

# World Journal of *Clinical Cases*

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- 1888 Endoscopic transluminal drainage and necrosectomy for infected necrotizing pancreatitis: Progress and challenges  
*Zeng Y, Yang J, Zhang JW*

**MINIREVIEWS**

- 1903 Functional role of frontal electroencephalogram alpha asymmetry in the resting state in patients with depression: A review  
*Xie YH, Zhang YM, Fan FF, Song XY, Liu L*
- 1918 COVID-19 related liver injuries in pregnancy  
*Sekulovski M, Bogdanova-Petrova S, Peshevska-Sekulovska M, Velikova T, Georgiev T*
- 1930 Examined lymph node count for gastric cancer patients after curative surgery  
*Zeng Y, Chen LC, Ye ZS, Deng JY*
- 1939 Laparoscopic common bile duct exploration to treat choledocholithiasis in situs inversus patients: A technical review  
*Chiu BY, Chuang SH, Chuang SC, Kuo KK*
- 1951 Airway ultrasound for patients anticipated to have a difficult airway: Perspective for personalized medicine  
*Nakazawa H, Uzawa K, Tokumine J, Lefor AK, Motoyasu A, Yorozu T*

**ORIGINAL ARTICLE****Observational Study**

- 1963 Clinicopathological features and expression of regulatory mechanism of the Wnt signaling pathway in colorectal sessile serrated adenomas/polyps with different syndrome types  
*Qiao D, Liu XY, Zheng L, Zhang YL, Que RY, Ge BJ, Cao HY, Dai YC*

**Randomized Controlled Trial**

- 1974 Effects of individual shock wave therapy *vs* celecoxib on hip pain caused by femoral head necrosis  
*Zhu JY, Yan J, Xiao J, Jia HG, Liang HJ, Xing GY*

**CASE REPORT**

- 1985 Very low calorie ketogenic diet and common rheumatic disorders: A case report  
*Rondanelli M, Patelli Z, Gasparri C, Mansueto F, Ferraris C, Nichetti M, Alalwan TA, Sajoux I, Maugeri R, Perna S*
- 1992 Delayed versus immediate intervention of ruptured brain arteriovenous malformations: A case report  
*Bintang AK, Bahar A, Akbar M, Soraya GV, Gunawan A, Hammado N, Rachman ME, Ulhaq ZS*

- 2002** Children with infectious pneumonia caused by *Ralstonia insidiosa*: A case report  
*Lin SZ, Qian MJ, Wang YW, Chen QD, Wang WQ, Li JY, Yang RT, Wang XY, Mu CY, Jiang K*
- 2009** Transient ischemic attack induced by pulmonary arteriovenous fistula in a child: A case report  
*Zheng J, Wu QY, Zeng X, Zhang DF*
- 2015** Motor cortex transcranial magnetic stimulation to reduce intractable postherpetic neuralgia with poor response to other therapies: Report of two cases  
*Wang H, Hu YZ, Che XW, Yu L*
- 2021** Small bowel adenocarcinoma in neoterminal ileum in setting of stricturing Crohn's disease: A case report and review of literature  
*Karthikeyan S, Shen J, Keyashian K, Gubatan J*
- 2029** Novel combined endoscopic and laparoscopic surgery for advanced T2 gastric cancer: Two case reports  
*Dai JH, Qian F, Chen L, Xu SL, Feng XF, Wu HB, Chen Y, Peng ZH, Yu PW, Peng GY*
- 2036** Acromicric dysplasia caused by a mutation of fibrillin 1 in a family: A case report  
*Shen R, Feng JH, Yang SP*
- 2043** Ultrasound-guided intra-articular corticosteroid injection in a patient with manubriosternal joint involvement of ankylosing spondylitis: A case report  
*Choi MH, Yoon IY, Kim WJ*
- 2051** Granulomatous prostatitis after bacille Calmette-Guérin instillation resembles prostate carcinoma: A case report and review of the literature  
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- 2060** Unusual capitate fracture with dorsal shearing pattern and concomitant carpometacarpal dislocation with a 6-year follow-up: A case report  
*Lai CC, Fang HW, Chang CH, Pao JL, Chang CC, Chen YJ*
- 2067** Live births from *in vitro* fertilization-embryo transfer following the administration of gonadotropin-releasing hormone agonist without gonadotropins: Two case reports  
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- 2084** Transseptal approach for catheter ablation of left-sided accessory pathways in children with Marfan syndrome: A case report  
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- 2091** Occipital artery bypass importance in unsuitable superficial temporal artery: Two case reports  
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**ABOUT COVER**

