Leiomyosarcoma (LMS) are a rare tumor of the small intestine, which arises from the muscularis mucosa or muscularis propria. The most common site of LMS occurrence in the small intestine is the jejunum, followed by the ileum and then duodenum. The most common presentations include abdominal mass, abdominal pain, and overt gastrointestinal bleeding. They mainly occur in the 6th decade of life, with slight male preponderance.

The preoperative diagnosis of small intestinal tumors is difficult, especially in terms of differentiating between benign and malignant tumors. For LMS in small intestine, a recent review of literature revealed that computed tomography (CT) and magnetic resonance (MRI) enterography and enterolysis are good options for the assessment of LMS in the small intestine. Cases of superficial lesions, which can be missed by both CT and MRI imaging, can however be detected by water capsule endoscopy, with a detection rate of approximately 80%.

Histologically, LMS resembles gastrointestinal stromal tumor (GIST); however, they are negative for CD117 and CD34 by immunohistochemistry and positive for smooth muscle antigen actin (SMA) and desmin. When the size of LMS tumors is more than 5 cm, they commonly spread hematogenously to the liver (65%), other gastrointestinal GI organs (15%), and the lungs (4%). It also has the capability to spread via the lymphatic system (13%) or via-peritoneal route (18%). The only effective treatment for LMS in the small intestine is surgery. The primary tumor should be excised radically, including a wide resection of the mesentry. The response of LMS to chemotherapy is doubtful, and there is no role for radiotherapy. Therefore, if possible, metastasectomy, if possible, should be

Comment [A1]: The definite article “the” is used to denote specificity. Here, “the” is required as a specific organ is being referred to.

Comment [A2]: A nonrestrictive clause is a clause that adds additional or nonessential information to a sentence. Such clauses are usually separated by commas. Here, as the clause provides additional information about detection of superficial lesions, it is separated by a comma.

Comment [A3]: In general, terms that are used only once in the manuscript need not be abbreviated.
considered. Large phase II and III studies involving the combination of docetaxel and gemcitabine have reported impressive response rates for LMSs (mostly of uterine origin). However, some studies others were not able to confirm the efficacy of this combination. Recently, trabectedin showed response rates of up to 56% for LMSs and it has appeared to be especially useful against far-advanced and metastatic LMSs after failure of the combination of anthracyclines and ifosfamide.