

# Rectal Leiomyoma with Fibromuscular Obliteration Mimicking Adematous Lesion

H. Nakase<sup>1</sup>, M. Ide<sup>2</sup>, S. Yazumi<sup>1</sup>,  
N. Watanabe<sup>1</sup>, T. Itoh<sup>1</sup>, M. Matsuura<sup>1</sup>,  
C. Kawanami<sup>1</sup>, K. Okazaki<sup>1</sup>, T. Chiba<sup>1</sup>

<sup>1</sup> Division of Gastroenterology and  
Endoscopic Medicine, Graduate  
School of Medicine, Kyoto University,  
Kyoto, Japan

<sup>2</sup> 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

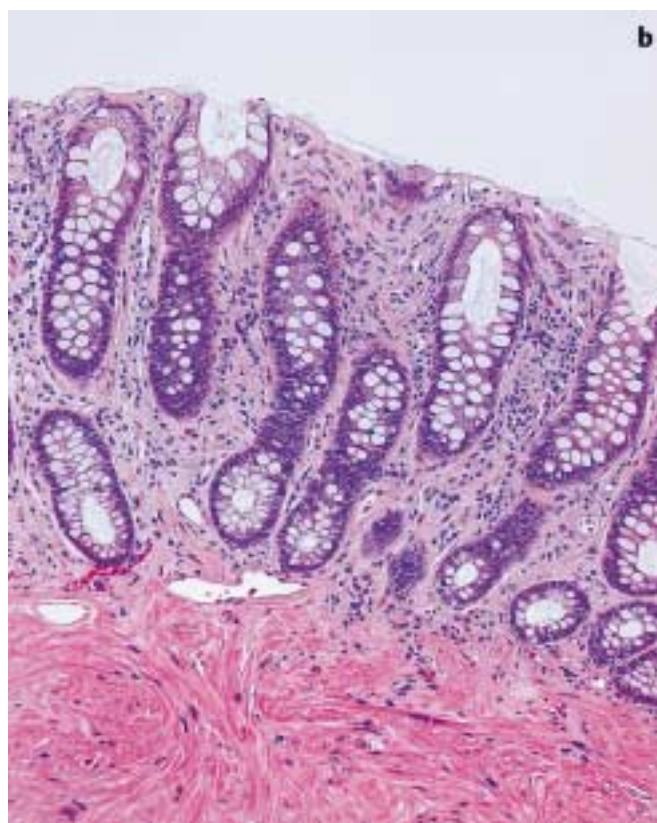
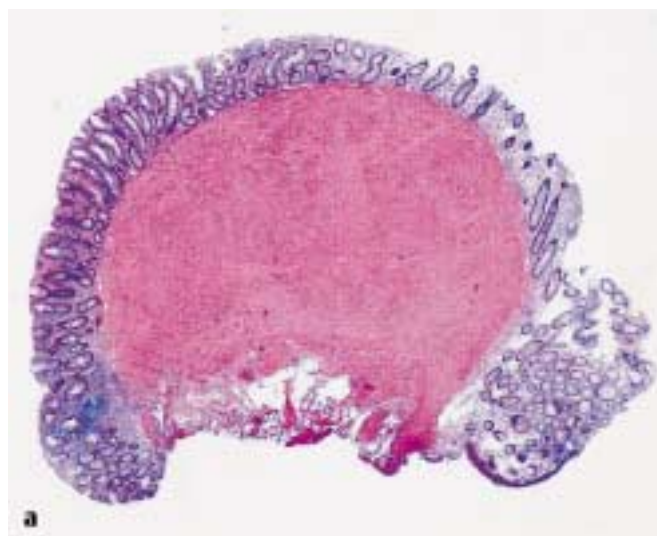
54 Shogoinkawara-cho  
Sakyoku, Kyoto, 606-8507  
Japan

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