

VAGINAL FIBROMYOMA

(A Case Report)

by

S. RASTOGI,*

RENU JAIN**

and

V. K. PRATAP***

Vaginal fibromyoma is a rare tumour which frequently gives rise to errors in clinical diagnosis. The standard text books describe the tumour very briefly. There have been few reports in Indian Journals. This case is being reported due to its rarity.

CASE REPORT

Mrs. H. D., 40 years, was admitted on 11.7.79 for something coming out of vagina for the last 1 year, difficulty in micturition and defaecation for about 6 months, she had retention of urine and constipation off and on.

M/H

She was having menorrhagia and Metrorrhagia for 6 months, she was P₀+O, the last child birth was 15 years back.

On physical examination there was no abnormality. Pelvic examination revealed a circular firm mass (soft at places) of about 4"X2½" arising from the posterior vaginal wall. An ulcer was present on its lower part, cervix was pushed high up. Uterus was retroverted, multiparous size, firm and mobile, fornices clear.

Investigations

Hb 11.2 g%, T.L.C., D.L.C., blood sugar, blood urea, urine examinations were essentially normal.

A clinical diagnosis of vaginal leiomyoma was made. On 20th July 1979 under general anaes-

*Reader in Obstet. & Gynaec. Deptt.

**Registrar in Obst. & Gynaec. Deptt.

***Reader in Pathology.

L.L.R.M. Medical College, Meerut.

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thesia a vertical midline incision was made over-posterior vaginal wall. Tumour was separated from the vaginal wall and almost whole of the tumour was removed with difficulty and it got morcellated. Post operative period was uneventful and she was discharged in satisfactory condition on 6.8.79.

Gross Appearance

The tumour was soft but solid with slightly whorled appearance.

Microscopic Leiomyoma

Discussion

Over 50% of vaginal fibromyomas occur in the anterior vaginal wall. They vary in size upto about 5 cm. though an occasional very large one has been reported. In this case it was 4" x 2½".

The consistency of the tumour is variable and has been described as hard, soft, rubbery, cystic and firm. In the majority of cases associated uterine fibromyomata were not present (Bennett and Erlich 1941, Sered and Philipp 1956, Kettle and Loeffler 1965).

Treatment

Surgical removal is usually simple as the tumour generally shells out easily.

References

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