Leiomyoblastoma of the Stomach

Sir,

Martin (1960) first described six cases of clear cell leiomyoma. Subsequently, two large series were published referring to the condition as leiomyoblastoma. The smooth muscle origin of the tumour is now well accepted but the criteria of malignancy remain debatable. A case of leiomyoblastoma of the stomach seen by us recently illustrates these aspects.

RS, a 54 year old businessman, was hospitalized with complaints of epigastric pain, unrelated to food, low grade fever and feeling of a lump in the epigastrium of 7 days' duration. There was no associated vomiting, distension of the abdomen or bowel disturbances. His appetite was well preserved and he did not notice any loss of weight. He was a teetotaller and a non-smoker.

Physical examination revealed the liver to be just palpable below the costal margin and a lump in the epigastric region, about 8 cm × 8 cm in size, firm in consistency, tender and moving freely with respiration and slightly from side to side. There was no bruit over the mass. A clinical diagnosis of amoebic liver abscess or acute pancreatitis with pseudocyst was made.

On investigation, serum alkaline phosphatase, proteins and amylase values were within normal range. Amoebic serology was negative by the ELISA technique.

Abdominal ultrasonography revealed an extrahepatic mass 9.7 cm × 7.7 cm size with vascular channels inside it and normal liver, gall bladder and pancreas. Barium meal examination showed a filling defect in the antral region and an extrinsic pressure over the lesser curvature of the stomach. Endoscopic examination revealed a sessile polyp 3 cm × 3 cm in size in the antral region with intact mucosa over it.

Aspiration cytology on the first occasion showed a few cancer cells, typing of which was not possible due to scant material while the second and third aspirations showed blood only. Laparotomy was performed with a preoperative diagnosis of dumbbell-shaped leiomyoma with a submucosal and exophytic growth.

At laparotomy, a 12 cm × 12 cm mass was found over the lesser curvature of the stomach with submucosal extension. It was stuck to the caudate lobe of the liver. The mass was removed with a bit of caudate lobe. Partial gastrectomy and gastrojejunostomy were done. No secondaries were seen in the abdomen.

The mass had central areas of necrosis with haemorrhage. Histopathological examination (Fig) revealed oval cells with prominent central nuclei and clear cytoplasm, occasionally intermingled with smooth muscle cells. Mitotic figures were 2 per 10 HPF. The overlying gastric mucosa was normal. The mass appeared to originate mainly from the smooth muscles of the gut or uterus.

Leiomyoblastoma is a relatively benign tumour that has rarely been described in Indian literature. Often it is found incidentally or may present with an apparent or occult gastrointestinal bleeding.

REFERENCES

CONFEREE REPORT

Events that make the fraternity aware of its role away from the nitty-gritty of clinical practice should always be welcome. So it was with the Workshop on Better Medical Communication, held at K.E.M. Hospital, Bombay on February 17 and 18, 1987.

The preparatory assignment was thought-provoking and made one limber up to a smooth start. An editorial team from the British Medical Journal started with presentations on what journals wanted from contributors, the advised format and the processes of editorial and peer review. It was most appropriate to be reminded of the classic Bradford-Hill questions, which are well worth repeating here: Why did you start? What did you do? What did you find? What does it mean? The questions are simple and clear; the answers ought to be crystalline. Additional points well made were about the suitability of publication material to journal readership and the purpose of publishing. I was pleased to hear vociferous deprecations on 'The Curriculum Vitae Stuffing Syndrome.'

Spoken Communication was dealt with at some length. Audiovisual techniques, rather than their judicious use, were catalogued. Animation was, I thought, an extension of one's habit of speech and not in itself a matter of instruction. The presentation on Artful Questioning was anecdotal reverie! I thought this session was tail billing and found it adding up to less than aspirations. Library services were elaborated upon, which emphasized the painful inadequacy of their function.

The assignment clinic was something of a disappointment. It might have been more appropriate to have critically analysed selected assignments. Language, as a theme, was inadequately developed, apart from some banal examples proffered in the opening session. An inquisitiveness with 'the language' daunts many an Indian investigator from publishing. Our problems with English are essentially similar to those of a polyglot freely using the grammar of one tongue with the syntax of another. Quite logically, what results is convoluted (and essentially lost) communication. This is a tragedy of no mean proportions; since we lose many clear ideas and massive data, both of which are invariably irretrievable.

The message of this Workshop merits universal application. We must congratulate the organizers for having addressed this sadly neglected subject in preference to an esoteric one. I see a place for Communication Clinics in undergraduate and postgraduate Life Sciences curricula. We may need to learn how to call a spade, quite simply ... a spade.