LEIOMYOMA OF VAGINA

by

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Benign tumours of vagina are seldom met with and leiomyoma is most common type. Denys (1933) published the first case in 1933. Leiomyoma is of interest because of its rarity and for the unusual problems which may arise regarding the diagnosis. Bennet and Ehrlich in 1941 estimated that about 200 cases had been reported in World literature and—they added 12 new cases of their own. Few more cases have been reported since then by (Narayan Reddy 1966; Dyal 1968; Ashar and Purandare 1969; Marcus 1966; Cheema 1971; Managat and Gupta 1972).

Quan and Birbhaum (1961), reviewing world literature found less than 250 cases. This tumour has been reported under varieties of names, such as myofibroma, fibromyoma, fibroid, but as it is generally accepted to arise from muscle tissue, the term myoma or more exactly leiomyoma is most appropriate.

CASE REPORT

Miss. S. D., a Hindu female, 18 years old was admitted on 27-4-73 with complaints of white discharge per vaginam (Without itching) of 2 years duration and difficulty in passing urine of 2 years duration. She attained menarche at the age of 12 years. Her menstrual cycles were 4/30 days, with normal flow. There was no history of pain or passing of clots. The white discharge was associated with difficulty in micturition. She was being treated for leucorrhoea without any benefit. Vaginal smear did not reveal any pathology. Five years ago she was being treated with barbiturates for epileptic convulsions. Subsequently she was being treated for psychiatric disorders with barbiturates and tranquillisers and for difficulty in micturition with diuretics without any benefit. The fits were not responding to treatment. Fits recurred and during fit patient was violent restless and paranoid. Convulsions started after menarche.

Systemic examination revealed nothing abnormal. Abdominal examination did not reveal any growth. On vaginal examination a mass 3″ x 3″ was felt on right side of the middle third of anterior wall of vagina with a broad pedicle, firm in consistency but was bleeding on touch. Surface of the tumor was eroded. Uterus was of normal size, anteverted, mobile, firm in consistency. Fornices were free and adenexae were normal. The tumour was provisionally diagnosed as anterior vaginal wall cyst and put up for operation. Tumour was enucleated from anterior vaginal wall and vaginal mucosa was stitched. Vaginal mucosa was friable, uterine cavity was 3″ in Length. Cervix was dilated up to No. 7 and cavity of uterus was curetted. Uterine cavity felt irregular and presence of fibroid in the uterus was suspected.

PATHOLOGY

Gross: Tumor was 3″ x 9″, firm irregular; friable, cut section was showing typical whorled appearance, Necrosis and hyaline degeneration in the centre of the tumor where the whorled pattern was lost.

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HISTOLOGY

Tumour: (Nodule) compatible with infected Leiomyoma (Vide micro photograph).

Postoperative period was uneventful except convulsions recurring four times. One bottle of blood transfusion was given. Patient was discharged on 14th day.

Discussion

Fibromyoma of vagina is rare. It may be sessile or polypoidal. It may occur on anterior or posterior wall and they simulate a cystocele or rectocele. The fibromyoma, especially if polypoidal, may ulcerate and cause foul discharge and bleeding. Tumours in infants and elderly patients have been described. In the majority size of the tumour is 3-4-Cm. in diameter. Tumour upto 20 Cms. diameter has been reported. They can reach large dimensions and can extend into broad ligament. Largest tumour weighed 1450 Gms. 50% of the tumour arise from the anterior vaginal wall. Next common site is posterior wall and least common site is lateral Wall (Bennet and Ehrlich 1941). The tumours occur at any age after puberty, commonly in 38-48 years age group. In this case the patient was 18 years old when the tumour was detected. She had symptoms when she was 16 years old. It is three times more common in negroes and sometimes associated with myoma of uterus. In this case, presence of myoma in the uterus was suspected. Six cases of the twelve case reported by Bennet and Ehrlich (1941) were associated with uterine myoma. Small tumours are symptomless and pass unnoticed unless they become ulcerated and infected when they cause contact bleeding and discharge. Sense of weight and protrusion at the vulva—(Sensation as caused by prolapse) is there. Variable symptomatology may lead to error in diagnosis. Symptoms depend on site, size and complication of tumour. Married women complain of dyspareunia, infertility, bladder irritability, rectal pressure and tenesmus. Obstructed labour, oedema, hyalinisation, cystic degeneration, necrosis, sarcomatous degeneration may be present as complication. Sarcomatous change has been reported. In this case tumour was infected. The peculiarity of this case is that the patient was having psychological symptoms. For instance, before the patient was taken to operation theatre, she sang a song in a manner, as if, she was singing her swan song. This case presented with white discharge per vaginam and urinary disturbance (retention of urine). The tumour was confussed with anterior vaginal wall cyst. posterior tumour causes constipation.

Leiomyoma are usually single. Cases of multiple vaginal leiomyoma have been reported. Consistency of the tumour is variable. It may be soft, rubbery, cystic, firm or hard. Leiomyoma are easily dissected out through vaginal route. If the tumour is very large abdominal route will be resorted to. Injury to the bladder, urethra, and rectum are the dangers of operation.

Etiology of the tumour is obscure. It was believed that tumour arises from Gartner's duct. This is obsolete as tumour does not arise from lateral vaginal wall. The most plausible explanation is that the tumour arises from the muscular wall of the local Vessel.

Summary

(1) A case of leiomyoma of vagina is reported.

(2) The patient was a young unmarried girl of 18 years.

(3) The Tumour was single and was arising from anterior vaginal wall.

There was suspicion of presence of other tumours (Myoma) in the uterus.

(4) Patient was showing psychological symptoms.

(5) Patient presented herself with complaints of white discharge and urinary symptoms only.

(6) The tumour was confused with a cyst in the anterior Vaginal wall.

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See Figs. on Art Paper III