

Spindle cell tumour of smooth muscle origin arising from the small bowel mesentery

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Case Report

A 64-year old man presented with a history of abdominal discomfort of one year duration. He had no history of distension, loss of appetite, weight loss or change of bowel habits. Examination revealed a large intra-abdominal mass in the umbilical region which was freely mobile and non-tender. A clinical diagnosis of a mesenteric tumour was made. Ultrasound scan showed a well encapsulated solid tumour and the oral contrast-enhanced CT scan suggested a mass of mesenteric lymph nodes or a tumour arising from small bowel with no ascites or hepatic metastases (Figure 1).



Figure 1. CT picture intra-abdominal lump (A-lump, B-small bowel loop filled with Barium).

At surgery a 13 cm x 10 cm solid mass (with a few haemorrhagic areas) was seen arising from the mesentery of the mid ileum encircling the periphery of the tumour (Figure 2). The tumour was resected with 20 cm of ileum and an end-to-end ileo-ileal anastomosis was carried out. The patient made an uneventful recovery.

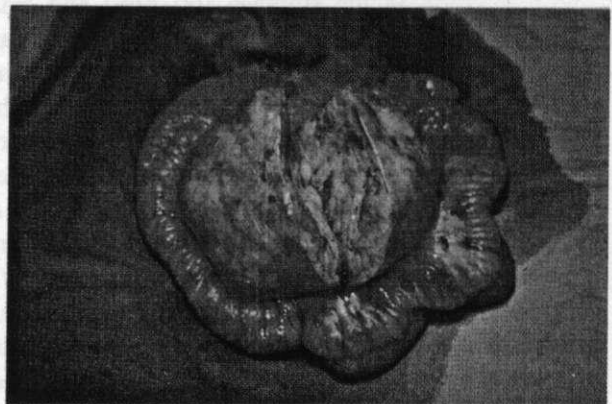


Figure 2. Resected specimen showing the tumour arising from the mesentery with a loop of ileum encircling it.

Histology revealed a moderately cellular, well circumscribed tumour composed of interlacing fascicles of spindle cells. There was no cellular atypia or coagulative cell necrosis. The mitotic activity was 3-4/10 high power field (hpf). The resection margins were free of tumour. The appearance was suggestive of a spindle cell tumour probably of smooth muscle origin (leiomyoma).

Discussion

This patient presented with a slow growing minimally symptomatic intra-abdominal mass which clinically appeared benign. The ultrasound and CT scans did not accurately demonstrate the organ of origin of the tumour. The true site of origin was demonstrated only at surgery.

Leiomyomas can arise from any tissue with smooth muscle and occur most commonly in the uterus followed by the gastrointestinal tract (1). A leiomyoma arising from the superior mesenteric artery (SMA) causing occlusion of the artery has also been reported (1).