



Hymen-Sparing Myomectomy: An Innovative Laparoscopic Approach for Cervicovaginal Leiomyoma in a Virgin Patient

OBJECTIVE:

The objective of this case is to present an innovative hymen-conserving laparoscopic guided abdominal approach hysteroscopy through supra pubic port for endometrial cavity exploration for the management of a prolapsed pedunculated cervicovaginal leiomyoma in a virgin patient.

CASE REPORT:

A 30-year-old, nulliparous virgin woman was admitted to our private gynecology clinic with heavy menstrual bleeding for the past 6 months. Abdominal ultrasound showed an enlarged uterus with multiple uterine myomas; the largest one is located in the cervicovaginal zone, filling the vagina shown a 7x8 cm solid hypo-echoic mass, well delineated, filling the vaginal margins, and suggesting a prolapsed, pedunculated cervicovaginal leiomyoma. there were other subserosal and intramural myomas ranging in size from 2 to 7 cm. Laparoscopic myomectomy was decided to preserve the hymen integrity based on the patient's desire and resulted in successful excision of the tumor.

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DISCUSSION:

Vaginal myomectomy is the treatment of choice for prolapsed pedunculated leiomyoma due to its simplicity and safety [1]. However, in conservative communities, an intact hymen is seen as a symbol of sexual purity and virginity. As a result, unmarried women may largely reject surgical interventions through the vaginal route. Therefore, the gynecologist should consider other safe and effective techniques based on the patient's desire or anatomic obstacles. This approach addresses the cultural sensitivity of preserving hymen integrity while ensuring effective surgical treatment. It highlights the importance of tailoring surgical techniques to meet both medical and sociocultural needs, providing a valuable contribution to minimally invasive gynecological practices.

CONCLUSION:

Laparoscopic-And-Suprapubic Hysteroscopic Approach (LASHA) was used to successfully remove the prolapsed, pedunculated cervicovaginal leiomyoma in this case while maintaining the integrity of the hymen. Therefore, the indications of laparoscopy could be extended to cervicovaginal leiomyoma in virgin women who reject the vaginal approaches. However, this technique necessitates adequate equipment and advanced skills in laparoscopic surgery.

ACKNOWLEDGMENT

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1. Golan A, Zachalka N, Lurie S, Sagiv R, Glezerman M. Vaginal removal of prolapsed pedunculated submucous myoma: a short, simple, and definitive procedure with minimal morbidity. Arch Gynecol Obstet. 2005;271:11-3.

