Vaginal Leiomyomas: Rare case reports

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Abstract
Vaginal tumors are rare and include papilloma, hemangioma, mucous polyp and rarely leiomyoma. Leiomyomas are common benign tumors in the uterus. Vaginal leiomyomas remain an uncommon entity with only 300 reported cases since the first detected case back in 1733 by Denys de Leyden. Here we present two cases of vaginal leiomyomas, which were diagnosed, treated, and confirmed by histopathology.

Key words: leiomyoma; tumors; vagina

Introduction
Vaginal tumors are rare and include papilloma, hemangioma, mucous polyp and rarely leiomyoma. Vaginal leiomyomas remain an uncommon entity with only 300 reported cases since the first detected case by Denys de Leyden. They are commonly seen in the age group 35-50 years and are reported to be more common among Caucasian women. They usually occur as single, well circumscribed mass arising from the midline anterior wall and less commonly from the posterior and lateral walls.

Case Reports
1. A 45 year old female para 3, living 3 presented with mass per vaginum. She had undergone total abdominal hysterectomy with bilateral salpingo-oophorectomy 5 years back. Per vaginal examination revealed a mass of 6*6cm arising from anterior vaginal wall (Figure 1). Ultrasonography showed hypoechoic mass of 6*4cm in the upper part of vagina. The mass was surgically removed by vaginal route and was sent for histopathological examination. Findings were consistent with benign leiomyoma (Figure 2).

2. A 35 year old female para 3, living 2 presented with mass per vaginum sine 2 years with difficulty in micturition on and off. Per vaginal examination revealed a non-tender mass cystic to firm in consistency measuring 4*5cm arising from anterior vaginal wall which was irreducible with absent cough impulse. It was removed surgically by vaginal route and was sent for histopathological examination. Findings were suggestive of benign leiomyoma.

Figure 1: Mass from anterior vaginal wall

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Discussion
Leiomyomas are common in the uterus and to some extent in the cervix, followed by, in round ligament, uterosacral ligament, ovary and inguinal canal. Although rare, the most common mesenchymal neoplasm of the vagina is the leiomyoma. They may arise anywhere within the vagina and usually arise in the smooth muscle layer of the midline anterior vaginal wall. They can be asymptomatic but can give rise to abdominal pain, dyspareunia, increased frequency of micturition, vaginal bleeding. Usually these tumors are single, benign and slow growing, but sarcomatous transformation has been reported. MRI is used to diagnose vaginal leiomyomas. In MRI, they appear as well demarcated solid masses of low signal intensity in T1 and T2 weighted images, with homogenous contrast enhancement, while leiomyosarcomas and other vaginal malignancies show characteristic high T2 signal intensity with irregular and heterogenous areas of necrosis or haemorrhage. Histopathology is the gold standard for diagnosis. Surgical removal through vaginal approach is usually the procedure of choice. In case of large tumors, abdominoperineal approach is preferred.

References

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