ISSN: 2581 – 3633
PubMed - National Library of Medicine - ID: 101745081

International Journal of Medical Science and Advanced Clinical Research (IJMACR)

Available Online at:www.ijmacr.com

Volume – 4, Issue – 6, November – December - 2021, Page No. : 306 – 308

Benign Angiomyxoma of Small Bowel Presented with Intussusception: A Rare Incidental Case Report

[1]Akhil Nadesan, Department of Pathology, North DMC Medical College & Hindu Rao Hospital, Delhi.

[2]Kamlesh, Govind Ballabh Pant Institute of Postgraduate Medical Education & Research (GIPMER), Delhi.

[3]Sompal Singh , Department of Pathology, North DMC Medical College & Hindu Rao Hospital, Delhi.

Corresponding Author: Sompal Singh, Department of Pathology, North DMC Medical College & Hindu Rao Hospital, Delhi.

How to citation this article: Akhil Nadesan, Kamlesh, Sompal Singh, "Benign Angiomyxoma of Small Bowel Presented with Intussusception: A Rare Incidental Case Report", IJMACR- November – December - 2021, Vol – 4, Issue - 6, P. No. 306 – 308.

Copyright: © 2021, Akhil Nadesan, et al. This is an open access journal and article distributed under the terms of the creative commons attribution noncommercial License 4.0. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Type of Publication: Case Report

Conflicts of Interest: Nil

Abstract

Myxoma of the small intestine in adults is an extremely rare entity, divided into benign and malignant categories, that contains extracellular mucoid material. Males have a three-times higher incidence than females. A 55-year-old male patient presented with abdominal pain and tenderness. Radiological imaging suggested a small bowel obstruction. An exploratory laparotomy was carried out, and a portion of the intussusception was removed and sent for histopathological examination, which was consistent with a benign angiomyxoma. Diagnosis of Myxoma is difficult due to non-specific symptoms and its rarity.

Keywords: Myxoma, Benign, Angiomyxoma, Histopathology, Intussuception, Small intestine

Introduction

Myxomas are slow-growing mesenchymal tumors and are considered extremely rare benign tumors of the small intestine.[1] Myxoma is a Heterogenous group of soft tissues, divided into benign and malignant lesions that contain extracellular mucoid material. Even though myxoid soft-tissue lesions all contain a myxoid extracellular matrix, they vary considerably in their clinical behavior, ranging from benign to aggressive malignant entities.[2] Benign tumors that are usually asymptomatic represent around 35% of all tumors found in the small intestine.[3]

Intussusception is among the less frequently encountered causes of small intestinal obstruction in adults, accounting for 5% of all cases of intussusceptions and almost 1–5% of bowel obstruction.[4] The male to female ratio appears to be 3:1 in both pediatric and adult populations.[5] We report a case of benign angiomyxoma presented as an intussusection of the small intestine in an adult, an unexpected presentation. To our knowledge only a few cases of Myxoma complicated subacute intestinal obstruction in adults have been reported in the

literature till now. Our case report adds one more case to the literature.

Case Report

A 55-year-old man with diffuse abdominal pain of sub-acute onset presented to the Emergency Department due to his persisting symptoms of vague abdominal pain. On examination, his abdomen was soft on palpation with mild tenderness. His lab results revealed an elevated white blood cell count (14,350/µl) with 88% neutrophils. His blood pressure was 160/80 mmHg, pulse was 84 beats per minute, and temperature was 37.2◦C.

Erect abdominal X-Ray showed multiple air fluid levels in the small bowel. Abdominal ultrasound revealed distended small bowel loops. Abdominal computed tomography scan was suggestive of mechanical small bowel obstruction due to enteric intussusception. An exploratory laparotomy was carried out, and an enteric intussusception was identified and portion of intussusception was removed and sent to histopathological examination.

The excised enteric segment showed a mucosal single, round to oval non-ulcerated circumscribed mass measuring 2.5x2.5 cm, which was protruded into the lumen in the middle of the resected segment. On cut section, mass was homogenously grey to white with gelatinous material, which triggered the invagination (Fig.1.a). Histopathological examination showed mass was composed of myxoid stroma with proliferation of small blood vessels. No atypia or malignancy was seen. This was consistent with a benign angiomyxoma (fig.1.b). His postoperative course was uneventful.

Images

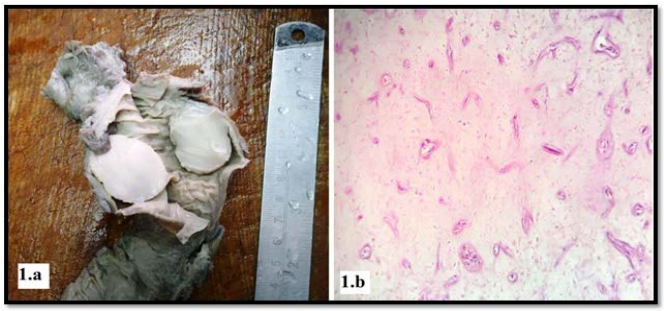

Figure 1.a: Gross shows round to oval white glistening lesion. Figure1.b: Shows haphazardly arranged thin-walled capillaries and venules surrounded by myxoid stroma consisting of scattered spindle and star- shaped cells.

