VAGINAL LEIOMYOMA

(Report of a Case with brief Review of Literature)

by

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Leiomyoma of the vagina is a relatively rare tumour. The first documented case report was published by Denys Deleyden in 1733. This was followed by comprehensive reports by Phillips (1899) and Smiths (1902). In the recent past more cases have been reported by Farell (1956), Moghissi (1960), Posner (1956), Sared *et al* (1956). Some idea of the infrequency of vaginal leiomyoma can be gathered from the 250 cases that have been reported in the world literature (Quan and Birubaum 1961). The incidence at John Hopkins Hospital, according to Benett and Ehrlich (1941) has been 9 in 50,000 case specimens. This case is being reported because of its rarity.

Case Report

H.P., Hindu female, 36 years, was admitted on 22nd September, 1965 in Gynaecological ward of S.N. Hospital, Agra, with the complaints of "something" coming out of vagina for one year, dyspareunia for one year and foul smelling discharge for one month. She had six children, with no history of abortion, her last child birth was three years ago. Her menstrual cycles were regular, with no history of dysmenorrhoea, her last menstrual period was 15 days ago. She was slightly anaemic, her pulse and blood pressure were within normal limits. Systemic examination did not reveal any abnormality.

On pelvic examination the cervix was almost merged with vaginal wall, uterus was anteverted and of normal size, fornices being clear. A firm growth, pear shaped, 2½" x 2" in size was arising from the anterior vaginal wall, protruding outside the vulva, bottom of which was ulcerated and bled on examination. The growth was pedunculated. There was foul smelling discharge (Fig. 1).

Investigation of blood revealed Hb. 8.5 gm%, R.B.C. count 4.5 mill/cmm., WBC 10, 826/cm. P 68, L 30, E 2. General blood picture was normocytic normochromic in type, urine culture was sterile after 48 hours. Histological report of the tissue taken from the growth revealed infected leiomyomatous polyp; thus diagnosis of vaginal leiomyoma was given. Local treatment with antibiotic was instituted to combat the infection and then enucleation of the vaginal leiomyoma was done. The patient had an uneventful recovery.

Discussion

Leiomyoma of the vagina is usually single, but may be multiple; more than 50% occur in the anterior wall. They may develop at any point within the vaginal wall. The majority of these tumours measure 3-4 cm. in diameter, but rarely they may measure up to 20 cm. in diameter. The largest tumour weighed 1450 gms. They most frequently occur between the ages of 38 and 48 years. Vaginal leiomyoma occurs

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most frequently in Negro women (Narayan Reddy, K. S. 1966). The high incidence of uterine myomas in coloured patients is well known. Quan and Birnbaum, 1961). There appears to be no correlation between the occurrence of myomas in the vagina to other sites.

The tumour is usually asymptomatic. Symptoms depend on the size and location of the tumour and presence or absence of degenerative changes. The common symptoms are dyspareunia (it was present in our case) and pressure symptoms including frequency of micturition, dysuria, urinary retention and constipation. Difficulty in labour may occur in cases of large vaginal myomas. Rarely they ulcerate and bleed (it was present in our case also).

The finding of a semicystic to solid vaginal mass is the clue to diagnosis. Confusion arises because of the ubiquitous nature of the tumour and its varied consistency. The commonest site is the anterior vaginal wall, where it may be confused with a cystocele, diverticulum, suburethral cyst, Skene's duct abscess or uterine myoma. The next common site is posterior vaginal wall. Here the differential diagnosis includes a rectocele, enterocele and inclusion cyst. The lateral walls are the least common locations. Sarcoma and carcinoma are also possibilities, especially in the event of ulceration.

Summary

A case of vaginal leiomyoma is being reported because of its rarity.

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Figs. on Art Paper XVI