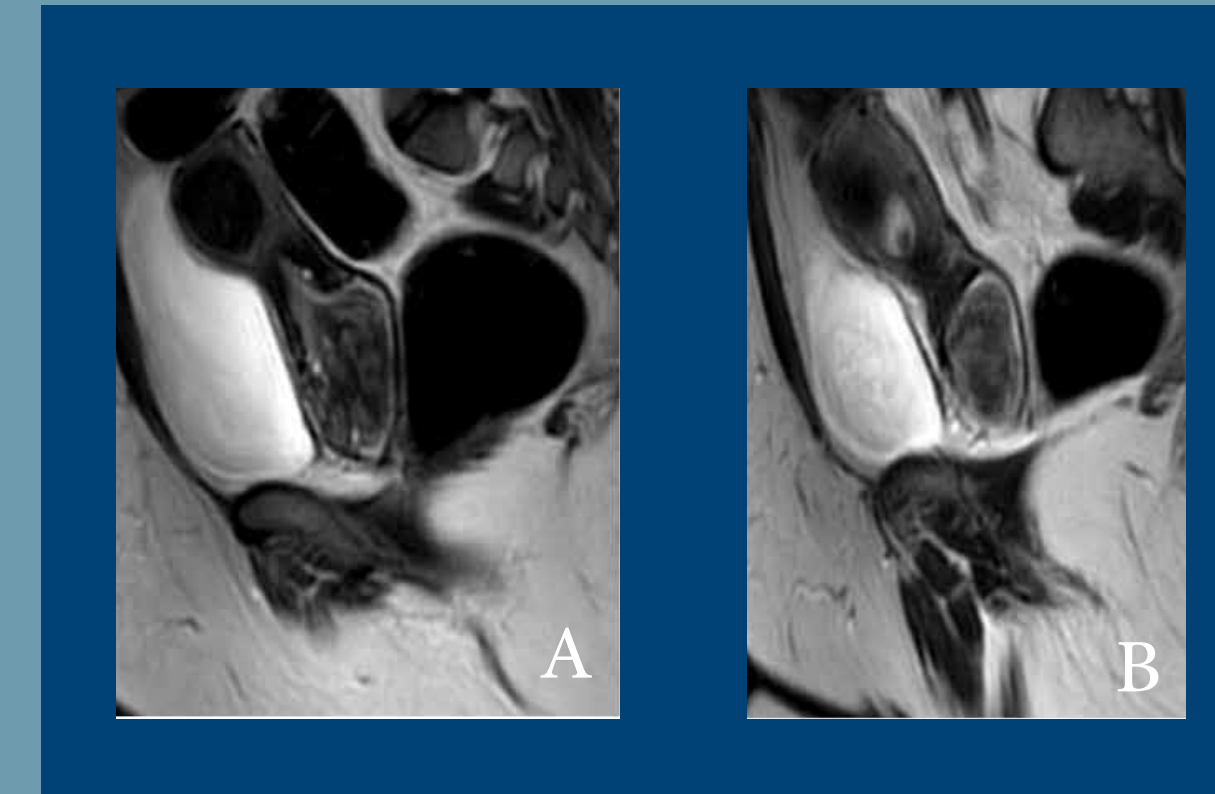


Fig. 1
(MRI) scan with contrast, illustrating a large intracavitary pedunculated cervicovaginal leiomyoma (5.7x6.6x8.3 cm) arising from the right side of the cervix and protruding from the cervical canal to vagina (FIGO 0).



Fig. 4
Visualizing the endometrial cavity to ensure good haemostasis and to rule out any other lesions.

