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VAGINAL LEIOMYOMA

[1]Dr Habiba Sharaf Ali, [2]Dr. Sheeba Hussain
[1]FRCOG, MSc, Professor Obstetrics & Gynecology, Ziauddin University Karachi
Consultant Gynecologist, Kharader general Hospital Karachi
[2]M.B.B.S, D.G.O, E-mail: sheebasalam35@gmail.com

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Abstract:
Leiomyoma are common benign tumors of the uterus but its presence elsewhere in the body is a rare entity. Vaginal leiomyoma is even rarer and uncommon and present with variable symptoms and at different age groups. We present a case of vaginal leiomyoma in a young woman who was initially diagnosed as vaginal cyst and present with a dragging sensation. The mass was removed under general anesthesia and the histopathology confirms the leiomyoma.
Key words; misdiagnosis,vaginal tumor, young woman

Corresponding author:
Dr. Habiba Sharaf Ali,
FRCOG, MSc, Professor Obstetrics & Gynecology, Ziauddin University Karachi
Consultant Gynecologist, Kharader general Hospital Karachi
Email *rabel5@yahoo.com*

QR code

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INTRDODUCTION:

Presence of leiomyoma in vagina is very rare and uncommon entity[1]. In the female genital tract, it is usually present in uterus and sometimes in cervix, and broad ligament. It presents with variable signs and symptoms and at different age groups. Most of the time it arises from the anterior vaginal wall and less commonly from posterior and lateral vaginal walls 2. We are presenting a case of vaginal leiomyoma in an unmarried girl presenting as vaginal wall cyst.

CASE REPORT:

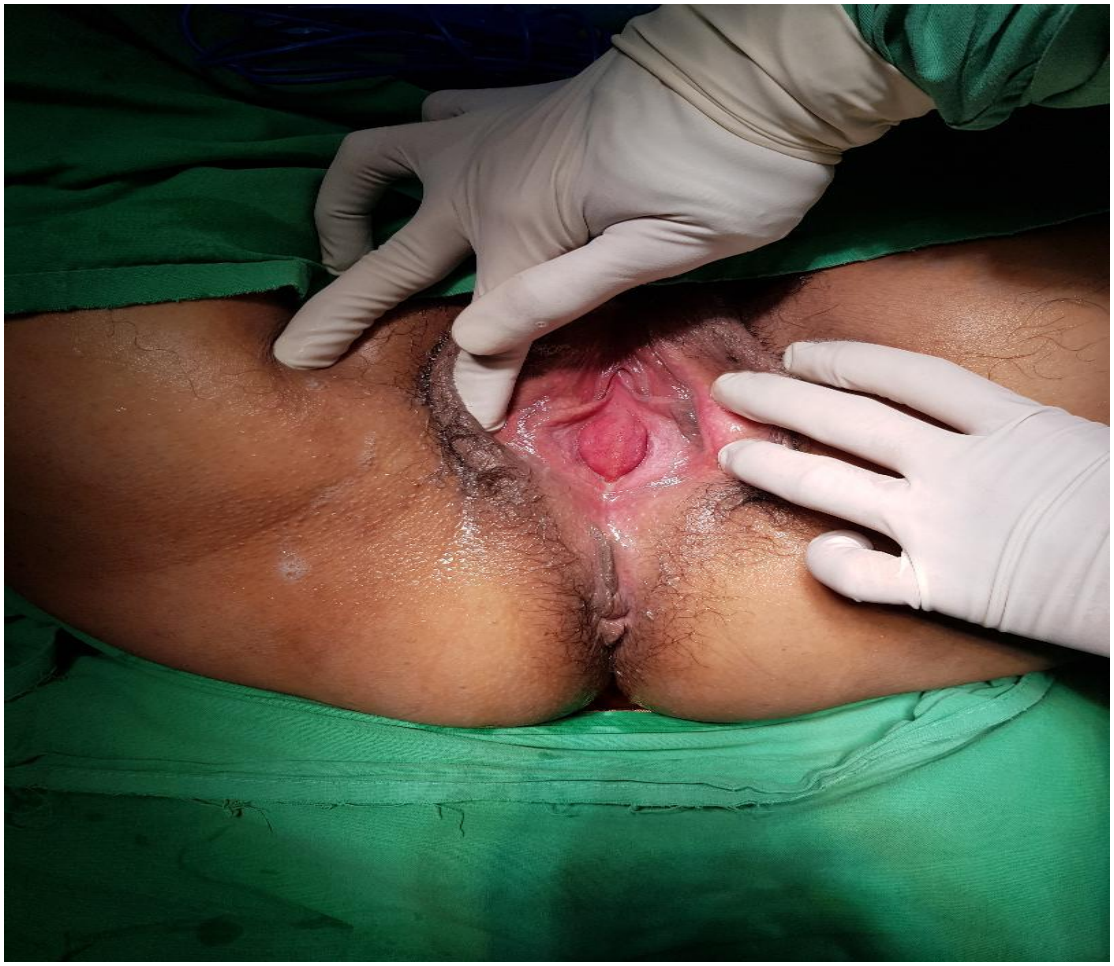
A 28 old girl was referred by a general practioners to the gynecology clinic with complaints of a mass in vagina for the last three months. She was having pain in vagina and a dragging sensation.

Her menstrual period was normal and regular with no intermenstrual bleed. On examination she was vitally stable. Vaginal examination revealed a mass about size of 3x4 cms protruding from the anterior vaginal wall located between urethral meatus and vaginal orifice. The mass seems to be solid in constancy which was unusual for a vaginal cyst.

We decided to remove the mass under general anesthesia.

On examination under anesthesia the mass was attached to the anterior vaginal wall with a thin membranous tissue, a Foleys catheter was retained as the mass was attach very near to the urethra,an artery was applied on the membranous tissue which was cut and ligated with vicryl 1 suture. The specimen was sent for histopathology. Gross examination revealed a single circumscribed greyish white tissue measuring 3x2x2 cm, serial sectioning shows whorl white firm appearance microscopic examination revealed a spindle shaped neoplasm arranged in interlacing bundles and fascicles. The individual cells show oval and cigar shaped nuclei and indistinct eosinophilic cytoplasm.

The final diagnosis was leiomyoma.



DISCUSSION:

Vaginal myoma is rare, mesenchyme, monoclonal tumors[3] and is reported to present most of the time in the anterior vaginal wall as in our case also however a case report by Stankova T[3]described its presence in the vault of vagina following total abdominal hysterectomy and another case described its presence in the posterior vaginal wall[4].

Either it is asymptomatic or presents with symptoms such as urinary retention, dysuria, dyspareunia, abdominal pain vaginal bleeding and dragging sensation.

Usually, they are benign and single [5] but Cobanoolu [6]has described a case with sarcomatous changes in vaginal leiomyoma.

Diagnosis can be done by naked eye examination, by ultrasound or by MRI.in our case our initial suspicion was anterior vaginal cyst as till that time we were unaware that leiomyoma can present in vagina also. However, the pathology corrected our diagnostic mistake.

Surgical removal is the treatment of choice to relieve symptoms and exclude malignancy[7]. Usually, it is removed vaginally but sometimes in case of large tumor a abdomino-pertoneal approach is required[8].
As leiomyoma is estrogen dependent and occurs in reproductive age and regress after menopause. a case is reported in the literature where a large leiomyoma occurred first time in a 50 years old post-menopausal woman ref 3. Follow up of these patients are required as there are chances of recurrence.

CONCLUSION:

Our case elicits the possibility of presence of leiomyoma in vagina.as it is very rare and many times misdiagnosed.

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