

Rectal Leiomyoma with Fibromuscular Obliteration Mimicking Adematous Lesion

H. Nakase¹, M. Ide², S. Yazumi¹,
N. Watanabe¹, T. Itoh¹, M. Matsuura¹,
C. Kawanami¹, K. Okazaki¹, T. Chiba¹

¹ Division of Gastroenterology and
Endoscopic Medicine, Graduate
School of Medicine, Kyoto University,
Kyoto, Japan

² Nishiki Clinic, Sasayama, Hyogo, Japan

Corresponding Author

K. Okazaki, M.D., Ph.D.

Division of Gastroenterology
and Endoscopic Medicine
Graduate School of Medicine
Kyoto University

54 Shogoinkawara-cho
Sakyoku, Kyoto, 606-8507
Japan

Fax: +81-75-7514303

E-mail: okak@kuhp.kyoto-u.ac.jp



Figure 1 A 54-year-old man with a main complaint of hematochezia underwent colonoscopic examination, which revealed a sessile elevated lesion with reddish mucosa on the surface at the rectum. Endoscopic mucosal resection was done without complications

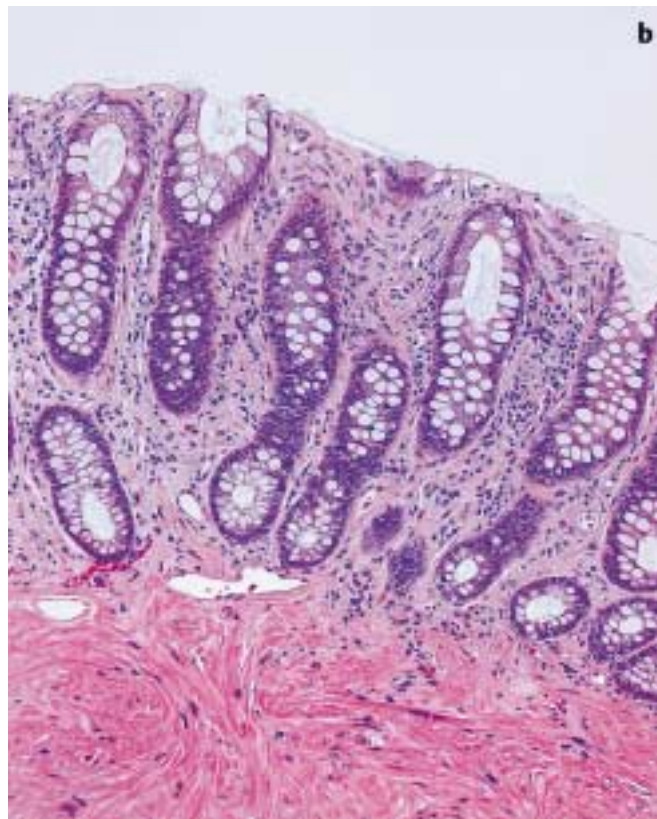
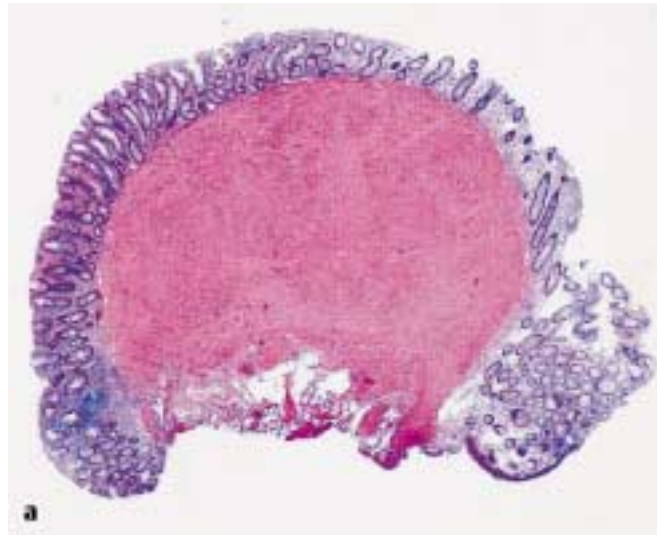


Figure 2 Histological examination showed this tumor to be mainly composed of leiomyocytes in the submucosa (**a**, $\times 20$), with fibromuscular obliteration in the lamina propria (**b**, $\times 200$). We speculate that mucosal prolapse by evacuation might result in epithelial change on the surface of rectal leiomyoma