

Case Report

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

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Introduction

Myxomas are slowly growing mesenchymal tumors and are considered as extremely rare benign tumors of small intestine [1]. Myxoma are heterogenous group of soft tissues, divided into benign and malignant lesions, 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 cause 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 to 1 in both pediatric and adult populations [5]. We report a case of benign angiomyxoma presented as intussusception of small intestine in an adult, an unexpected presentation. In our knowledge only few cases of myxoma complicated subacute intestinal obstruction in adults, are reported in literature till now. Our case report adds to literature one more case.

Case Presentation

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/ μ l) 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 nonulcerated 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 homogeneously grey to white



Figure 1: Showing round to oval white glistening lesion.

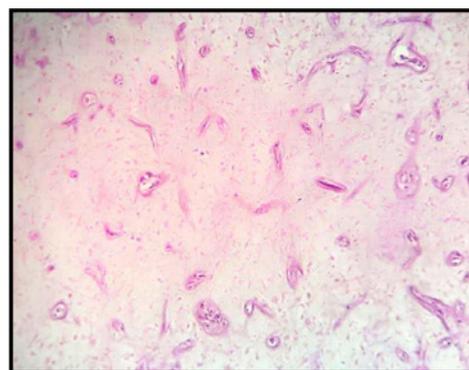


Figure 2: Showing haphazardly arranged thin-walled capillaries and venules surrounded by myxoid stroma consisting of scattered spindle and star-shaped cells.

with gelatinous material, which triggered the invagination (Figure 1). 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 (Figure 2). His postoperative course was uneventful.

Discussion

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

and heart [7].

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Carney complex and Mazabraud syndrome are associated with myxoid soft-tissue lesions. Carney 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 some variety of pigmentation abnormalities [8].

Patients who presented 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%. The most challenging 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 of seeking medical attention, and its rarity render the diagnosis difficult [9].

Conclusion

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

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