



A rare localization of giant symplastic leiomyoma: Perianal region

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ABSTRACT

Giant symplastic leiomyoma of the gluteal region is a rarely seen situation. It is accepted as a benign illness. A 36-year-old woman presented to general surgery clinic because of a mass on her right thigh. On physical examination, there was a 7 x 6 cm mass that was mobile and bulging up from the surface of skin, 3 cm from her anus. Pathologic examination revealed symplastic leiomyoma. Leiomyomas are benign smooth muscle tumors. After excision, dermal lesions have a 40% recurrence rate. Even if mitotic activity can be shown microscopically, follow-up is important and unnecessary treatment for symplastic leiomyoma must be avoided.

Key words: Leiomyoma, gluteal region, symplastic, giant leiomyoma, smooth muscle

Introduction

Giant symplastic leiomyoma of the gluteal region is a rarely seen situation. It derives from smooth muscle, and microscopically nuclear atypia or mitotic activity can be seen. It is accepted as a benign illness. What is new with this case is the gluteal origin of giant symplastic leiomyoma, which has not been published before.

Case Report

A 36-year-old woman presented to the general surgery clinic because of a mass on her right thigh. She has had this mass for 3 years. She denies pruritus. She is feeling uncomfortable, and talking about pain when

sitting. She has no comorbidity, and she denies a family history. On her physical examination, there was a 7 x 6 cm mass which was mobile and bulging up from the surface of her skin, 3 cm from the anus (Figure 1). We excised the mass under local anaesthesia (Figure 2). After the operation, the patient was discharged without complication.

Pathologic examination revealed a microscopic lesion composed of intersectioning smooth muscle bundles, and the cells were usually uniform in size, with an oval fusiform-shaped nucleus; however, in some areas, nuclear atypia was also seen. There was no

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Figure 1. The localization of the mass is seen.



Figure 2. The appearance of the excised mass.

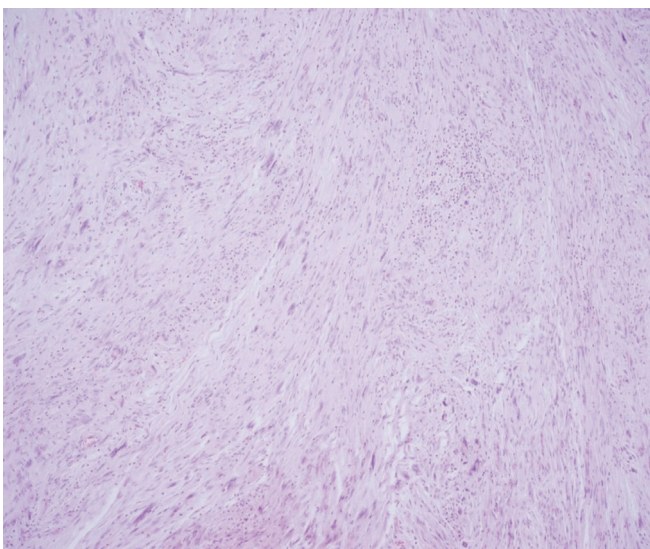


Figure 3. Symplastic leiomyoma, microscopic view (2 x 200 magnification, Giemsa Staining).

mitotic activity or necrosis (Figure 3).

In a 7-month follow-up, there was no recurrence or any complaint from the patient.

Discussion

Leiomyomas are benign smooth muscle tumors. Symplastic is in the mean of being atypical or bizarre. Symplastic leiomyomas are generally seen in the uterus, dermis and scrotum. The lesions are erythematous, papular and multiple nodules in the dermis of millimeter size, except scrotal lesions. Solitary nodules can be larger than multiple dermal nodules [1]. Dermal lesions are seen on extremities. Scrotal lesions might be a mass and derived from myofibroblasts [2]. Microscopically nuclear atypia and spindle-shaped cells can be seen without mitotic activity. The treatment of cutaneous leiomyoma comprises a simple surgical excision, like the scrotal leiomyomas in our case. After excision, dermal lesions have a 40% recurrence rate [3]. So far, there has been no recurrence in our case. Even if microscopically mitotic activity is shown, follow-up is of utmost importance, and unnecessary treatment for symplastic leiomyoma must be avoided [4]. The originality of this case is its location and size.

Conflict of interests: None

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