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CASE REPORT

Vaginal Leiomyoma: A Rare Presentation

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ABSTRACT

Vaginal leiomyoma is a rare clinical entity with varied clinical presentation. Symptomatology ranges from being asymptomatic to symptoms like dyspareunia, pressure symptoms and discharge per vaginum. These leiomyomas if situated in lower half of vagina may mimic vaginal cysts or uterine prolapse and in upper half of vagina may be confused with bladder malignancy. Surgical excision followed by histopathology is the management for establishing the diagnosis and ruling out malignancy.

Keywords: Leiomyoma, Bladder carcinoma, Surgical excision.

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INTRODUCTION

Benign tumors arising from vagina are commonly papilloma, hemangioma and mucous polyp, leiomyoma being rare. The age of patient for vaginal leiomyomas ranges from 19 to 70 years and size ranges from 0.5 to 15 cm in diameter.[1] Tumor arising from upper vagina may be mistaken for either cervical fibroid or bladder carcinoma. This tumor being rare can lead to preoperative misdiagnosis and hence histopathology of these tumors is essential to establish the diagnosis.

These tumors may be asymptomatic or can present with vaginal discharge, pressure symptoms, dyspareunia and protrusion of the mass from vagina. In many cases, ulceration of overlying epithelium may occur, followed by subsequent necrosis and purulent discharge and bleeding.

We report this case due to its rarity.

CASE REPORT

Mrs SY, a 40-year-old female, parity 3 + 0 was referred to Department of Obstetrics and Gynecology, SN Medical College and Hospital, Agra, with a probable diagnosis of cervical mass.

Patient's chief complaint was foul smelling blood stained discharge from vagina for last 2 to 3 months. Her menstrual history was normal. On per speculum examination apart from dirty discharge in vagina, no other significant finding was seen.

On pervaginum examination anteriorly in upper third of vagina close to anterior fornix, a mass was felt 6 cm in diameter, firm in consistency with mobility in one plane. Her transvaginal ultrasound report stated uterus, cervix and bilateral adnexa normal. A well defined smoothly marginated solid soft tissue mass was seen in the region of anterior fornix. The mass was closely abutting the posterior bladder wall, but was away from urethra. Peripheral minimal vascularity was present. There was no evidence of calcification.

On this report, her examination under anesthesia was done and biopsy from the mass was procured. Biopsy report showed fragments composed of dense fibrocollagenous tissue with inflammatory granulation. Neoplastic lesion was not seen.

An abdominal approach for enucleation of mass was planned due to its difficult approach from vagina being close to anterior fornix and keeping in mind a remote possibility of bladder wall carcinoma. Peroperatively bladder was reflected down from the U-V fold and the mass was enucleated. Vagina was closed by interrupted sutures and reperitonization was done. Her postoperative period was uneventful and patient recovered well. Her histopathology report showed leiomyoma with outer surface showing part of squamous lining epithelium.

DISCUSSION

Majority of leiomyoma arise from uterus and sometimes from cervix. Rare extrauterine sites are broad ligament, round ligament, uterosacral ligament, etc. Leiomyoma of vagina is extremely rare and less than 300 cases have been reported yet in literature. Leiomyomas constitute 4.5% of all the solid tumors of vagina. Lesions are usually single and located in the anterior vaginal wall.

The practical approach to such a vaginal mass entails careful excision through the vaginal route or abdominal route depending upon the location of the tumor.[2] Huge tumors

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may require a combined approach and may necessitate hysterectomy.[2] Local recurrences are not common.

Vaginal leiomyoma are rare entities which can be confused with many other conditions and hence misdiagnosed. Therefore, while distinguishing a vaginal mass, a vaginal leiomyoma should be borne in mind.

REFERENCES

1. Sangwan K, Khosla AH, Hazra PC. Leiomyoma of the vagina. Aust NZ J Obstet Gynaecol 1996;36(4):494-495.
2. Gowri R, Soundararaghavan S, Oumachigui A, Sistla SC, Iyengar KR. Leiomyoma of the vagina: an unusual presentation. J Obstet Gynecol Res 2003;29(6):395-398.