

LEIOMYOMA AND LEIOMYOSARCOMA OF THE VAGINA

(A Study of 5 Cases)

by

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Among all benign lesions of the Vagina, Leiomyoma is the most Common, and as such benign and malignant tumours of the vagina are rare.

Bennett and Ehrlich (1941) estimated that about 200 cases have been reported in world literature. Later 50 more cases were added to the literature upto 1966 (Marcus). Since then few cases have been reported in the Indian literature (Reddy, 1966, Cheema, 1971, Pendse and Sharma, 1972, Batliwalla and Mehtaji, 1974 and Mehendale *et al*, 1976).

Though leiomyoma is the commonest uterine tumour, it has also been encountered in the Vagina which frequently gives rise to errors in clinical diagnosis.

Primary leiomyosarcoma of the Vagina is an extremely rare tumour. The largest series (8 cases over a 43 year period—1908-1961) have been reported by Malkasian *et al* (1963) at the Mayo Clinic.

Indira *et al* (1976) reported 2 cases of leiomyosarcoma of the Vagina.

The present paper deals with 4 cases of leiomyoma and a solitary case of leiomyosarcoma of the Vagina which were encountered during 1959-1976 (17 year period).

Material

Among total 130 lesions of the vagina, 4 cases of leiomyoma (3.7%) and a solitary case of leiomyosarcoma (0.76%) of the vagina were on record. Table I shows the salient features of these cases.

All the cases presented with mass in vagina and 1 had white discharge. In 1 case it was diagnosed as Gartner's cyst, 1 was diagnosed as fibroid polyp, 1 as vaginal fibroma and 2 as vaginal tumour.

Summary

Four cases of Leiomyoma and 1 case of Leiomyosarcoma of the vagina are reported and discussed.

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TABLE I

Clinical presentation, Gross and Histopathology of vaginal leiomyoma and leiomyosarcoma

S. No.	Clinical History 3.	Age 4.	Gross appearance 5.	Histopathology 6.
1.	White discharge and swelling over vagina—2 months. Vaginal tumour, Enucleation of the mass done	30 years	Solid tumour firm in consistency well encapsulated 4 x 4 cm. in size C.S. — Whorling present.	Leiomyoma.
2.	Mass in vagina 7 months. Mass arising from anterior vaginal wall. Gartner's Cyst	35 years	Round tumour surface nodular (Fig. 1). 7.5 x 7.5 cm. in size. well capsulated. Firm in consistency C.S. — typical watered silk appearance.	Leiomyoma.
3.	Mass in vagina—8 months Vaginal tumour	30 years	Oval mass covered with capsule. On one side lobulated 6 x 4 cm. in size. Soft to firm in consistency. C.S.: Greyish white. Areas of hemorrhages present. Whorling present.	Leiomyoma with hyaline degeneration and hemorrhages.
4.	Mass in vagina. Menstrual History regular. Vaginal fibroma	20 years	Round tumour 9 x 6 cm. in size. Whitish yellow in colour. Soft to firm in consistency C.S.: Greyish white and whorling present.	Leiomyoma with edema, mucoid degeneration, hyaline change and cystic areas.
5.	Polypoid growth from lower part of vagina. Fibroid polyp.	45 years	Soft to firm lobulated mass of size 4 x 4 cm. C.S.: Greyish white with areas of hemorrhage.	Shows spindle shaped cells with atypical features with giant cells and hemorrhages Leiomyosarcoma (Fig. 2).

References

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See Fig. on Art Paper VIII