



Benign Vulval Leiomyoma : A Case Report

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Objective:

A vulval leiomyoma is a rare, benign tumor that is often misdiagnosed as Bartholin cyst. The exact cause is unknown; it usually arises from deep connective tissues of labia majora (1-4). Vulval leiomyoma grows slowly and usually presents as a mass in the perineal region with pain and discomfort as the primary symptoms.

It represents 0.07 % of all vulval tumors.

Case Report:

We present a case of 41 years old woman with history of laparoscopic total hysterectomy and right salpingo-oophorectomy. She presented in the clinic with one year history of vaginal mass which slowly growing over last 3 months. The local examination of the vulva revealed a left-sided vulval mass over 6 cm. After a discussion with the patient, she opted for surgical excision under general anesthesia. Routine blood investigations were normal. The mass looked like a leiomyoma during surgery, not a Bartholin cyst. Another mass was felt on the right (RT) vulva, deep into the perineum, approximately over 7 cm. Gross specimen evaluation revealed irregular, pale, and congested tissue, 12.6x5.9x2.5 cm. Histopathological examination revealed a smooth muscle tumor showing areas of prominent myxoid stroma, no atypia or necrosis. The final report concluded Benign Vulval leiomyoma. MRI perineum after surgery for Rt vulva shows Multi focal confluent soft tissue nodules in the perineum close related to the vagina introitus and extending posteriorly to partially encircles the anterior sphincter with some of the nodule's inseparable from the external sphincter some cystic change within this soft tissue nodularity on the left side all over picture suggestive of vulval leiomyoma.(Figure 1)

Discussion:

Vulval leiomyoma is a rare and benign lesion that can affect women of any age group. Often, a Bartholin's cyst is a common alternative misdiagnosis to vulval leiomyoma as they both share similar presenting symptoms, such as painless mass per vagina, erythema, discomfort, and localized swelling of the area (5).

Clinical features such as everted labia minora and cystic consistency of the swelling suggest the possibility of a Bartholin cyst (Figure 2); however, finding inverted labia minora and firm consistency of the swelling support the diagnosis of vulval leiomyoma (Figure 3).

Transperineal ultrasonography and pelvic MRI can be used for diagnostic purposes (4,5).

Conclusion:

Vulval leiomyoma is a rare & benign lesion, often misdiagnosed as Bartholin cyst preoperatively. The exact pathology remains unidentified. MRI findings and histopathology help to differentiate between benign and malignant types of vulval leiomyoma(4,5).

The main management for benign lesions is surgical excision (1,3,4).

