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OBJECTIVE

Leiomyoma is common in the uterus but rare in the vulva. This is the first case of vulval leiomyoma seen in our health institution since its establishment in 1999. The report is presented to create awareness as clinicians consider differentials in the diagnosis of benign vulval growths.

CASE REPORT

A 32-year-old nullipara presented at the gynecological clinic with a three-year history of right vulval swelling. The swelling had gradually increased in size but remained painless over a three-year period. There were no associated gynecological symptoms. She had no relevant past medical, family, or social history.

She was clinically well, and her vital signs were normal. Systemic evaluation showed normal findings. Pelvic examination revealed a well circumscribed round to oval vulval mass sited posteriorly at the right labium majus, half-way between the clitoris and the posterior commissure of the labia minora, measuring 6cm x 5cm x 4cm in dimensions (Figure 1). It was a subcutaneous, non-tender, partly cystic and relatively mobile tumour. A pelvic ultrasound scan showed no pelvic pathology.

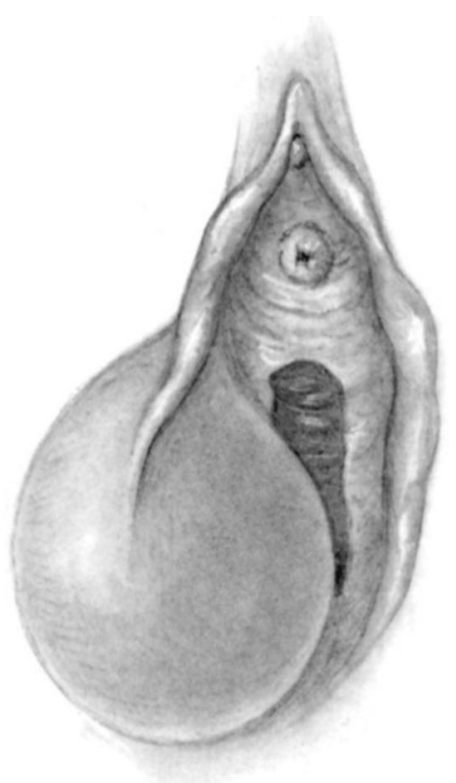


Figure 1: Diagrammatic representation of right vulval tumor pre-surgery

Courtesy:Fotossearch.es <https://www.fotosearch.es/LIF153/cog04001/>

A diagnosis of Bartholin's cyst was made, and the patient was counselled for surgical excision of the cyst. Her full Blood Count was normal with a Hemoglobin of 13.3g/dL. Retroviral (HIV) screen and the hepatitis B surface antigen (HBsAg) screen were negative.

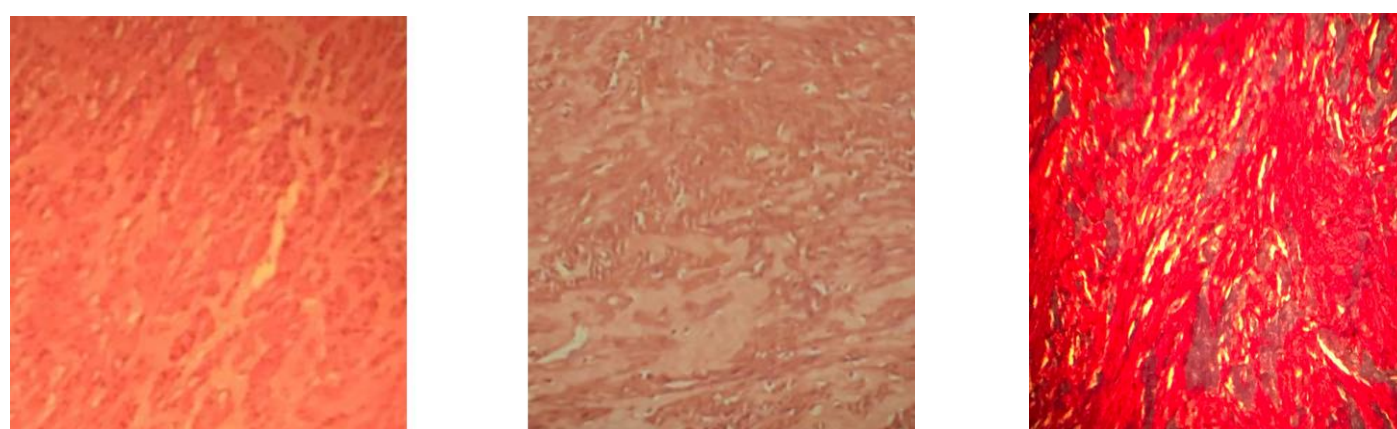
Surgery was performed under spinal anaesthesia. The excised tumor was sent for histopathology that revealed a leiomyoma (Figures 2 and 3).



Figures 2a and 2b: Excised Vulval tumor - Gross



Figures 3a and 3b: Excised vulval mass – cut surfaces



Figures 4a, 4b, (H&E) 4c (Mason Trichrome)
Excised Vulval mass – microscopy

DISCUSSION

Vulval leiomyoma accounts for 0.03% of all cases of gynecological tumors and may arise from the dartos muscle of the labia majora, from the smooth muscle cells around vascular channels or from muscles of hair follicles.

Clinically, the tentative diagnoses of a vulval mass in a female of reproductive age should include Bartholin's gland cyst or duct cyst, Bartholin's gland abscess, and epidermal inclusion cysts.

Interestingly, vulval leiomyomas, like Bartholin's cysts, present clinically as cystic swellings. Hence the difficulty in clinical diagnosis with this patient. Other differential diagnoses of vulval leiomyoma include neurofibroma, dermatofibroma, lipoleiomyoma and leiomyosarcoma.

CONCLUSION

Vulval leiomyoma presents a diagnostic challenge clinically as what readily comes to mind on finding a painless vulval swelling in the anatomic landmark of the Bartholin's gland is a Bartholin's gland cyst. Early biopsy of any vulval lesion or tumour is necessary, to confirm benign conditions or detect early, non-aggressive stages of malignant vulval neoplasia.

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