Leiomyosarcoma (LMS) are a rare tumor of small intestinal tumors, which arises from the muscularis mucosa or muscularis propria and mainly occurs in the 6th decade of life, with slight male preponderance. The most common site of occurrence of LMS in the small intestine is the jejunum, followed by the ileum and then duodenum. The common presentations include abdominal mass, abdominal pain, and overt gastrointestinal bleeding. They are mainly seen in 6th decade of life with slight male preponderance. In general, the preoperative diagnosis of small intestinal tumors such as LMSs is difficult, especially in terms of differentiating between benign and malignant tumors. For LMS in small intestine, according to a recent review of literature, revealed that computed tomography (CT) and magnetic resonance (MR) enterography and enteroclysis are good options for the assessment of LMS. 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 around 80%. Histologically, LMS resembles gastrointestinal stromal tumor (GIST); however, on immunohistochemical analysis, it has been found to be negative for CD117 and CD34 and positive for smooth muscle actin (SMA) and desmin. When the size of LMS these tumors are more than 5 cm, they commonly spread can hematogenously spread to the liver (65%), other gastrointestinal 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 small intestine LMS is surgery. The primary tumor should be excised radically, including a wide resection of the mesentry. 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 does not play a role in treatment. Therefore, surgery is the only effective treatment for LMS in the small intestine. The primary tumor should be excised radically, with...
wide resection of the mesentery. If possible, therefore, metastasectomy, if possible, should be considered. Therefore, metastasectomy, if possible, should be considered. If possible, metastasectomy, if possible, should be considered. If possible, metastasectomy, if possible, should be considered. Large phase II and III studies involving the combination of combining docetaxel and gemcitabine have reported yielded impressive response rates for in LMSs (mostly of uterine origin). However, some studies others were have not been able to confirm the efficacy of this combination. Recently, Trabectedin has recently showed response rates of up to 56% for in LMSs, and it has appeared to be especially particularly useful against in far-advanced and metastatic LMSs after failure of the combination of anthracyclines and ifosfamide combination therapy.

Comment [A4]: The information in this section has been re-arranged for better understanding of why surgery is the only preferred treatment option for LMS.