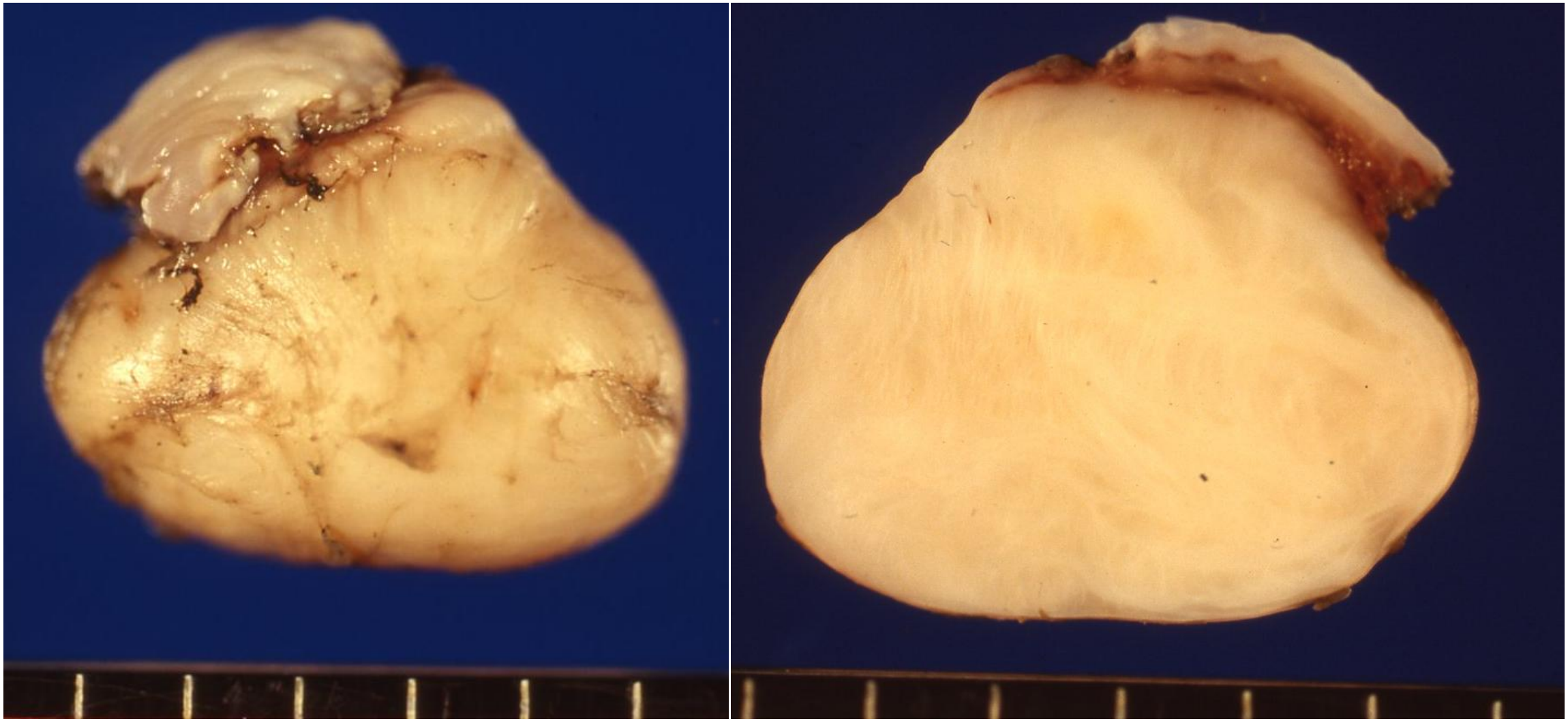
