Gastric leiomyoma presenting as massive haematemesis

Deepika Akolekar, Amit Jaiswal, Satish B. Dharap
Department of General Surgery, L. T. M. M. College and L. T. M. G. Hospital, Sion, Mumbai-400022, India.

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A 75 year old chronic alcoholic male patient presented with massive haematemesis and melaena. Upper GI endoscopy showed a sessile, vascular mass in the fundus of stomach with central umbilication. CT scan abdomen however revealed a pedunculated tumour arising from fundus of stomach with high degree of vascularity suggestive of a stromal tumour. He underwent a laparotomy and wide excision of the 4 x 4 cm vascular, sessile mass (located on the anterior wall of the stomach at the junction of fundus and body) with one cm margin followed by primary closure of stomach in two layers.

Histopathology revealed interlacing bundles of smooth muscle fibres in a characteristic whorl pattern with no mitotic activity suggestive of leiomyoma of stomach with no evidence of malignancy.

Treatment modalities for such tumours include endoscopic polypectomy\(^1\) which is possible in case of pedunculated tumours, wide local excision with primary repair and laparoscopic resection using Endo GIA staplers.\(^2\)

REFERENCES


Address for correspondence: Dr. Deepika Akolekar, 2nd floor, Mangal Chhaya, Plot No. 113, Sion (W), Mumbai-400022, India. E-mail: deepika_parekh@yahoo.co.in