

Leiomyosarcoma (LMS) ~~are~~ is a rare ~~tumors of~~ small intestinal ~~tumore~~, 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~~ Its common ~~presentations~~ manifestations include abdominal mass, abdominal pain, ~~and or~~ overt gastrointestinal bleeding. ~~They are mainly seen in 6th decade of life with slight male preponderance.~~ In general, the ~~P~~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~~ review, ~~revealed that~~ computed tomography (CT) and magnetic resonance (MRI) enterography and enteroclysis are good ~~options~~ modalities for the assessment of LMS. ~~Cases of s~~ 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~~ approximately 80%. Histologically, LMS resembles ~~like~~ gastrointestinal stromal tumor (GIST); however, on immunohistochemical analysis, it has been found to be negative for ~~they are~~ CD117 and CD34 ~~negative by immunohistochemistry~~ and positive for smooth muscle antigen-actin (SMA) and desmin. When the size of LMS ~~these tumors are~~ is more than 5 cm, ~~they~~ it ~~commonly spread~~ can hematogenously spread to the liver (65%), other gastrointestinal ~~GI~~ organs (15%), and the lungs (4%). It ~~also has the capability to~~ can also spread via the lymphatics 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 mesentery. The R~~ response of LMS to chemotherapy is ~~doubtful~~ unknown, 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~~

Comment [A1]: In academic writing, abbreviations must be defined at the first instance and then used consistently thereafter.

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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.

wide resection of the mesentery. ~~If possible.~~ ~~Therefore, m~~metastectomy; ~~if possible,~~ should be considered. - Large phase II and III ~~studies~~ trials 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,~~ TTrabectedin 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.