

MYXOMA OF VAGINA

by

T. S. CHEEMA, M.D.

and

AJIT SIDHU, M.B.B.S.

Benign solid tumours of the vagina are rare. A myxoma of the vagina may be considered an extremely rare tumour and hence it is presented.

Case Report

M. K., aged 29 years, was admitted on 8th April 1968. She complained of having a huge foul-smelling tumour in the vagina of 6 months' duration, and of blood-stained offensive discharge and pain in the abdomen since 2 months. Coitus was not possible since 4 months. She had been married for 9 years and was a case of primary sterility. Her menstrual cycles were normal, the periods lasting for three to four days. When the patient noticed a swelling 6 months before admission, she consulted a midwife who inserted a pessary in the vagina. Two months after this she again approached the midwife because the swelling started appearing at the vulva again. A second ring pessary was inserted. As a result of this the swelling was retained in the vagina. However, the foul discharge increased and the patient was constantly wet and miserable. She then decided to visit this hospital for treatment and was admitted on 8th April 1968. When first examined, the vagina was found completely blocked by a partly ulcerated, nontender and smooth tumour. The pessaries were not felt at this time. During the examination there was a profuse flow of discharge which had accumulated in the vagina. It was decided to give the patient dettol douches. In course of time, the dis-

charge diminished, the ulceration started healing and the patient started feeling better.

On 12th May, she was examined again. This time the entire hand was passed into the vagina and both the ring pessaries were felt and removed. With the removal of the pessaries the entire tumour could be brought out of the vulva, as seen in Fig. 1. The tumour had a thick pedicle and was attached to the posterior wall of the lower third of the vagina. On 14th May 1968, the patient was taken up for operation. Under spinal (zylocaine) anaesthesia, the entire tumour was excised and the wound in the vagina sutured with No. 1 chromic catgut. The recovery was uneventful and she was discharged on 25-5-68.

Pathological Report:

Gross: The specimen is a large, soft to slightly firm, well circumscribed, globular tumour, weighing 350 gms. It measured 14.0 x 9.0 cm. and was pedunculated, the pedicle measuring 7.0 cm. in length. The cut surface is solid, mucoid in appearance and shows prominent vessels in the centre of the tumour.

Microscopic examination:

Wide sampling of the tumour has been done. The tumour is composed of stellate and spindle shaped cells with anastomosing processes separated by abundant mucinous ground substance (Fig. 2). Large number of vessels are seen in the tumour. Fat stain has been done and is negative. The histological findings are consistent with that of a myxoma.

Ludhiana Maternity Hospital, Ludhiana.

Received for publication on 28-10-1968.

Comments

Among the benign tumours of the vagina the commonest appears to be

the fibromyoma. Kettle and Loeffler (1965) and Marcus (1966) have reported cases of vaginal fibromyomas. The case presented by us is that of a vaginal myxoma which is extremely rare. This case is of interest both to the clinician and to the pathologist. For the clinician to come across such a large vaginal tumour (350 gms.) is in itself interesting. It was also amazing the way the midwives managed to retain the tumour in the vagina by inserting ring pessaries. It was the foul discharge and inability to have coitus that prompted the patient to come to hospital. Once the pessaries were removed the tumour dropped out of the vagina (Fig. 1). Excision of the tumour presented no difficulties but care has to be taken not to damage the rectum or the bladder. To the pathologist, this neoplasm represents a peculiar form of mesenchymal tumour which reproduces the structure of primitive mesenchyme or of the mucoid connective tissue (Wharton's jelly) of the umbilical cord. Since this tissue does not exist in the adult but is widespread in the embryo, it has been postulated to arise from em-

bryonic rests (Ewing) or, to represent the reappearance of mucin in the intercellular matrix of some fibroblastic growth (Willis).

Summary

A case of myxoma of the vagina is presented.

Acknowledgements

We wish to thank Prof. Gurbachan Singh M. D. and Asstt. Prof. B. D. Sabherwal, Department of Pathology, Dayanand Medical College, Ludhiana, for giving the pathological reports and numerous helpful suggestions.

References

1. Anderson, W. A. D.: Pathology, ed. 5, C. V. Mosby & Co.
2. Ewing, J.: As quoted by Anderson, W. A. D. (Ref. 1).
3. Kettle, M. J. and Loeffler, F. E.: Am. J. Obst. & Gynec., 92: 574, 1965.
4. Marcus, J. L.: J. Obst. & Gynec. Brit. Comm., 73: 1013, 1966.
5. Willis, E. A.: As quoted by Anderson, W. A. D. (Ref. 1).

Figs. on Art Paper I