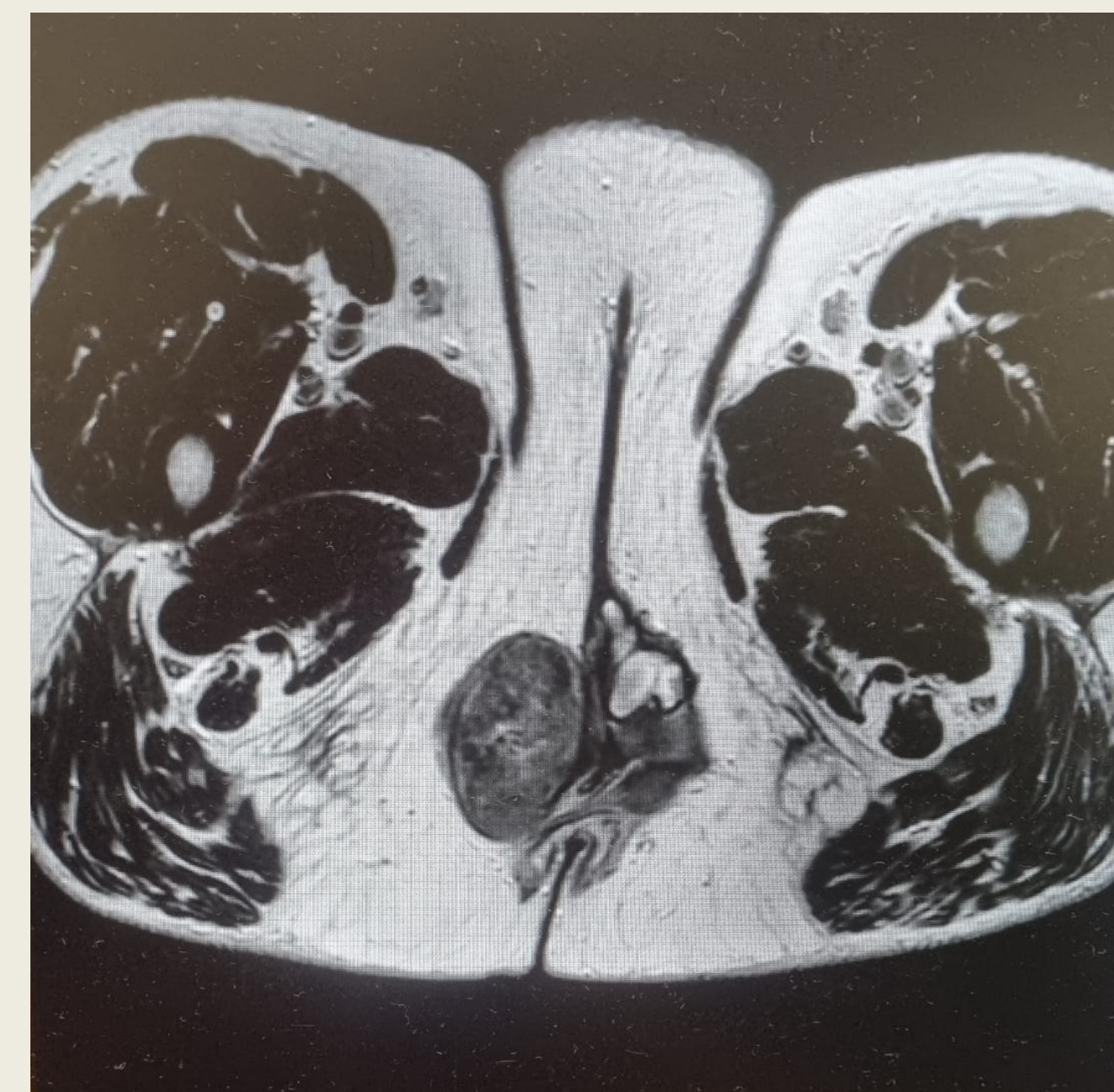


Figure (1)

