Accidental ultrasound finding of a big asymptomatic intestinal leiomyoma in an anticoagulated patient with macrohematuria

Andrea Stimamiglio

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The case that we describe refers to the casual appearance of pelvic mass in the progress of ultrasound performed for macrohematuria on 36 year-old patient in anticoagulant therapy for recurring thrombophlebitis. The patient had heterozygous antithrombin III deficiency (type 1). The last value of INR was 2.5.

Ultrasound pointed out a bladder wall lesion responsible for bleeding (Fig. 1) and a heterogeneous mass, with clean borders, in touch with the bladder (Fig. 2), with arterial and venous vessels (Fig. 3). The main hypothesis was that the patient was affected by a neoplasm, but it was not sure he did not have a hematoma.

Contrast-enhanced CT confirmed the presence of a formation in the pelvis, median, of about $10 \times 10 \times 13$ cm, homogeneously and slightly hyperdense already in the scannings of the base (40 H.U.) and with light densitometric increase in the different contrastographic phases (around 70 H.U. in the later phases), in relation to an arterial peripheral mesenteric branch.

Therefore CT defined in a more precise way, the relationships of the mass that displaced and had close contact without an evident plane of cleavage in the back with the sigmoid and rectum, at the front with the bladder, the ureters, and some ileal loops, below with the seminal vesicles, nevertheless without coming to a diagnosis.

A following contrast-enhanced MR brought the same conclusions, while a PET TC set the founded suspicion of neoplastic disease.

The patient was operated on, and the following histological examination sets the diagnosis of ileal leiomyoma.

Fig. 1 Pelvic ultrasound. Ultrasound investigation performed to clarify the causes of macrohematuria in the anticoagulated patient underlining a solid hyperechogenic lesion in the lumen (arrow)

The ileal leiomyoma, if there are not certain data on incidence and prevalence, is also a rare and benign tumor of the small bowel [1].

In one of the few statistic studies on Italian data, Giuliani et al. [2] refer that only about 10 % of small intestine tumors that went to the operating table are leiomyomas, while about 90 % are theriomas; these last tumors, according to the AIRTUM 2010 Report [3], in Italy have a prevalence of nine cases per 100,000 persons.

According to some authors [4], usually, this tumor is asymptomatic; others [5] report intestinal bleeding in 85 % of cases and mechanical ileus in 13 % of cases.

The asymptatology of the described case must, therefore, be considered exceptional in consideration of the big dimension of the tumor.

In addition, unexpected results are usually feared because force physicians to perform further investigations

A. Stimamiglio (✉)
MMG convenzionato ASL 3 genovese, Genova, Italy
e-mail: andrea.stimamiglio@fastwebnet.it

Fig. 2 Pelvic ultrasound. During echographic evaluation, it is pointed out in pelvis a voluminous round mass with heterogeneous structure and borders enough well defined

often not useful for the health of the patient; in this case, the accidental ultrasound finding has prevented possible complications from rising up.

Conflict of interest Andrea Stimamiglio has no conflict of interest.

Informed consent All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. All patients provided written informed consent for enrolment in the study and for the inclusion in this article of information that could potentially lead to their identification.

Fig. 3 Color-Doppler evaluation of the mass. Echo Color-Doppler study allows to see arterial blood vessels inside the tumor

Human and animal studies The study was conducted in accordance with all institutional and national guidelines for the care and use of laboratory animals.

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