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1875 Pellizzari (1)  
1,200 가

1.3 × 1.1 cm  
(Fig. 1B).

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(2).

(3)

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63

1

1.8 × 1.7 cm

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(Fig.

1C).

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62

가

H - E

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c - kit

(Fig. 1D).

1.1 cm

0.61 cm

40

0.5% - 1.0%

가

(Fig. 1A).

(4).

80%

가

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(2).

30% - 50%

(5). (6).

15 cm (3).

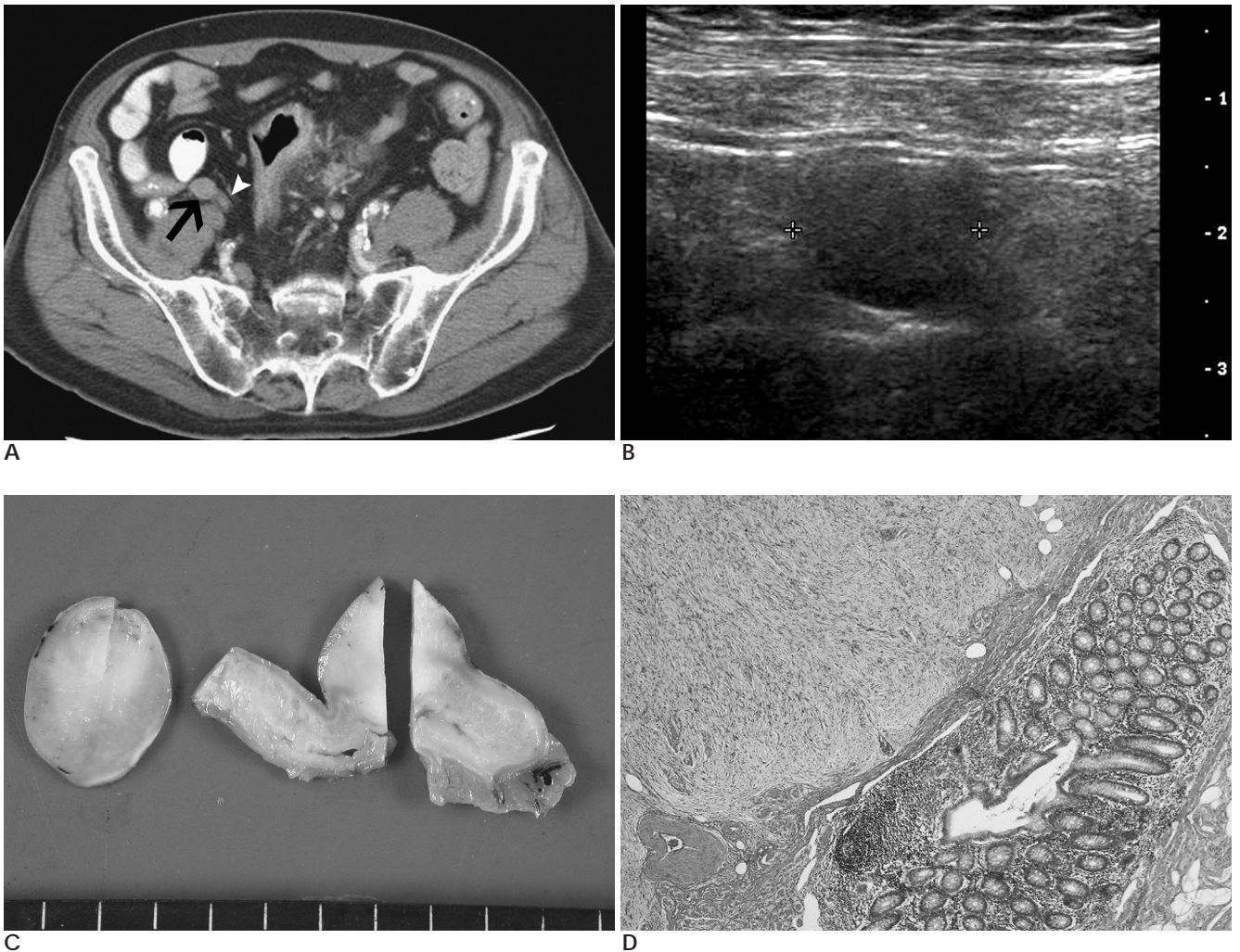
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75%

(1).

(2).



**Fig. 1.** 62-year-old man with appendiceal leiomyoma

**A.** CT scan obtained 90 seconds after contrast injection shows homogeneous well circumscribed mass on the mid portion of the appendix (arrow). Tip of the appendix wall thickening is shown (white arrow head). There also shows multiple enlarged lymph nodes around inferior mesenteric artery.

**B.** Ultrasonography shows homogenous hypoechoic mass lesion in the mid portion of the appendix.

**C.** Gross specimen shows a well defined ivory color oval shaped mass originated from the mid portion of the appendix.

**D.** Microscopic finding of leiomyoma in the appendix. The muscular coat of the mid portion of the appendix is replaced by smooth muscle tumor, which is composed densely distributed and interlacing smooth muscular bundles (H & E,  $\times 40$ ).

가 (7).

c - kit

S - 100

S - 100

가

c - kit

가

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## Leiomyoma of the Appendix: A Case Report<sup>1</sup>

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Leiomyomas of the appendix are rare and most are encountered incidentally during exploration of the abdomen for some other disease, during postmortem examination, or in the course of routine pathologic examinations of surgical specimens. We report here the findings of ultrasonography, CT and surgery of a case of leiomyoma that arose from the appendix; this lesion was pathologically confirmed.

**Index words :** Appendix, neoplasms  
Leiomyoma  
Computed tomography (CT)  
Ultrasound (US)

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