

FIBROMYOMA OF VAGINA

by

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Vaginal fibromyomas are rare tumours. By 1941 not more than 200 established cases had been described (Bennet and Ehrlich 1941). Some more cases have since been described (Marcus 1966). Three cases encountered by me at the Ludhiana Maternity Hospital, Ludhiana, are being reported.

Case 1

S. K., aged 26 years, was admitted on 7-10-'68. She used to have pain and bleeding on coitus for the last 2 months. She also complained of a feeling of heaviness in the vagina. Menstrual history revealed nothing significant. On vaginal examination a firm small tumour was felt in the anterior vaginal wall. The cervix, uterus and appendages felt normal. Small tumour was excised and measured about 2.0 x 1.0 x 1.0 cm.

Pathological Report

Sections showed moderate to marked hypertrophy of the stratified epithelium under which is seen fibromuscular tumour containing young embryonic blood vessels, consistent with leiomyoma (Fig. 1).

Case 2

U.K., aged 40 years, was admitted on 10-3-'69 with the complaint of a swelling in the vagina which she felt incidentally about 2½ years ago. This swelling had been increasing gradually since then, but because there were no symptoms she did not ask for medical advice. Patient was well built and nourished. Her menstrual history revealed nothing abnormal. She had 6 F.T.N.D. and her last confinement was 6 years ago. Vaginal examination showed a

tumour of the size of a pigeon's egg in the anterior vaginal wall (Fig. 2). The tumour was easily excised.

Pathological Report

Gross: A hard greyish white irregular mass 2.8 x 2.0 x 1.0 cms. Cut surface homogenous, smooth and greyish white.

Histological Appearance

Section shows connective tissue capsule on one side enclosing bundles of fibrous and muscular tissue running criss-cross. Some areas show hyaline degeneration (Fig. 3). Conclusion: leiomyoma.

Case 3

S., aged 45 years, was admitted on 19-8-'69 for giddiness and generalised weakness. She was found to be in poor general health and her haemoglobin was 60%. On routine vaginal examination a small growth was felt in the posterior fornix. Even though the patient had no gynaecological complaints and was menopausal for the last 2 years, she was advised operation, and excision of a small tumour was done on 9-9-1969.

Pathological Notes

Gross: A well circumscribed bean shaped growth measuring 0.6 x 0.4 x 0.2 cms. Cut surface homogenous greyish white.

Microscopic Examination

The section shows lining of squamous stratified epithelium, underneath this is seen a cellular lesion composed of spindle shaped cells arranged in fascicles. Conclusion: leiomyoma (Fig. 4).

Discussion

The three cases presented also illustrate the fact that these rare vaginal tumours present with variable symptomatology

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and may, therefore, lead to errors in clinical diagnosis. The symptoms vary according to the size and site of the tumour and also whether ulceration of the surface epithelium has occurred. However, in Case 1 though the tumour was small, patient complained of heaviness in the vagina. Nor was the complaint of bleeding after coitus explicable as no ulceration of the vaginal mucosa was demonstrable either clinically or histopathologically. Large anterior tumours are known to cause urinary disturbances and posterior tumours, constipation. None of our cases presented with any such complaint. The commonest site of occurrence of these tumours is the anterior vaginal wall. Two of the three cases reported here also had them in the anterior vaginal wall, but as seen in case 3 they do sometimes arise from the posterior vaginal wall also. The consistency of these tumours varies from hard and firm to soft and cystic. In the cases reported by Marcus (1966) the tumours appeared as cystic swellings and transillumination test was positive. This may also lead to confusion in the diagnosis. A myxoma

may also clinically simulate fibromyoma (Cheema and Sidhu 1969) and degenerative changes in them may cause them to become cystic. In all the cases presented, the tumours were felt as firm swellings arising from the vagina though on histopathological examination hyaline degeneration was found in case 2.

Summary

Three cases of vaginal fibromyomas are presented and variations are discussed.

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See Figs. on Art Paper IV