Robin Spiller, *Editor*

Dysphagia in a 27-year-old man

CLINICAL PRESENTATION

A 28-year-old man was admitted to our hospital complaining of lower oesophageal dysphagia to solid food of 3 months duration. There was no weight loss or pain. Clinical examination on admission revealed no abnormal findings, and investigations showed no inflammation or anaemia. Barium swallow showed a lacunar image in the distal oesophagus, with normal surrounding folds, suggestive of a benign tumour (fig 1).Upper endoscopy showed a large submucosal tumour, covered by normal mucosa, situated just above the cardia (fig 2). Endoscopic ultrasonography revealed a hypoechoic submucosal lesion 2.5 cm in diameter (fig 3). No lymphadenopathy was noted.

Figure 1 Barium swallow.

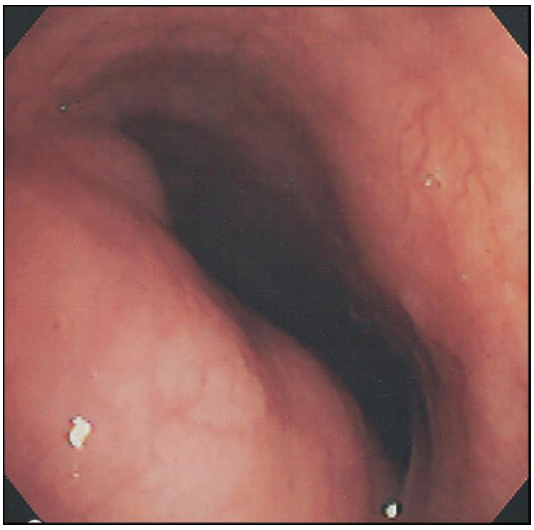

Figure 2 Endoscopic view of the oesophagus.

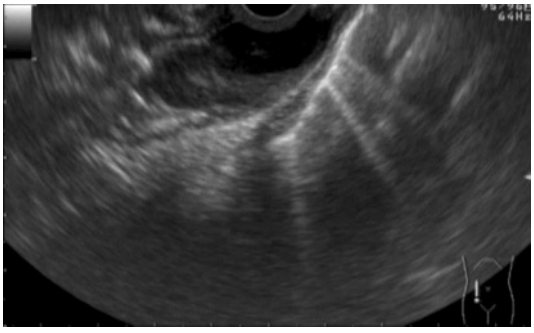

Figure 3 Endoscopic ultrasonography of the oesophageal wall.

QUESTIONS

(1)What could this lesion be?
(2) What treatment would you consider appropriate?
See page 1374 for the answers

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ANSWERS

From the questions on page 1353

The lesion is a leiomyoma of muscularis mucosae. Because the lesion did not extend submucosally it was considered safe to remove it locally (fig 1) The endoscopic mucosectomy was performed under midazolam intravenously. After lifting the lesion with submucosal injection of 30 ml saline mixed with epinephrine, complete removal was obtained using a polypectomy snare (fig 2A–D). The patient was discharged 2 days later due to moderate local pain alleviated by using a proton pump inhibitor (PPI) and the recovery was uneventful. Histological examination confirmed leiomyoma of muscularis mucosae without immunostaining for CD117 or CD34. On follow-up dysphagia was absent.

Benign oesophageal tumours represent less than 1% of oesophageal neoplasms. Two-thirds of them are leiomyomas, usually located in the distal two-thirds of the oesophagus.[1] Surgical resection (via thoracotomy or a thoracoscopic approach) or endoscopic excision is recommended for leiomyomas larger than 5 cm and for symptomatic lesions of any size. Less invasive endoscopic resections include conventional polypectomy,[2] mucosectomy using aspiration lumpectomy[3] or elastic band ligation and endoscopic submucosal dissection.[4 5]

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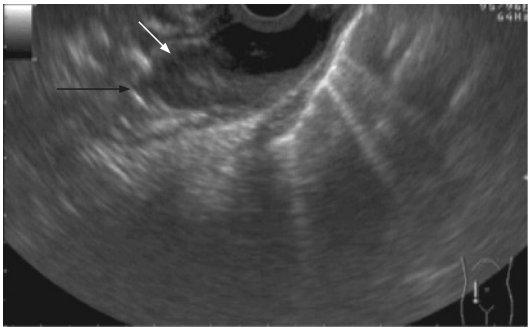

Figure 1 Leiomyoma of muscularis mucosae (white arrow). The lesion did not extend submucosally (black arrow).

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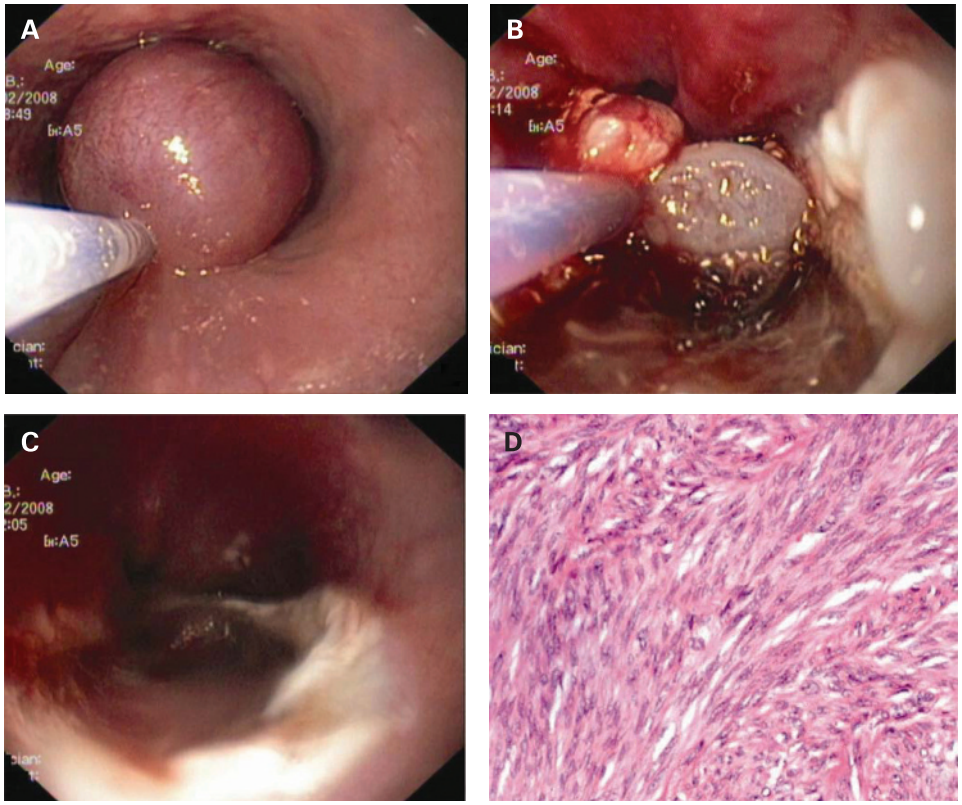

Figure 2 (A) Grasping the lesion after submucosal injection. (B) Mucosectomy. (C) Large ulcer after mucosectomy with clear base. (D) Histology of the leiomyoma.

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