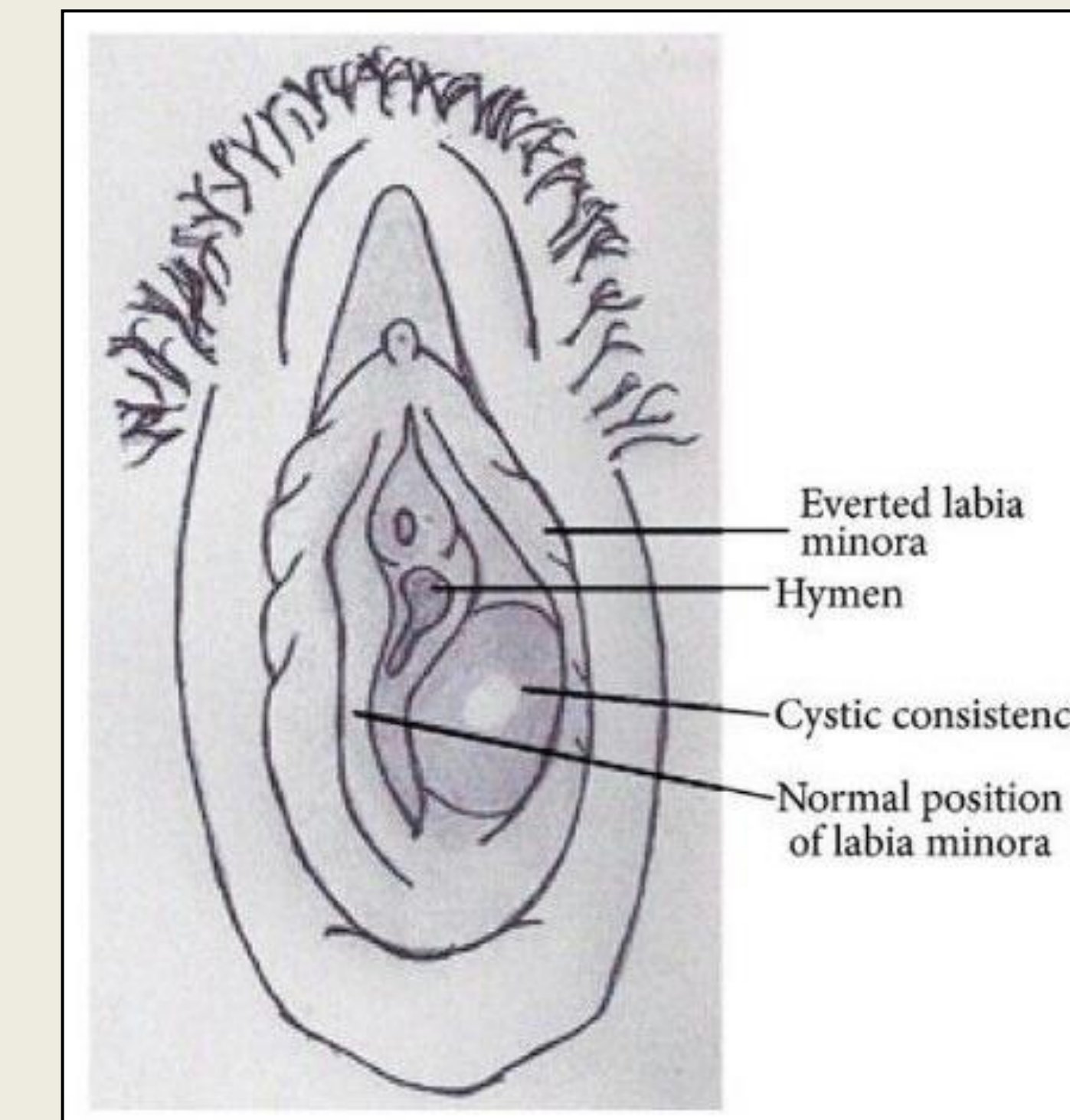


Figure (2)

