Colonic tumor stricture: A rare case of leiomyosarcoma

Estenosis tumoral colónica: un caso infrecuente de leiomiosarcoma

Leiomyosarcomas are tumors that originate in the smooth muscle cells of the muscularis propria. They account for less than 1% of all malignant tumors and close to 0.12% of tumors affecting the colon.[1] Clinically, they can manifest with symptoms similar to those of other tumors of the colon (changes in bowel habit, anemia, and rectorrhagia), and from an endoscopic perspective, are typically observed as submucosal polyps. Leiomyosarcoma is an aggressive tumor, with an overall 5-year survival rate nearing 50%, whose main treatment is surgery, given the poor response to chemotherapy.[2]

A 75-year-old man had a past medical history of smoking, high blood pressure, and bronchial asthma. He sought medical attention for colicky abdominal pain, alleviated after bowel movements, and loss of weight and appetite of 3-month progression. In the laboratory work-up, only a positive fecal occult blood test stood out.

Colonoscopy was performed and detected an impassable stricture in the transverse colon, with adenomatous-appearing edges and ulceration, and was friable and bled spontaneously when touched by the endoscope (Fig. 1A). Multiple biopsies were taken and were negative for malignancy, given the subepithelial origin of the lesion. Likewise, an India ink tattoo was placed for later localization. A computed tomography (CT) scan (Fig. 1B) revealed a stricturing mass in the transverse colon, with no signs of metastatic lesions.

The patient was referred for surgery and operated on. The anatomopathologic study of the resected specimen reported tumor cells consistent with a mesenchymal tumor. The immunohistochemistry study was positive for actin and desmin, confirming the diagnosis of leiomyosarcoma (Fig. 1C and D).

Leiomyosarcoma is a rare stromal tumor that appears more frequently in patients in the sixth or seventh decade of life, predominantly in men. When it affects the gastrointestinal tract, more than 50% of tumors are located in the small bowel,[3] and the second most frequent location is the colon. The tumor tends to have exophytic growth and may cause abdominal pain, rectorrhagia, or changes in bowel habit. Its presentation as a stricturing tumor or with intestinal obstruction is rare.

Diagnosis is made through colonoscopy, in which it is common to find a subepithelial polyp or nodule. Mucosal biopsies are not very useful, given that the tumors depend on the layer of the muscularis propria. Endoscopic ultrasound is very useful because it can distinguish the layer of tumor dependency and samples can be taken. However, in the case presented herein, it could not be performed due to the stricture caused by the tumor.

Leiomyosarcomas are aggressive tumors, frequently presenting with metastases at diagnosis, and their 5-year survival rate is low. The treatment of choice is surgical resection, given that the response to chemotherapy is very limited.[4] Among the main prognostic factors are tumor size above 5 cm and the presence of metastasis.

The present case describes the diagnosis and treatment of this rare entity, highlighting its unusual presentation as a stricturing tumor of the colon.

