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PICTURES IN DIGESTIVE PATHOLOGY

Perianal leiomyoma

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CASE REPORT

A 74-year-old female was admitted to our hospital with a one-year history of perianal tumor that required antibiotic treatment on several occasions for infection. Physical examination revealed a clearly painful, soft, smooth nodule with well-delimited edges located in the right anterior quadrant of the anal canal. The remaining physical exam did not reveal any significant abnormality. An endoanal ultrasound (EUS) was performed which detected a 3-cm hypoechoic, well-circumscribed nodule without infiltration of the external anal sphincter (Fig. 1). Abdomino-pelvic T1-weighted magnetic resonance imaging (MRI) confirmed this well-defined lesion in the same site without contact with the internal and external anal sphincters (Fig. 2). Surgical treatment was indicated and a well-defined 3-cm mass without contact with the anal sphincter was discovered and excised.

The final histopathological diagnosis was *vascular leiomyoma* (Fig. 3).

DISCUSSION

Vascular leiomyoma is a benign tumor derived from mesenchymal cells (1). Its clinical presentation in the gastrointestinal tract is very uncommon, and it more usually affects the skin and genital tract in women (2). While the stomach and small intestine are the most frequently involved areas, the colon and rectum are less likely sites (2,3). The anorectal region

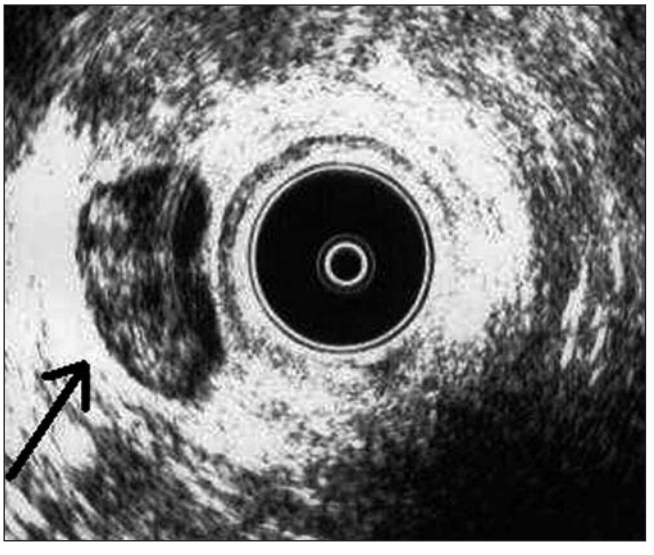

Fig. 1. Endoanal ultrasonogram showing a 3-cm, hypoechoic, well-circumscribed mass with well-defined edges without infiltration of the external anal sphincter.
Ecografía endoanal donde se aprecia un nódulo de 3 cm hipoecogénico de bordes bien delimitados, sin alteración del complejo esfinteriano anal.

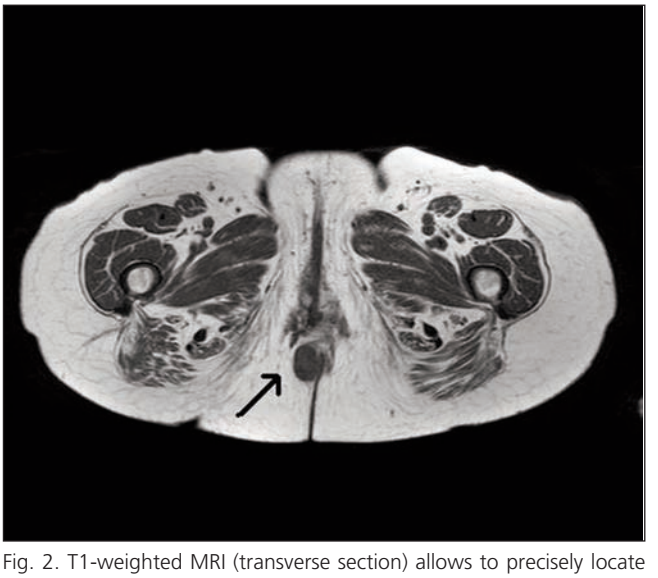

Fig. 2. T1-weighted MRI (transverse section) allows to precisely locate the mass, revealing a small, well-defined lesion in the right anterior quadrant of the anal canal with no contact with the external anal sphincter.
Resonancia magnética nuclear en T1 (corte transversal) que revela la lesión con margenes bien delimitados a nivel parasagital derecho sin contacto con el esfínter anal externo.

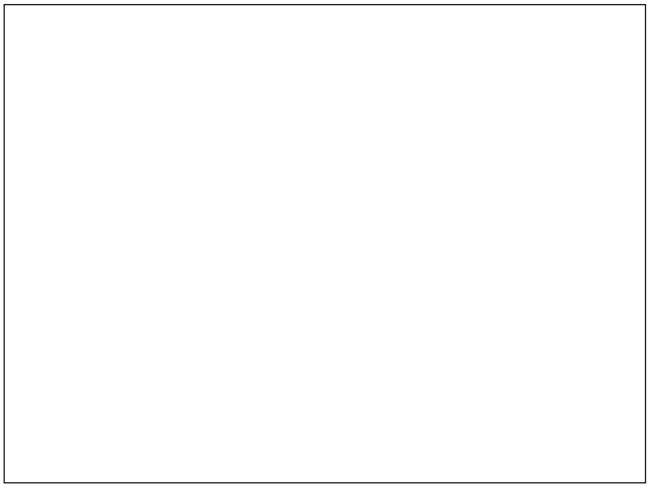

Fig. 3. Microscopic findings in the excised lesion, which show spindle-shaped cells with intense cytoplasmatic positivity for smooth-muscle actin. These features are diagnostic of vascular leiomyoma.
Los hallazgos microscópicos de la lesión extirpada revelan una lesión formada por células fusiformes con intensa positividad citoplasmática para actina de músculo liso. Estos hallazgos confirman el diagnóstico de leiomioma vascular.

includes less than 0.1% of all rectal tumors (4,5). Despite its ability to present at any age without gender distinctions, its higher frequency occurs in middle-aged females (3-5). The typical clinical presentation is a palpable mass next to the anus. However bleeding and constipation may also occur (3,5). EUS is the first test that allows, as does MRI, to assess the characteristics of this lesion and its relationship with the anal sphincters (4). A definitive diagnosis is reached by histopathology, and therefore the first therapeutic option is surgical excision (3,4).

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