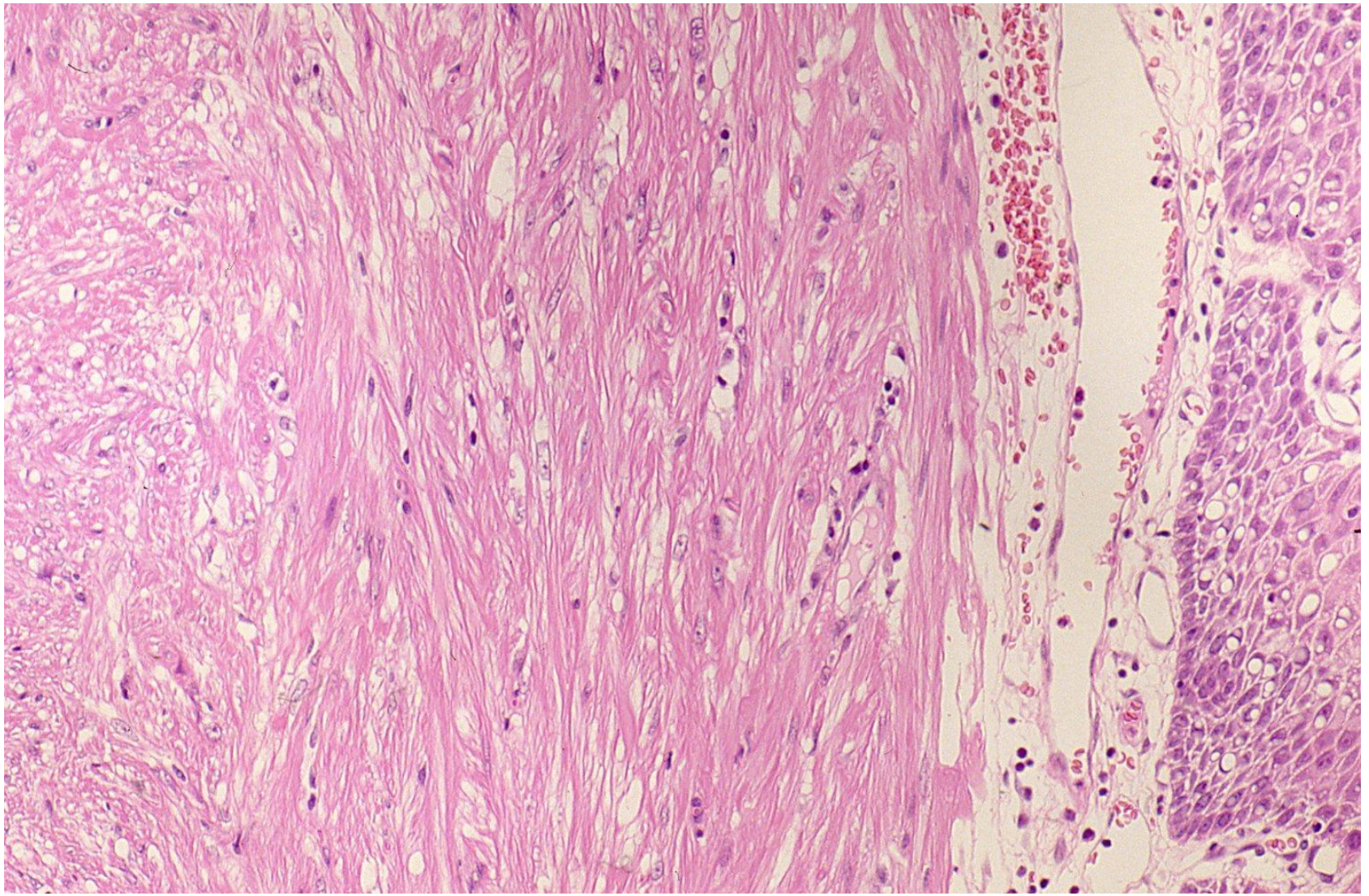
Esophageal leiomyoma

