weiland LH, Ilstrup DM. Leiomyosarcoma of the rectum and anus: a series of 22 cases. *Int J Colorrectal Dis.* 1989;4(2):91-6.
5. Yeh CY, Chen HH, Tang R, Tasi WS, Lin PY, Wang JY. Surgical outcome after curative resection of rectal leiomyosarcoma. *Dis Colon Rectum.* 2000;43(11):1517-21.