

# VAGINAL LEIOMYOMA

(Two Case Reports)

by

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## Introduction

Two case reports of vaginal leiomyomata are being made, which were observed by the last author, in 9 years of Gynaecological practice.

## Case 2

Mrs. K. S., 40 years old was admitted in the Department of Obstetrics and Gynaecology, Lady Reading Hospital, Simla-171 001, on 12-2-81, with the chief complaints of severe vaginal bleeding for 10 days. She also gave a history of blood stained, foul smelling vaginal discharge for 5 months, heaviness in the vagina, and dyspareunia for the last 2 years. Her menstrual cycles, since last 2 years were 6-7/15-20 days, irregular and excessive, with intermenstrual blood stained discharge for 5 months. She was married for 27 years, Para 8+ 2, last delivery was 12 years ago. On examination, she was obese, weighing 145 lbs. She was pale and anaemic (Haemoglobin 7 Gms.%), pulse rate 96/min. and B.P. 130/70 mm. of Hg.

## Case 1

Mrs. S.G. a 28 year, nulliparous patient was admitted to the Christian Medical College Hospital, Vellore on 11-4-72. Her chief complaint was primary sterility for 6 years. She had no other symptom or complaint. Her menstrual history was normal and regular. She was an obese young woman, weighing 154 lbs, otherwise in good health.

Vaginal examination revealed a non-tender, sessile and firm mass, about 6 x 4 cms. in size, in the anterior vaginal wall. The cervix was high and behind the mass, and could not be visualised. It was felt separate from the tumour. The uterus was normal in size and mobile, and appendages were normal. A diagnosis of vaginal cyst or vaginal leiomyoma was made. The tumour weighed 52 grammes, and measured 6.5 x 4 x 2.5 cms. and the cut surface had a whorled appearance. Histological report was leiomyoma.

Vaginal examination revealed fresh bleeding per vaginam. A firm mass, size of about 7 x 5 cms was felt in the vagina. The cervix could not be felt or visualised. A diagnosis of an uterine myomatous polyp was made. She was prepared for an E.U.A. and vaginal myomectomy, with one unit of blood. Under general anaesthesia, a pedunculated and ulcerated, firm tumour was found arising from the posterior wall of the vagina, near the posterior fornix. The vaginal bleeding was due to a ruptured vein on the surface of the tumour. The tumour was easily enucleated. The tumour weighed 70 grammes, and measured 7.5 x 6 x 4.5 cms, firm in consistency, with surface ulceration and necrosis. The outer surface showed cystic areas. The histological report was a leiomyoma, showing marked myxomatous degeneration. The endometrium showed secretory changes.

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The patient made an uneventful recovery, and was discharged on 17-2-81. She attended the GOPD on 4-5-81 with no complaints. She had normal menstruation, the vagina had healed well. The pelvic findings were normal. She was advised to come for follow up, after two months.

reported for their rarity, and their symptoms have been briefly discussed. The aetiology of these tumours, seems to be different from that of the uterine leiomyomas.

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*Summary*

Two cases of vaginal leiomyoma, are