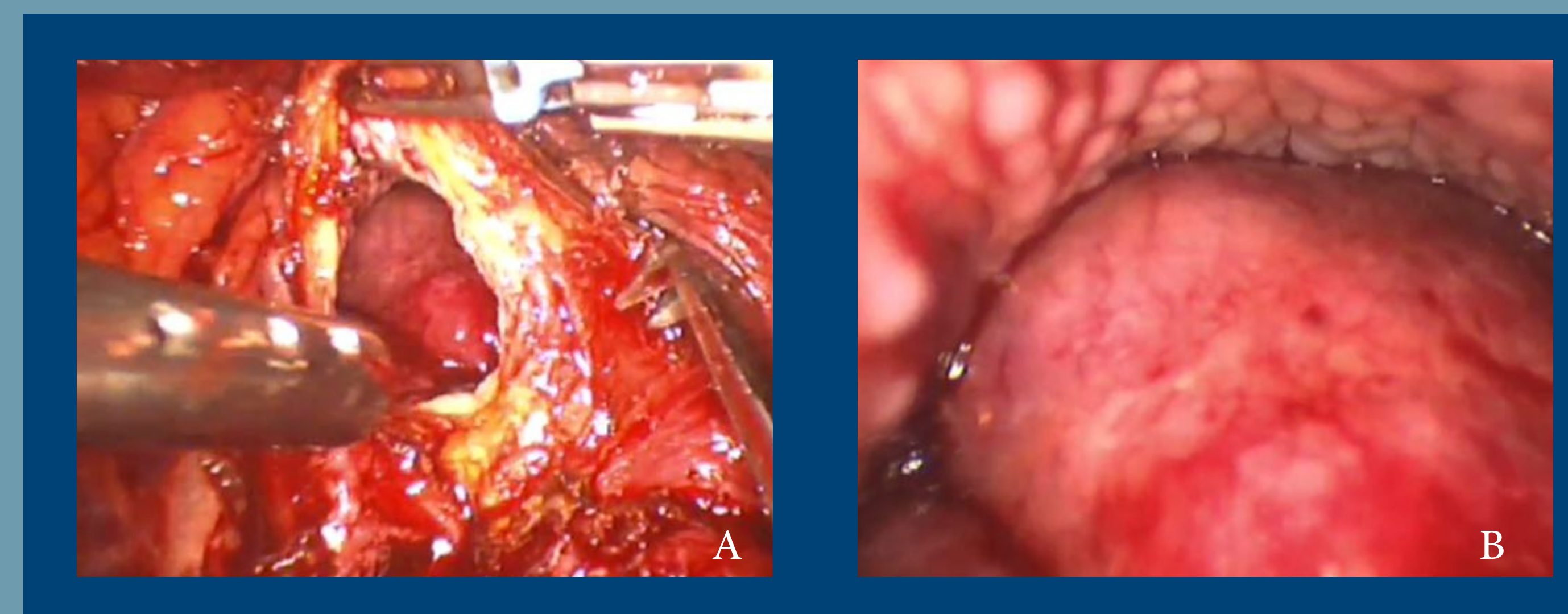


Fig. 2
Anterior colpotomy performed after bladder dissection. Large 6.6x8.3 cm cervicovaginal pedunculated just superior to the hymen was identified.

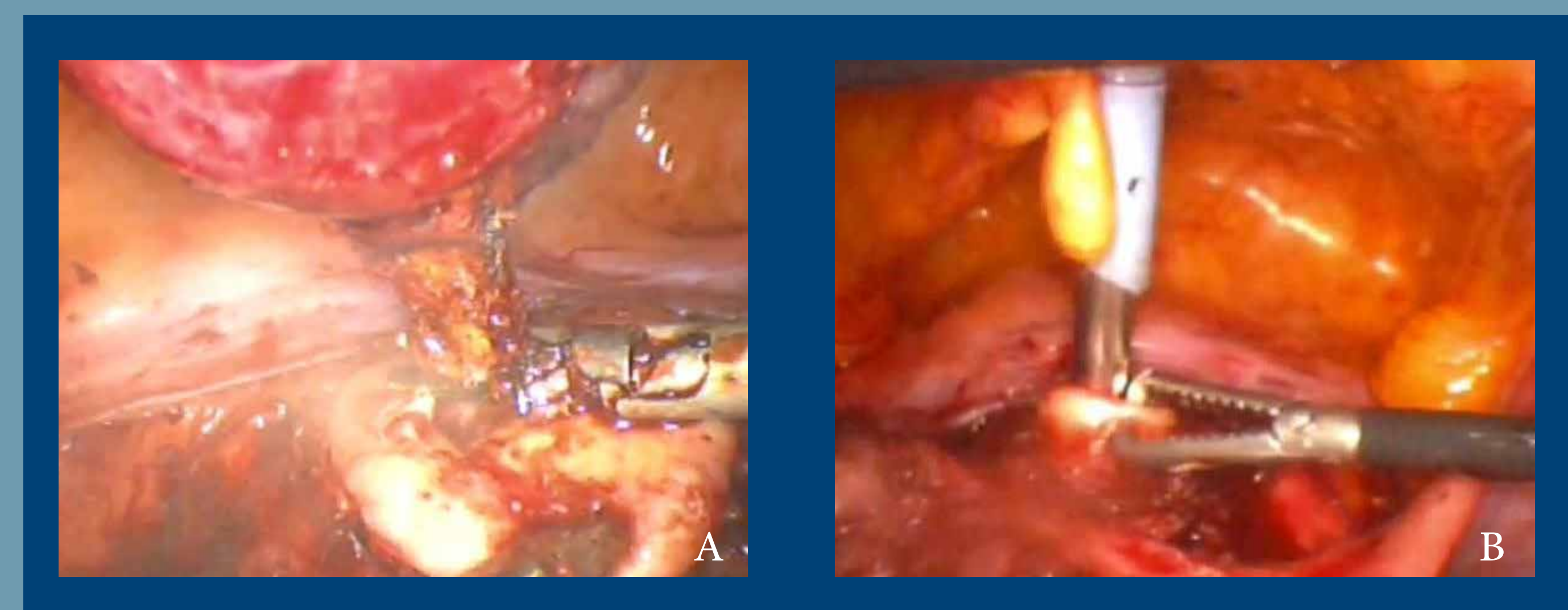


Fig. 3
leiomyoma excision using bipolar electrocautery
Suprapubic port placed for hysteroscopic sheath insertion.
Hysteroscopic sheath inserted through the colpotomy (hymen preserved).

