

CASE REPORT

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Vaginal Leiomyoma in Pregnancy: A Case Report

ABSTRACT

Vaginal leiomyoma is a rare, benign tumor with variable clinical presentations. Vaginal leiomyoma usually arises in the midline anterior wall. Like uterine leiomyomas, vaginal leiomyomas occur most frequently between the ages of 35 and 50 years. Depending on the size and location, vaginal leiomyomas may produce diverse clinical symptoms, such as dyspareunia, pain, or dysuria. We report a case of a vaginal leiomyoma, diagnosed in a 39 weeks pregnant 25-years-old woman suffering from dyspareunia and surgically excised three months after cesarean section.

Key words: vaginal leiomyoma, pregnancy, dyspareunia

Gebelikte Vajinal Leiomyoma: Olgu sunumu

ÖZET

Vajinal leiomyom, çeşitli klinik bulgularla ortaya çıkan nadir görülen benin bir tümördür. Vajinal leiomyom genellikle orta hatta ön duvardan kaynaklanır. Uterus leiomyomları gibi vajinal leiomyomlar da sıklıkla 35-50 yaşları arasında görülür. Vajinal leiomyomlar büyüklük ve lokalizasyonlarına göre dispareuni, ağrı ve dizüri gibi semptomlara neden olabilirler. 25 yaşında, dispareniden yakınan bayanda vajinal leiomyom tanısı (39 haftalık gebe iken) konuldu ve sezaryenden üç ay sonra ameliyat edildi.

Anahtar kelimeler: vajinal leiomyom, gebelik, dispareuni

INTRODUCTION

Leiomyoma is the most common benign mesenchymal tumor of the vagina in adult women (1). The vagina is a rare site for leiomyoma and they are usually located in the anterior wall or rarely from the lateral wall (2). Since the first report by Denys de Leyden in 1773, approximately 300 cases have been reported to date (3). Depending on the size and location, vaginal leiomyomas may produce diverse clinical symptoms, such as dyspareunia, pain or dysuria. Vaginal leiomyomas are frequently misdiagnosed and sarcomatous changes can occur; a histopathologic study can confirm the correct diagnosis (4). Surgical enucleation via a vaginal approach is the treatment of choice and the recurrence rate of leiomyoma of the vagina after removal is very low (5).

CASE REPORT

A 25-year-old G2 P1 39 weeks pregnant woman admitted to our hospital with the complaint of awareness of a mass in the vagina and also dyspareunia for the last 12 months. There was no history of vaginal bleeding or abdominal pain. Her medical and surgical histories were unremarkable. On examination, a round, solid, non-tender mass, measuring approximately 5x6 cm in diameter, was palpated on the right lower side of the vagina. There was no cystourethrocele, rectocele, enterocele or uterovaginal prolapse. Cervix, uterus, and adnexa were unremarkable. The surface of the tumor was covered with normal vaginal epithelium. Transvaginal sonography showed the vaginal 5x6 cm solid mass and normal uterus and adnexa bilaterally. Pelvic computerized tomography (CT) revealed the presence of 4x5x5 cm smooth contours, hypodense mass, in the right ischioirectal fossa separate from the uterus, cervix, and urinary bladder (Figure 1). One week later due to distosia 3000 gr healthy baby girl was delivered by cesarean section. The patient was discharged on the second postoperative day. Three months later she was admitted to our hospital again for the operation with the same examination findings. On April 13, 2009 under spinal anesthesia a midline vertical incision was made over the vaginal mass which was enucleated from the paravaginal tissues by sharp and blunt dissection. Pathological examination revealed a well encapsulated, firm and 6x4x5 cm mass. Microscopic examination revealed a well differentiated benign leiomyoma. She was discharged on postoperative day 2 and one year later there was no evidence of tumor recurrence.

DISCUSSION

Vaginal leiomyoma is a very rare tumor and the etiology is unknown. Although rare, the most common mesenchymal neoplasm of the vagina is the leiomyoma (6).



Figure 1. Pelvic computerized tomography showing the tumor in the ischioirectal fossa and compression to the rectum.

Vaginal leiomyomas vary from 0.5~15 cm in diameter. They may occur anywhere within the vagina and usually arise in the smooth muscle layer of the midline anterior vaginal wall. Vaginal myomas have been reported in patients from puberty to 71 years of age (7). Average age of diagnosis tends to be in late 30s or early 40s (8). Vaginal leiomyomas can be asymptomatic or present with symptoms, such as dyspareunia, pain or dysuria. The most common gynaecological complaint is dyspareunia. However, many patients only describe a bulging mass (7). Usually the tumor is single, and most are small and slow growing. Leiomyomas are estrogen-dependent tumors. These tumors can grow rapidly during pregnancy and regress after menopause. A huge leiomyoma occupying both the ischioirectal fossa has been reported in a pregnant patient (9). Sarcomatous changes may occur and tumor recurrence or rapid enlargement usually indicates malignancy. In a series with vaginal leiomyoma, it was reported a 9.1% incidence of sarcoma (3,5).

Histologic examination is essential to evaluate the atypism and mitotic figures. Before surgical treatment, computed tomography and MRI help estimate the extent of the mass and its possible adjacent involvement. In cases of large and protruding periurethral leiomyomas, sonography has its limitations in scanning masses. MRI contributes to the accurate preoperative characterization of masses, owing to multiplanar imaging capability and excellent soft tissue contrast. MRI also easily differentiates solid and cystic lesions.

Surgery through the vaginal approach has generally been recommended as the treatment of choice for these tumors. However, huge tumors may require a combined abdominal and perineal approach (10). Usually there is an apparent cleavage plane, so surgical removal is safe with minimal bleeding.

Although no urethral damage has been reported in the literature, we recommend urethral catheterization during surgery to avoid urethral injury.

The purpose of presenting this case report is to emphasize that benign leiomyomas can present with just sexual dysfunction by dyspareunia. Vaginal leiomyomas are rare entities which can be

misdiagnosed with many other conditions. Furthermore, vaginal leiomyoma especially the borderline variety may undergo sarcomatous change (6). Therefore these tumors should be operated as soon as they are recognized. Resection of this mass should be followed by careful histological examination to exclude malignancy.

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