VAGINAL LEIOMYOMA

(A Case Report)

by

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Leiomyoma is the commonest benign tumour of the uterus, but leiomyoma arising from the vagina is rare and it frequently gives rise to errors in clinical diagnosis. The first description of vaginal leiomyoma was given by Denys-de-Leyden in 1733. Upto 1941, 200 cases were reported in the world literature (Bennet & Ehrilich) and 50 more cases were added to the literature upto 1966 (Marcus).

Case Report

Patient D aged 40 years was admitted in the gynaecological ward of P. B. M. Hospital on 12-11-69, with complaint of dirty discharge per vaginam since one and a half months, profuse menstruation since three months and dyspareunia since three months. There were no urinary or bowel complaints. There was no complaint of feeling of any tumour in the vagina.

She had a normal menstrual history till 3 months previously. During the last three months the periods were regular excessive with passage of clots and lasted 7 days. Her last menstrual period was 15 days previously. She had five ful term normal deliveries and two abortions. The last delivery was 15 years and the last abortion was 17 years previously.

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On general examination, the patient was found to be severly anaemic.

On vaginal examination a firm, rounded, pedunculated tumour, about 4" in diameter, was felt occupying the upper 3/4th of vagina. The pedicle could be traced anteriorly in the upper 1/3rd of anterior vaginal wall, more on the right side. The cervix was felt well behind the attachment of pedicle and it was flush with the vagina. The uterus was anteverted, anteflexed, normal in size and was more to the left side. Fornices were free. There was blood-stained unhealthy discharge on the examining finger.

On speculum examination the same tumour was seen, the surface of which was ulcerated at places. There was no fresh bleeding from the tumour. The rest of the vagina as far as could be seen was healthy. The cervix could not be visualised.

Her haemoglobin was 4.4 gms.% and total red blood cell count was 2.1 millions/cmm. Urine examination showed no abnormality.

Excision of the fibroid polyp was done under intravenous Pentothal anaesthesia on 15-11-69. The pedicle was clamped and cut at its base and was transfixed. The cervix could be seen, it was healthy. Bimanual vaginal examination did not reveal asy abnormality.

Macroscopically, the tumour was rounded, about 4" in diameter, firm in consistency, and the surface was raw at places. The cut surface revealed the typical whorled appearance of leiomyoma.

The histopathological report was fibroid with chronic inflammatory changes.

The post operative period was uneventful and the patient remained in the hospi-

tal till 26-11-1969 for the treatment of anaemia.

Discussion

Etiology of vaginal myoma is as uncertain as that of uterine myoma. Etiology of the tumour may be different from that of uterine myoma as the two growths seldom occur simultaneously.

Vaginal leiomyoma is more common in parous women between age of 30-50 years.

It is supposed to be more common in women of white races.

In the majority of cases the tumour arises from the anterior vaginal wall, usually in the midline. The next common site is posterior vaginal wall. The tumour is usually solitary and sessile, but may become pedunculated. The size of the tumour is variable. The overlying capsule is usually intact but may slough.

The tumour may remain asymptomatic if small. There may be bleeding and dirty discharge if the overlying capsule is ulcerated. The patient may complain of a swelling or of heaviness in the vagina or dyspareunia. Other symptoms of the tumour are frequency of micturition and stress incontinence if it is in the anterior vaginal wall. Constipation and pressure may be experienced by the patient if the tumour is situated posteriorly. If fairly big, the tumour may cause obstruction during labour and a case of rupture of uterus has been recorded by Cordaro (1905).

The histopathological picture of vaginal fibromyoma is the same as uterine myoma. Although it is a benign tumour, sarcomatous change has been reported in two cases (Tracy, 1930; Schram, 1958).

Surgical removal is usually simple. Depending upon site of origin, injury to adjacent viscera must be avoided.

Summary

A case of vaginal fibromyoma is reported for its rarity.

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