Esophageal leiomyoma is an asymptomatic benign neoplasm of the tunica muscularis mucosae origin. Dysphagia and chest discomfort may happen when it grows large. Endoscopic ultrasonography, computed tomography and barium swallow studies provide a clinical suspicion of leiomyoma. Immunohistochemical staining differentiates leiomyoma from gastrointestinal stromal tumor. Leiomyoma expresses desmin and SMA, but lacking CD34 and c-kit (CD117). Minimally invasive techniques, including robotic-assisted thoracoscopic surgery and submucosal tunneling endoscopic resection, can offer superior outcomes.

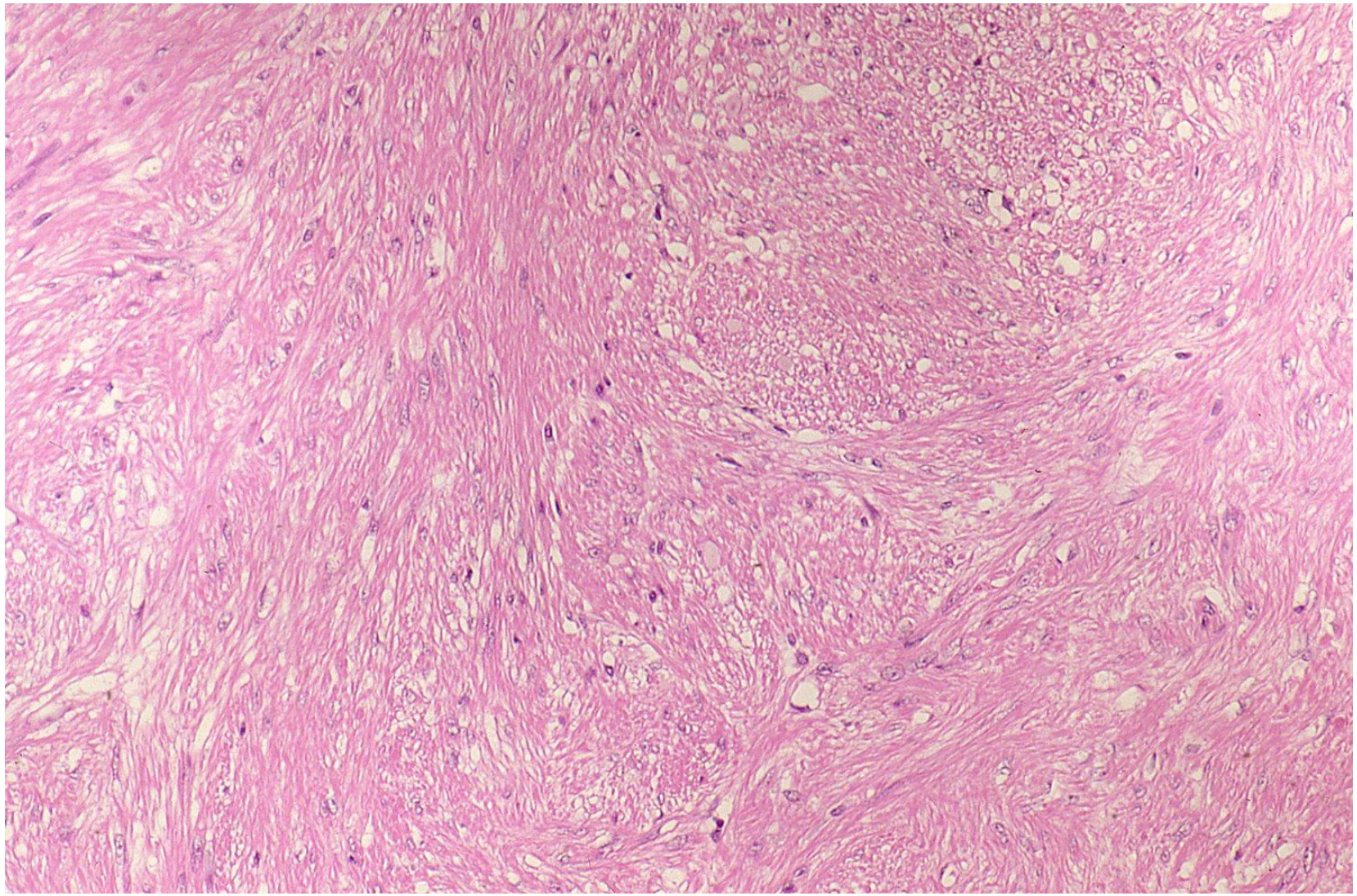
Ref.: Gowrie S, et al. Slicing through the options: a systematic review of esophageal leiomyoma management. Cureus 2025; 17(4): e81614. doi: 10.7759/cureus.81614



Esophageal leiomyoma of the tunica muscularis mucosae origin, endoscopically excised from a 50 y-o male patient. Gross appearance of a demarcated 28 mm-sized mass after formalin fixation (left: the whole appearance, right: cut surface).



Esophageal leiomyoma of the tunica muscularis mucosae origin, endoscopically excised from a 50 y-o male patient. Microscopically, bland spindle cells replace the tunica muscularis mucosae. An intact squamous mucosa is attached onto the tumor (H&E-1).



Esophageal leiomyoma of the tunica muscularis mucosae origin, endoscopically excised from a 50 y-o male patient. Microscopically, the growth of interlacing bundles of bland smooth muscle cells is evident (H&E-2).