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Leiomyosarcoma of the colon. An uncommon condition

Cristóbal Perán Fernández (Hospital Universitario Santa Lucía de Cartagena), Alberto Sánchez Espinosa (Complejo Hospitalario Universitario de Cartagena), Laura Abellán Garay (Complejo Hospitalario Universitario de Cartagena), Álvaro Martínez Manzano (Complejo Hospitalario Universitario de Cartagena), Agustín Cano Maldonado (Complejo Hospitalario Universitario de Cartagena), Purificación Calero García (Complejo Hospitalario Universitario de Cartagena), Ana Lage Laredo (Hospital Santa Lucia), María Balsalobre Salmerón (Complejo Hospitalario Universitario de Cartagena)

Cristóbal Perán Fernández (cristobalperanf@gmail.com)

Keyword: Leiomyosarcoma.

CLINICAL CASE

We present a case of an 85-year-old male admitted for constitutional symptoms lasting several months, including anorexia (minimal intake of solids and liquids), weight loss of up to 20 kg, and general deterioration. A thoracoabdominal CT scan highlights a lesion in the ascending colon that is not characteristic of adenocarcinoma, compatible with a tumor corresponding to a T3N0M0. There is no evidence of distant tumor dissemination. A colonoscopy was performed, revealing an ulcerated mass just above the ileocecal valve with increased consistency and friability, about 4 cm in size, compatible with adenocarcinoma by image, from which several biopsies were taken, none of which were conclusive for malignancy. Due to the high suspicion of malignant disease, a committee decided to perform surgery. A laparoscopic right hemicolectomy was performed without incidents, finding a lesion at the ileocecal valve, 4-5 cm in size. The patient had a favorable outcome and was discharged on the sixth postoperative day. The definitive anatomopathological

analysis resulted in spindle cell and epithelioid mesenchymal neoplasm morphologically and immunohistochemically compatible with intestinal leiomyosarcoma with one affected lymph node, pT1pN1.

DISCUSSION

Gastrointestinal leiomyosarcoma is an uncommon tumor originating in the smooth muscle cells of the intestinal wall. Its most frequent location is the small intestine. It accounts for 0.12% of malignant colon tumors. It is a very aggressive tumor with a poor prognosis. They usually present as submucosal polyps or intramural nodules that arise from the muscularis mucosae or the muscular propria. They are positive for muscle markers such as desmin, vimentin, and smooth muscle actin and negative for GIST markers (CD117/c-kit). It is important to differentiate them because the prognosis is radically different. The treatment is surgery with complete excision of the meso and adequate margins, despite which many recur. They usually do not respond to adjuvant therapy or immunotherapy, although in some cases, chemotherapy with doxorubicin and ifosfamide has been tried. In case of local recurrence or metastases, surgical rescue is recommended. The overall 5-year survival after radical surgery is 51.6%, with liver and lung metastases being the main cause of death. Once metastases are diagnosed, the mean survival time is less than a year. Poor prognostic factors described are age over 40 years at diagnosis, the presence of tumor necrosis, distant disease, and tumor size.

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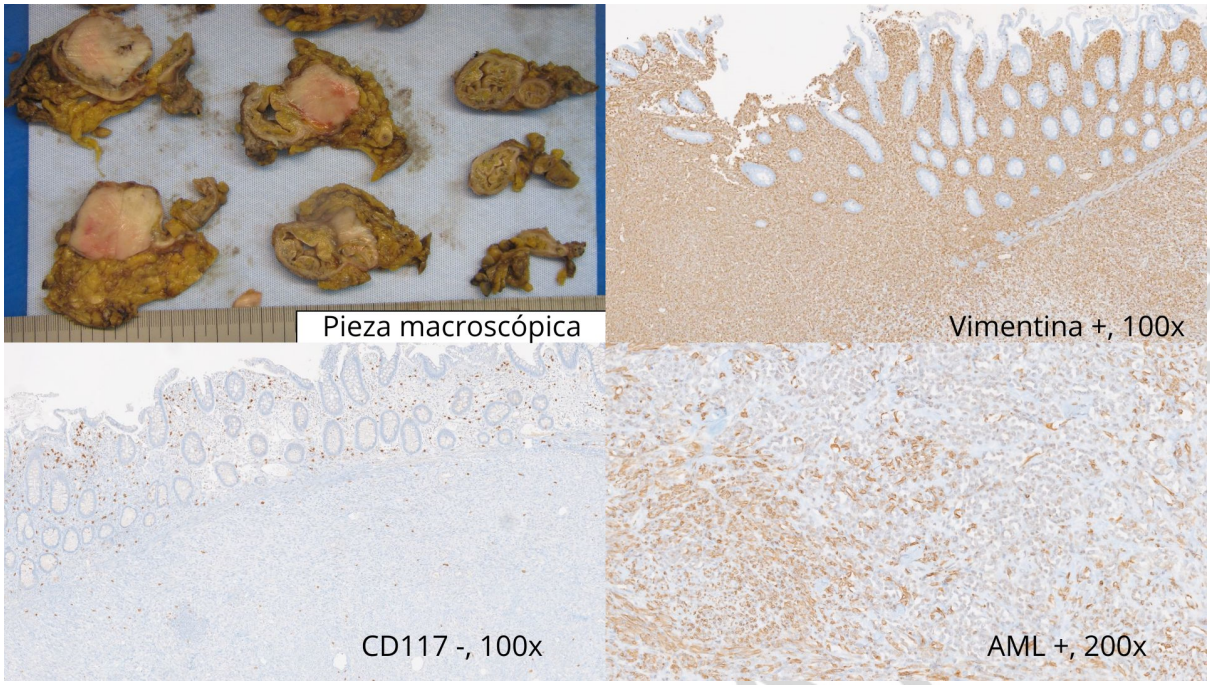

Fig. 1. Macroscopic and microscopic image of the surgical specimen.