

Thoracoscopic Excision of an Esophageal Leiomyoma in a 63-Year-Old Woman Presenting with Dysphagia: A Case Report

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Abstract:

We present the case of a 63-year-old woman with progressive dysphagia. Endoscopy and endoscopic ultrasonography (EUS) revealed a submucosal esophageal mass located 29 cm from the dental arcade, measuring 4.5 × 3.5 × 2.5 cm. Thoracoscopic excision was successfully performed, and histopathological analysis confirmed the diagnosis of leiomyoma. This case highlights the role of minimally invasive thoracoscopic surgery in managing symptomatic esophageal leiomyomas.

Keywords: Endosonography, Leiomyoma, Thoracoscopy, Deglutition Disorders

Background and Objective

Esophageal leiomyomas are the most common benign tumors of the esophagus, accounting for approximately 70% of benign esophageal neoplasms. These tumors typically originate from the muscularis propria and are usually asymptomatic; however, larger lesions may cause dysphagia or chest discomfort. Video-

assisted thoracoscopic surgery (VATS) provides a less invasive alternative to thoracotomy, resulting in reduced morbidity and faster recovery.

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Case Presentation

A 63-year-old woman presented with a six-month history of progressive dysphagia to solids. She denied experiencing weight loss, chest pain, or regurgitation. Physical examination and routine blood tests were unremarkable.

Paraclinical Investigations

Upper gastrointestinal endoscopy revealed a subepithelial lesion in the mid-esophagus, located 29 cm from the upper incisors. Endoscopic ultrasound demonstrated a hypoechoic, well-circumscribed lesion measuring $4.5 \times 3.5 \times 2.5$ cm, arising from the muscularis propria, consistent with a leiomyoma.

Surgical Procedure and Management

The patient underwent thoracoscopic enucleation via a right VATS approach under general anesthesia. She was positioned in the left lateral decubitus position, and four trocars were inserted. The tumor was accessed through a longitudinal myotomy and excised without mucosal perforation. Intraoperative endoscopy confirmed mucosal integrity. The muscular layer was reapproximated using interrupted sutures. On postoperative day 2, imaging showed no leak or stricture. Oral intake was resumed, and she was discharged on postoperative day 4. At the 3-month follow-up, she was asymptomatic with complete resolution of dysphagia (Figure 1).

Histopathology

Microscopic examination of the excised mass revealed a benign neoplasm composed of interlacing bundles of spindle cells, exhibiting no significant mitotic activity or pleomorphism, consistent with leiomyoma. These findings confirmed the diagnosis and excluded malignancy.



Figure 1- Separation of the leiomyoma from the esophageal mucosa and muscle.



Figure 2 - The leiomyoma has been removed.

Conclusion

Thoracoscopic excision of esophageal leiomyoma is a safe and effective treatment for symptomatic patients. This case highlights the importance of accurate diagnosis and

demonstrates the value of minimally invasive surgical techniques in achieving optimal outcomes.

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