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A rare location for a common tumor: ultrasonographic diagnosis of a primary vaginal leiomyoma

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Introduction

Leiomyomas are the commonest pelvic tumours, but vaginal wall location is extremely rare (<1%) and often misdiagnosed as a cyst.

Case Presentation

A 48-year-old (G3P3) presented with a firm, palpable vaginal mass.

Transvaginal ultrasound showed a 15×23 mm well-circumscribed, oval hypoechoic lesion in the anterior vaginal wall, separate from the uterus.

Management & Outcome

Colour Doppler showed internal vascularity, excluding Gartner's duct and Bartholin's cysts. The mass was surgically excised, and histopathology confirmed a benign leiomyoma without necrosis or atypia.

Discussion

Detailed sonography with Doppler can substitute for MRI in lesion characterisation. Vaginal leiomyoma should be considered in the differential of solid vaginal wall masses.

Conclusion

High-resolution ultrasound with Doppler enables accurate diagnosis and preoperative planning for rare vaginal wall tumours, without requiring MRI in most cases.

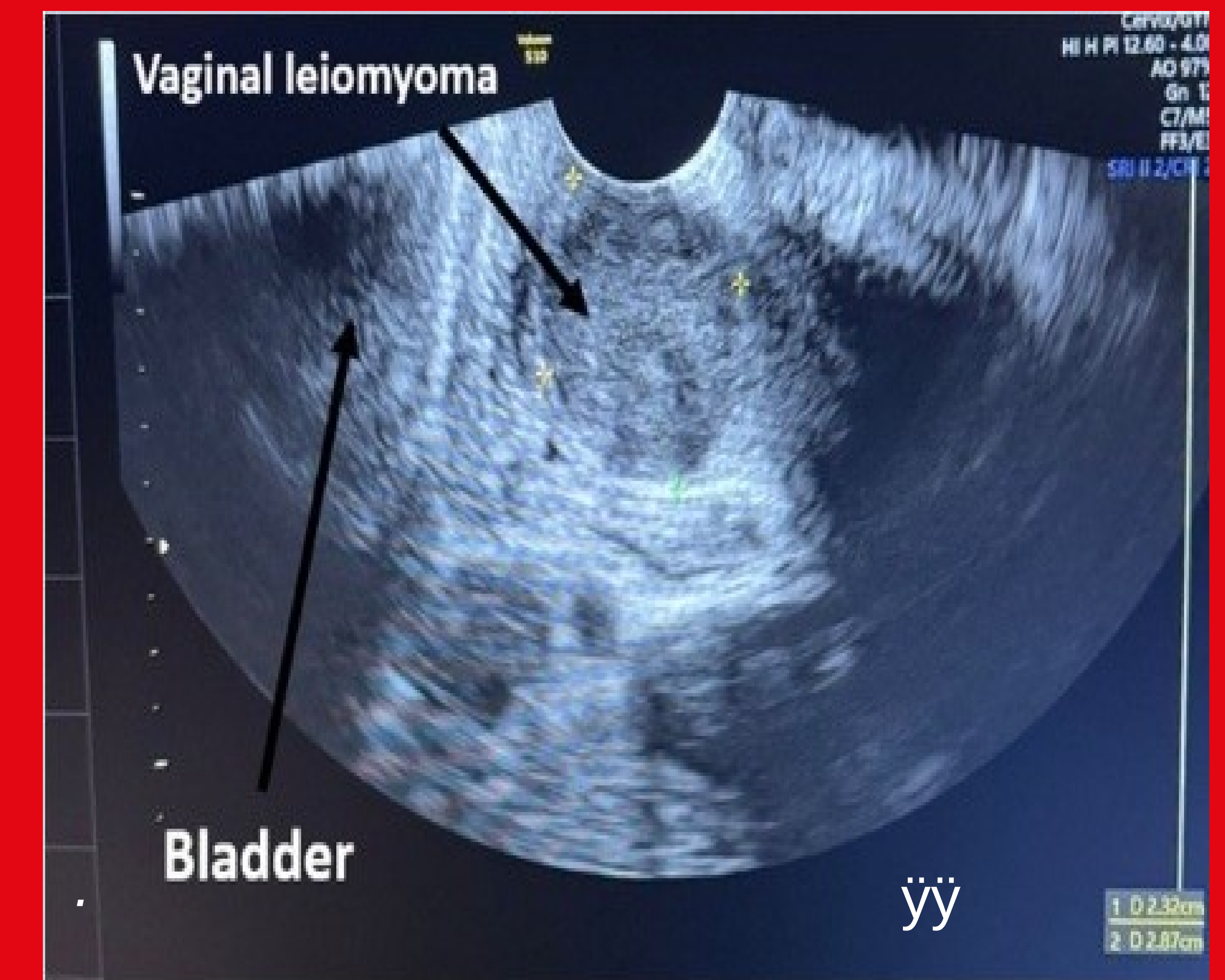


Figure 1. Transvaginal ultrasound: 15×23 mm vaginal leiomyoma



Figure 2. Ultrasound confirming the lesion is separate from the uterus.