Discussion

Intussusceptions are a rare cause of intestinal obstruction in adults, accounting for 1-5% of cases, and occur secondary to a pathologic condition that serves as a lead point, such as benign tumors. Intussusception with or without a lead point is often diagnosed on abdominal CT.[6] Small bowel myxoma complicated by intussusception is extremely rare. A myxoma is a tumor of mesenchymal origin composed of loose textured, slimy tissue composed of stellate cells, reticulin fibers, and mucoid substance. It is found in a variety of tissues, mainly soft tissue, skin, and the heart.[7]

Myxoid lesions are divided into benign and malignant lesions and contain extracellular mucoid material. A Myxoma is a tumor of mesenchymal origin composed of loose textured, slimy tissue composed of stellate cells, reticulin fibers, and mucoid substance. It is found in a variety of tissues, mainly soft tissue, skin, and the heart.[7]

Myxoid lesions are divided into benign and malignant lesions and contain extracellular mucoid material. Benign Myxoma lesions are intramuscular Myxoma, synovial cyst, bursa, ganglion, and benign peripheral nerve sheath tumors such as neurofibroma and

©2021, IJMACR, All Rights Reserved

schwannoma, while malignant myxoid lesions are myxoid liposarcoma, myxoid leiomyosarcoma, myxoid chondrosarcoma, ossifying fibromyxoid and myxofibrosarcoma.[2]

Carney's complex and Mazabraud syndrome are associated with myxoid soft-tissue lesions. Carney's complex and Mazabraud syndrome are associated with myxoid soft-tissue lesions.[2]The Carney complex is an inherited, autosomal dominant disorder characterized by multiple tumors, including atrial and extracardiac myxomas, schwannomas, and various endocrine tumors and a variety of pigmentation abnormalities.[8]

Patients who present with intestinal myxoma need an evaluation for cardiac myxoma. Adult intussusception is a rare condition. Symptoms may be subtle, thus making the diagnosis difficult. The onset is usually chronic, whereas acute symptoms arise only in 20% of cases. The most challenging aspect in the management of intussusception is making an accurate diagnosis rather than treating the disease itself. The non-specific symptoms, the chronic or sub-acute onset, the delay in seeking medical attention, and the rarity of the condition render the diagnosis difficult.[9]

Conclusion

Myxoma of the small bowel is a rare disease. It should be included in the differential diagnosis of small bowel obstruction, mainly in the presence of intussusceptions in adult patients.

References

1. Stout AP. Myoxma, the tumor of primitive mesenchyme. Annals of surgery. 1948;127(4):706
2. Petscavage-Thomas JM, Walker EA, Logie CI, Clarke LE, Duryea DM, Murphey MD. Soft-tissue myxomatous lesions: review of salient imaging features with pathologic comparison. Radiographics. 2014;34(4):964-80
3. Drożdż W, Budzyński P. Change in mechanical bowel obstruction demographic and etiological patterns during the past century: observations from one health care institution. Archives of Surgery. 2012;147(2):175-80.
4. Jemal A, Siegel R, Ward E, Hao Y, Xu J, Thun MJ. Cancer statistics.Ca Cancer J Clin. 2009;59(4).
5. Potts J, Al Samaraee A, El-Hakeem A. Small bowel intussusception in adults. The Annals of The Royal College of Surgeons of England. 2014;96:11-4.
6. Lianos G, Xeropotamos N, Bali C, Baltogiannis G, Ignatiadou E. Adult bowel intussusception: presentation, location, etiology, diagnosis and treatment. Il Giornale di chirurgia. 2013;34:280
7. Varsamis N, Tavlaridis T, Lostoridis E, Tziastoudi E, Salveridis N, Chatzipourgani C, Pouggouras C, Pakataridis A, Christodoulidis C. Myxoma of the small intestine complicated by ileo-ileal intussusception: report of an extremely rare case. International journal of surgery case reports. 2013;4:609-12.
8. Carney JA. The Carney complex (myxomas, spotty pigmentation, endocrine overactivity, and schwannomas).Dermatologic clinics. 1995;13:19-26.
9. Paramythiotis D, Goulas P, Moysidis M, Papavramidis T, Michalopoulos A. Bowel intussusception in adults: a report of three interesting cases and current trends for diagnosis and surgical management. Hippokratia. 2019;23:37.

©2021, IJMACR, All Rights Reserved