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### Researches Classified – Panels Award – Case Report

## Laparoscopic treatment of giant circumferential leiomyoma of the distal esophagus

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**Introduction:** Leiomyomas are rare esophagus tumors, with 0.4-1% incidence of all esophagus tumors, being more frequent in medium and distal portions<sup>1</sup>. Only 5% grow to the point of being called giant tumors, measuring more than 10cm<sup>2</sup>. Symptoms usually begin on tumors equal to or bigger than 5cm.

**Objectives:** The following case objectifies reporting a new therapeutic course of action to giant leiomyomas of distal esophagus.

**Case Report:** VCA, female, 38 years old, presented retrosternal oppression for 4 months. Having realized a computed tomography (CT) on another service 5 days ago which demonstrated a tumor injury on the distal esophagus and suggestive of leiomyoma. Patient was submitted through endoscopy exam 4 months ago, for complaint of heartburn and mild dysphagia. It was determined a hiatal hernia of 2cm and mild gastritis. Patient was submitted to complete excision of tumor without mucosal lesion and reconstruction of the external muscular wall, by the video laparoscopic method. Hiato-plasty and partial esophagogastroroplasty were associated. The anatomic pathological examination confirmed the leiomyoma, with 10x5x2cm. Patient evolved clinically in the long term without the appearance of the heartburn or dysphagia. The patient underwent contrast examination of the esophagus after 6 months and endoscopy and tomography for the following 4 years, all normal. The classic treatment of giant leiomyomas larger than 10cm, includes thoracotomy with esophagectomy. Considering that in 80% of the cases it is found in the middle and lower thirds of the esophagus, the videolaparoscopic approach by transhiatal route becomes possible<sup>3</sup>. The reconstruction of the external muscular layer is important to prevent a possible prolapse of the mucosa<sup>1</sup>. Also, the realization of the fundoplication in addition to avoiding the gastroesophageal reflux, allows the suture area of the esophageal muscular wall to be covered, increasing the safety in the treatment<sup>4</sup>. In services with experience in the surgical treatment of diseases of the gastric esophagus transition through the videolaparoscopic method, it is possible to perform with adequate safety the surgical treatment of the tumor lesions of the distal esophagus. The method provides the patient with greater postoperative comfort and prompt clinical surgical recovery.

**Keywords:** Leiomyoma; Laparoscopic leiomyoma; Distal esophagus.

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