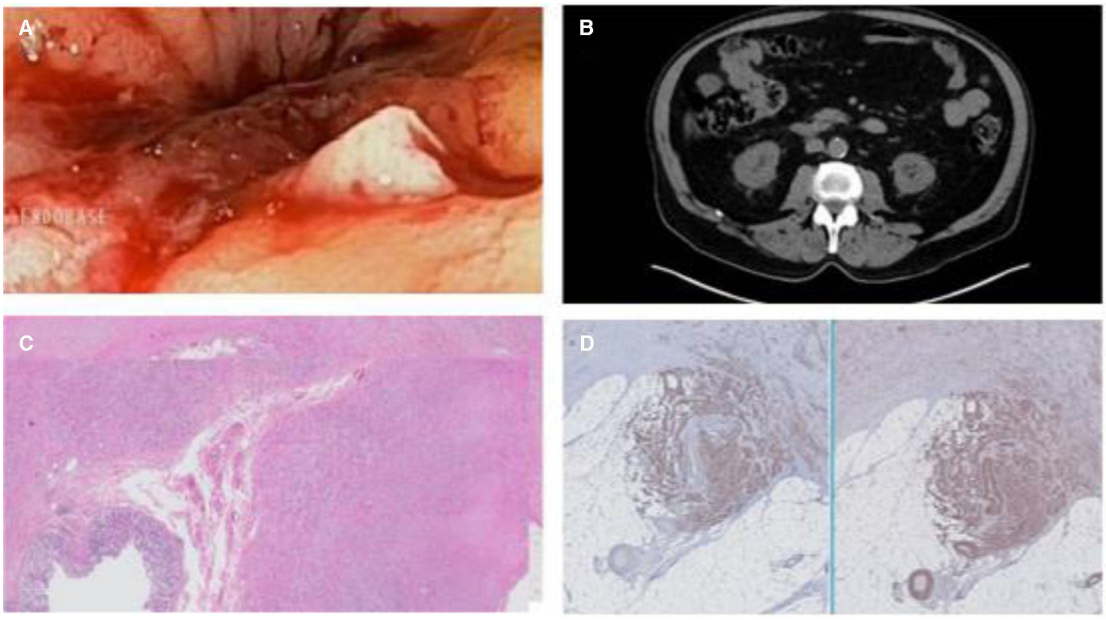

Figure 1 (A) shows the endoscopic image of an impassable stricture with adenomatous edges and friable when touched by the endoscope. (B) CT image showing a mass in the transverse colon that narrows the intestinal lumen, without retrograde dilation. (C and D) Anatomopathologic study confirming the presence of a colonic leiomyosarcoma, positive for actin and desmin, and negative for GIST markers, such as CD117.

Ethical considerations

Informed consent was obtained from the patient, required by current legislation for the publication of this article.

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Declaration of competing interest

The authors declare that there is no conflict of interest.

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Upper gastrointestinal involvement secondary to extramedullary plasmacytoma: An unusual presentation in an immunosuppressed patient

Compromiso gastrointestinal alto secundario a plasmocitoma extramedular: presentación inusual en un paciente inmunosuprimido

Extramedullary plasmacytoma (EMP) is a proliferation of plasma cells outside of the bone marrow that may develop either independently or associated with multiple myeloma.[1] Most EMPs affect the upper respiratory tract and the head and neck region. Location in the digestive tract is unusual and occurs in less than 5% of cases. Gastrointestinal involvement is associated with various symptoms, such as abdominal pain, weight loss, and gastrointestinal bleeding.[2]

A 38-year-old man diagnosed with human immunodeficiency virus (HIV), with poor adherence to antiretroviral therapy and an advanced immunosuppression status (CD4 396 cell/μl and a viral load of 319,269 copies/mL), sought medical attention for chest pain, headache, fever, and tarry stools of 20-day progression, added to constitutional symptoms resulting from involuntary weight loss of 6 kg in the past month. During hospitalization, lytic lesions in the chest, skull, and cervical spine were documented, along with focal lesions in the liver and gastric wall thickening in cross-sectional images of the abdomen. Upper gastrointestinal endoscopy revealed raised erythematous, lobulated lesions with central depression located in the gastric fundus, body, and antrum, findings highly suggestive of neoplastic involvement (Fig. 1). The antral biopsies showed a plasmacytoid cell infiltrate, with positivity for CD138, MUM 1, Lambda, CD3, CD20, C-MYC (40%), and Ki67 (80%) (Fig. 2), supporting the suspected lambda plasma cell tumor involvement, possibly presenting as gastric EMP. Given the unusual presentation of upper gastrointestinal involvement, associated with the immunosuppression status and Epstein-Barr virus-encoded small RNA in situ hybridization (EBER-ISH) positivity < 15%, the possibility of plasmablastic lymphoma was posited as the differential diagnosis. Management with the dexamethasone, cyclophosphamide, etoposide, and cisplatin (DCEP) protocol was started and at outpatient follow-up, the response to chemotherapy and progression of the gastrointestinal lesions were evaluated.

Plasmacytomas are rare entities characterized by the localized growth of monoclonal plasma cells. They have two main forms: solitary plasmacytoma of bone and EMP, the latter of which accounts for 3–5% of plasma cell tumors and has a 10–20% risk of progressing to multiple myeloma.[1]

Gastrointestinal plasmacytoma is unusual, representing less than 5% of EMPs, and may be under-diagnosed. There are no available studies on a Mexican population that document its incidence or mortality rate, highlighting limitations in the local epidemiologic knowledge of the entity. It generally affects the small bowel, followed by the esophagus, stomach, and colon. Middle-aged men (55 years of age) pre-