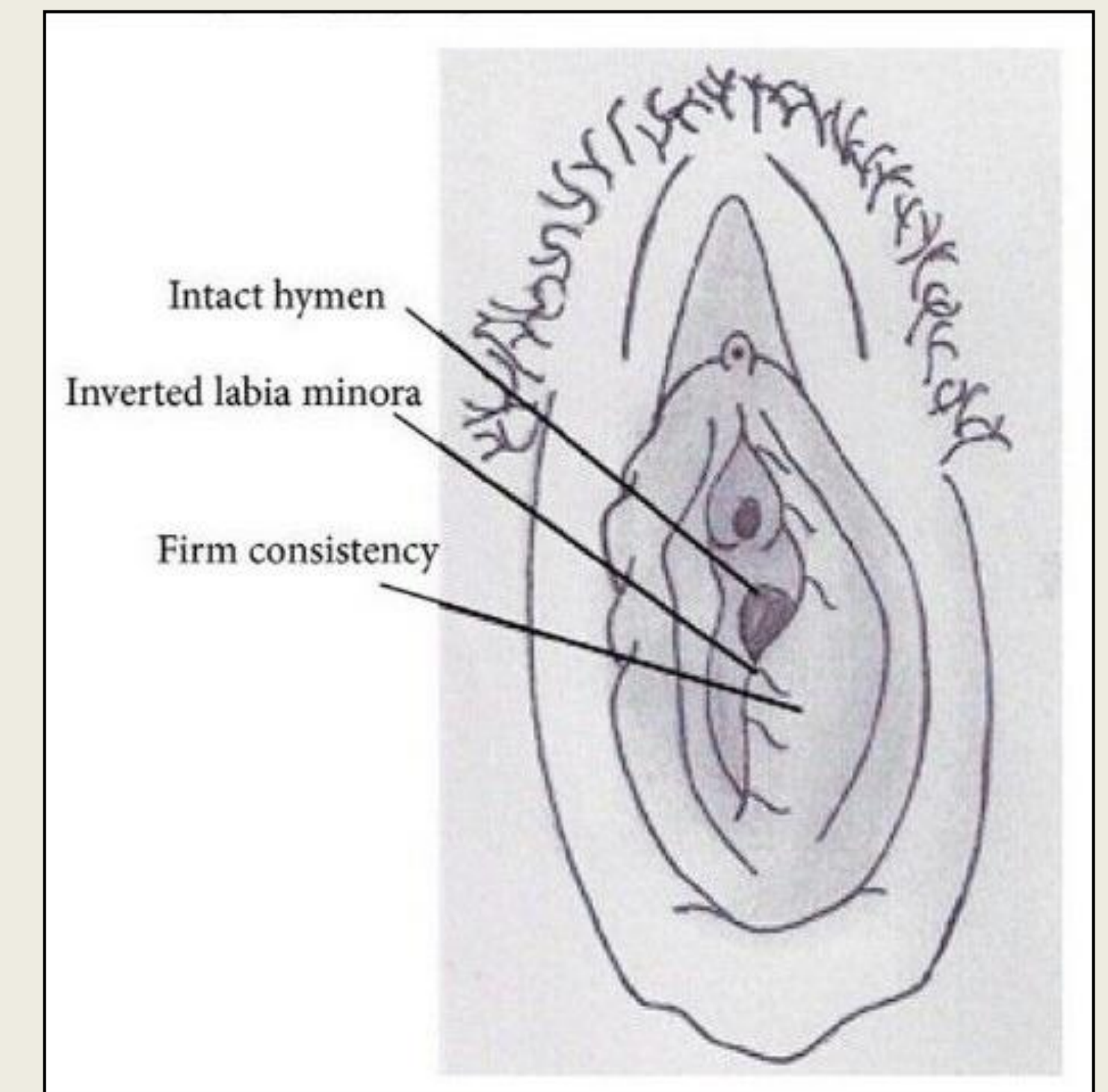


Figure (3)

References:

1. Fasih N., Shaibhogue A. K. P., Macdonald D. B., Fraser-Hill M. A., Papadatos D., Kielar A. Z Doherty G. P., Walsh C., Mcinnes M., and Atri M., Leiomyomas beyond the uterus: unusual locations, rare manifestations, Radiographics. (2008) 28, no. 7, 1931-1948.
2. Youssef A., Neji K., 'barki M. M., Ben Amara F., Malek M., and Reziga H., Leiomyoma of the vulva, Lo Tunisie Medecale. (2013) 91, no. 1, 78-80.
3. Francis S. A, Wilcox F. L., and Sissons M., Bartholin's gland leiomyoma: a diagnostic and management dilemma, journal of Obstetrics and Gynaecology Research. (2012) 38, no. 6, 941-943.
4. Nielsen G. P., Rosenberg A. E., Koerner F. C., Young R. H., and Scully R. E.. Smooth-muscle tumors of the vulva: a clinicopathological study of 25 cases and review of the literature, The American Journal of Surgical Pathology. (1996) 20, no. 7, 779-793.
5. Wahlén T. and Astedt B., Familial occurrence of coexisting Leiomyoma of vulva and esophagus. Acta Obstetricia et Gynecologica Scandinavica. (1965) 44, no. 1, 197-203

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