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VAGINAL LEIOMYOMA – A CASE REPORT

Obstetrics & Gynaecology

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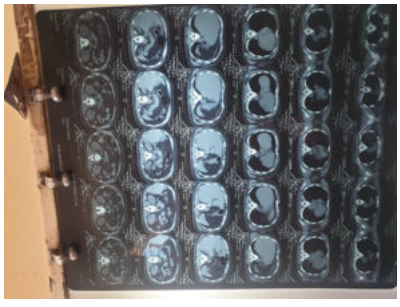
KEYWORDS

INTRODUCTION

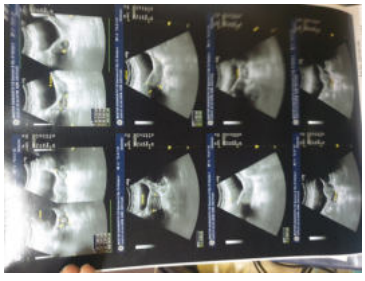
Vaginal leiomyomas are rare benign tumors with only about 300 reported cases in medical literature [1]. These tumors usually arise from the anterior vaginal wall and, depending on the size and site, may cause varied clinical presentations such as dyspareunia, pain, or dysuria .2 Vaginal leiomyomas sometimes occur concurrently with leiomyomas elsewhere in the body .3 The clinical diagnosis of vaginal leiomyoma requires a high index of suspicion because the tumour could easily be mistaken for a cystocele, urethrocele, Skene duct abscess, Gartner duct cysts, urethral diverticulum, vaginal cysts, Bartholin gland cysts, or vaginal malignancy .4, 5 The diagnosis is usually confirmed by histopathology. We hereby recount a similar case of vaginal leiomyoma, treated with surgically.

Case Report

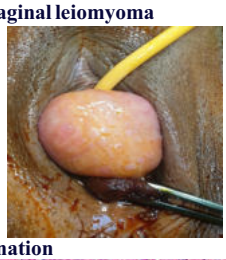
A 30 year-old, P2L2MTP1A1, was referred to our outpatient department. She had complaints of something coming out of vagina since 2 years and pain in abdomen since 15 to 20 days . Abdominal examination was unremarkable. On per speculum examination , a 4x5 cm smooth , globular swelling arising just below urethra arising from anterior vaginal wall, soft to firm in consistency was felt separate from the uterus . Pelvic examination revealed a uterus about 6-8 weeks in size. An ultrasound scan confirmed the presence of a well defined circumscribed round lesion of approx size 3 x 3 x 5 cm is noted arising from anterior vaginal wall with few calcific foci and vascularity within . Her haemoglobin was 11.4 gram%. After ruling out urinary tract infection , she was subjected to surgery .She chose the surgical option. At the time of excision , a 3x 5 cm mass was felt under the right anterior wall of vagina which was found to be totally separate from uterus. It was easily enucleated after taking an incision on the anterior vaginal wall. On gross examination , it was suspected as a fibroid. The same was confirmed by histopathology to be a benign leiomyoma. The patient made an uneventful recovery and was discharged by fourth day . Patient was asymptomatic during the three months she followed up .



MRI picture of the vaginal leiomyoma



Gross specimen of vaginal leiomyoma



Preoperative examination

Histopathological Examination confirmed vaginal leiomyoma

Post operative examination of the patient

DISCUSSION

Leiomyomas are benign tumours of the female genital tract common among African-American and black women of reproductive age .6–8 These tumors are common in the uterus and to some extent, in the cervix, the round ligament, uterosacral ligament, ovary, and inguinal canal, respectively .1 Leiomyomas of the vagina are rare and there are 300 reported cases in the medical literature we reviewed .1, 3 Vaginal leiomyomas are common in women between 35 to 50 years and more common among Caucasian women .3

Neoplasms of the vagina both benign and malignant are rare . The site of origin of a vaginal leiomyoma is most commonly the smooth muscle layer of the vagina wall. Schram (1958) has suggested that the smooth muscle of the rectum, bladder or urethra may be involved. Clinical signs and symptoms of these tumours vary depending upon the site of the tumor. A posterior vaginal wall fibroid may cause difficulty with bowel or sexual function. These tumors are usually small and arise most commonly in the midline of the anterior vaginal wall .6 In such cases, there may be significant urinary symptoms including frequency, urgency, dysuria and urinary retention. The tumour is usually grey white in appearance, firm in consistency and well circumscribed. Microscopically, the tumour consists of a mixture of smooth muscle and a fibrous stroma. Although, leiomyomas of the vagina are rare, sarcomatous change can develop .7 Hence , these fibroids should be removed to avoid the risk of malignancy.

Management of Vaginal Leiomyoma

The most satisfactory technique to remove these lesions is enucleation of the tumour through a vaginal incision as in this case .8 This is usually easy but can be quite difficult if the tumor is large, vascular and extending into the broad ligament. In the later case, a laparotomy is usually preferred because the procedure might be very complicated. So when we find out a mass in the vagina in pelvic examination, we should keep in mind the diagnosis of a rare tumor: vaginal fibromyoma to avoid misdiagnosis and mistreatment.

CONCLUSION

Vaginal leiomyomas are common in women between 35-50 years and come among caucasian women. The most common site being the smooth muscle of the vaginal wall and commonly arising in the midline of anterior vaginal wall. The tumours are usually grey white in appearance, firm and well circumscribed. Microscopically it shows smooth muscle with fibrous stroma. These vaginal leiomyomas are managed most commonly by enucleation of the tumour through a vaginal incision.

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