

## ESOPHAGEAL LEIOMYOMA: A CLINICAL CASE WITH VIDEO-ASSISTED TUMOUR ENUCLEATION

**M. S. Opanasenko, O. V. Tereshkovych, A. M. Stepaniuk, B. M. Konik,  
M. I. Kalenichenko, V. I. Lysenko, O. M. Fashchuk, E. M. Mayetny,  
L. I. Levanda, O. D. Shestakova, I. P. Nechayenko**

### *Abstract*

Benign tumors of the esophagus generally account for 1.0–1.5 % of all esophageal neoplasms, of which leiomyomas are the most common (70–75 %), while the rest are usually cysts or polyps. Compared with esophageal cancer, leiomyoma occurs 50 times less frequently.

Leiomyoma arises from tumorous smooth muscle cells of a spindle-shaped form, which are collected in multidirectional bundles. Leiomyoma cells are larger and have a denser nucleus. Leiomyomas are tumors that grow very slowly and rarely become malignant.

In men, leiomyoma of the esophagus occurs more often than in women – the ratio is approximately 2:1. It most often occurs between the ages of 20 and 50. The most typical localization of these tumors is in the lower two-thirds of the esophagus. The location of these tumors in the upper third of the esophagus accounts for only 10 % of all esophageal leiomyomas. Most tumors are detected when they are less than 5 cm in size. Leiomyoma rarely grows larger than 10 cm, in that case it is called giant esophageal leiomyoma. They can occur as single or multiple tumors.

With small tumors, the patient does not complain. Tumor is accidentally detected during a physical examination. With larger sizes (over 5 cm) the patient has dysphagia.

Differential diagnosis of esophageal leiomyoma should be carried out with cancer, achalasia, diverticulum, hematoma, esophageal lymphoma, motility disorders, spasm, stricture, esophageal varicose veins, esophagitis, foreign body aspiration.

Removal or enucleation of the tumor is recommended for all patients with symptomatic tumors. The traditional surgical approach is open thoracotomy with subsequent enucleation or resection of the tumor along with the esophagus. Minimally invasive approaches or videothoracoscopic surgery (VATS) have become widespread in recent years. VATS is the preferred approach for enucleation of leiomyoma of the upper two-thirds of the esophagus.

The article presents the own observation of a patient with esophageal leiomyoma with a detailed description of the clinical case, performed VATS intervention and pathomorphological examination. The obtained data are compared with the available information on similar cases, and methods of their diagnosis and treatment.

**Conclusion.** VATS enucleation of esophageal leiomyoma can be performed effectively and safely with a short hospital stay of the patient. Minimally invasive methods of removal of esophageal leiomyoma can be recommended as the method of choice in centers with experience in minimally invasive surgery.

**Key words:** leiomyoma, esophagus, submucosal tumor, enucleation, videothoracoscopic surgery.

**Ukr. Pulmonol. J. 2025;33(2):47–50.**

*Mykola S. Opanasenko*

*SO "National scientific center of phthisiology, pulmonology and allergology  
named after F. G. Yanovsky NAMS of Ukraine"*

*Head of the Department of Thoracic Surgery and Invasive Diagnostic  
Methods*

*MD, Professor*

*10, Amosova str. 10, 03038, Kyiv, Ukraine*

*opanasenko@ifp.kiev.ua*

*ORCID 0000-0003-4071-2005*