Congenital Jejunal Leiomyoma in a Neonate

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Abstract

Leiomyomas of the small intestine are rare in neonates. We report a neonate with jejunal leiomyoma, who presented with acute intestinal obstruction.

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Leiomyomas of the small intestine are benign tumors that arise from muscularis propria. They are uncommon in adults. Their occurrence in newborns is rare, only one case having been reported in literature. We report a neonate with jejunal leiomyoma who presented with acute intestinal obstruction.

A 7-day-old full-term male infant was brought with history of bilious projectile vomiting following introduction of feeds 8 hours after birth. There was no history of delayed passage of meconium, excessive irritability, poor cry, loose motions, fever, bleeding from any site, or urinary difficulty.

On examination the child weighed 2 Kg, and had jaundice, a soft palpable liver and an ascended right testis. There was abdominal distension with visible intestinal loops. A firm, mobile, nontender mass, 4 cm x 3 cm in size was palpable in the left hypochondrium. Neonatal reflexes, cry and activity were fair and systemic examination was otherwise normal.

Upright abdominal X-ray showed dilated small bowel loops with multiple air-fluid levels. Ultrasonogram showed a 3 cm x 3.5 cm hypoechoic shadow with central echogenicity anterior to the right kidney. There was no adhesions and other internal organs were normal. Barium meal follow through examination showed complete obstruction of the jejunum; barium enema showed micro-colon. A pre-operative diagnosis of jejunal stricture was considered.

On exploratory laparotomy, a solid mass was palpable in the jejunum, 10 cm from the ligament of Treitz. The rest of the intestine and other abdominal viscera were normal. Jejunal resection followed by Billroth II anastomosis was done. Histopathological examination showed the growth to be a leiomyoma (Fig). The child is asymptomatic and his weight at the age of one year is 9 Kg.

Smooth muscle tumors are rare in children; therefore very little is known about them. Leiomyomas account for about one-third of all benign tumors of the small intestine. In adults, they usually present with acute or chronic gastrointestinal hemorrhage, vague abdominal pain or acute intestinal obstruction; occasionally they may cause acute abdominal pain. Rarely there may be signs of acute peritonitis due to rupture and spillage of necrotic material from a central cystic space or a free perforation of the small bowel. A large central cystic area has been described as a common feature of small bowel leiomyomas.

These tumors are often diagnosed at laparotomy performed for an acute presentation such as gastrointestinal hemorrhage or intestinal obstruction.

References