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## Are biopsies during endoscopic ultrasonography necessary for a suspected esophageal leiomyoma? Is laparoscopy always feasible?

Hazem Beji, Mohamed Fadhel Chtourou, Slim Zribi, Yassine Kallel, Mahdi Bouassida, Hassen Touinsi

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### Abstract

The present letter to the editor is related to the work entitled "Large leiomyoma of lower esophagus diagnosed by endoscopic ultrasonography-fine needle aspiration: A case report." Although endoscopic ultrasonography seems necessary in a suspected leiomyoma of the esophagus, the performance of biopsies *via* fine needle aspiration is controversial as it increases the risk of complications such as bleeding, infection, and intraoperative perforations. Laparoscopy is the best treatment strategy for small tumors. Laparotomy with tumor enucleation or esophageal resection can be considered in large leiomyomas.

**Key Words:** Esophageal Leiomyoma; Endoscopic ultrasonography; Biopsy; Surgical resection

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**Core Tip:** Endoscopic ultrasonography seems necessary in a suspected leiomyoma of the esophagus. However, the performance of biopsies *via* fine needle aspiration is controversial. It increases the risk of complications such as bleeding, infection, and intraoperative perforations. Moreover, there is a possibility of an inconclusive biopsy due to inadequate material. Laparoscopy is the best treatment option for small tumors. Laparotomy with tumor enucleation or esophageal resection can be considered in large leiomyomas.

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## TO THE EDITOR

We read with interest a case report by Rao *et al*[1], who presented a patient having leiomyoma of the lower esophagus, successfully treated with laparoscopic local resection.

We agree with the authors on the importance of performing endoscopic ultrasonography (EUS) for large esophageal leiomyomas to rule malignancies. EUS is highly specific to leiomyoma with a diagnostic accuracy of 94.7%[2]. Esophageal leiomyoma presents on EUS as a homogenous, hypoechoic lesion with obvious margins, encircled by an hyperechoic area, and is easily distinguishable from an esophageal cyst, lipoma, or hemangioma[2,3]. However, performing biopsies *via* fine needle aspiration is controversial and presents many risks. It is associated with many complications such as intraoperative perforations, bleeding, and infection[3]. Moreover, an inconclusive biopsy is possible due to inadequate material[4]. Therefore, malignancy can only be ruled out after surgical resection[5-7].

The authors opted for laparoscopic local resection of the tumor. It is the treatment of choice, especially in small tumors < 5 cm[8]. However, a trans-Hiatal approach *via* laparotomy could have been discussed as a therapeutic option knowing that the tumor was large (8 cm × 6 cm × 3.5 cm), originated from the cardia, and entered the abdominal cavity next to the diaphragm and liver.

An esophageal resection can also be considered for big tumors situated at the gastroesophageal junction due to technical problems, poor wound healing in the defect of the esophageal muscle, and dysfunction of the lower esophageal sphincter following enucleation[9,10].

Submucosal tunneling endoscopic resection represents another therapeutic option. However this technique presents technical difficulties for tumors > 35 mm due to the reduced space of the submucosal tunnel[11].

## FOOTNOTES

**Author contributions:** Beji H and Chtourou MF designed the study; Zribi S and Kallel Y performed the research; Chtourou MF analyzed the data; Beji H wrote the letter; Bouassida M and Touinsi H revised the letter.

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