COMMON TUMOR AT A RARE SITE

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HISTORY

- 51 yr old female
- c/o Swelling in the genitalia-5yrs
- Pain over the swelling-5 mths
- No h/o urinary or defecation difficulties
- No h/o vaginal bleeding
- MENSTRUAL HISTORY: Regular periods, no H/O menorrhagia, H/O amenorrhoea-4mths (?Menopause)
- P2L2 A2, FTND, LCB-17yrs. Sterilised
- Known RHD, MVR done 5yrs before on T.acitrom
EXAMINATION

• General Examination
• CVS Examination: Prosthetic valve click(+), No murmur
• Local Examination: Vulvovaginal swelling on (R) labia majora,
  6 X 7cms, lobulated,
  Occupying the (R) posterolateral wall extending into the lateral vaginal wall.
  Mucosa & skin over the lesion - (N)
• P/S: CX healthy
• P/V: Ut AV, NS, FF
DIAGNOSIS

INITIAL DIAGNOSIS: Bartholins Cyst

PLAN

Cyst Excision
INVESTIGATIONS

- Hb-11.3g%, RBS-88mg%, Bld urea-14mgs, S.creatinine-0.8mg.
- CXR-(N), ECG-(N)
- ECHO: Normally functioning Prosthetic valve, No regurgitation, LVEF-65%
- USG: Multiple small subserous myomas in ant wall of uterus, ovaries-(N)
- INR-1.3
Pre-op work up

- Cardiologist opinion obtained.
- Acitrom stopped.
- Inj.enoxaparin 0.6ml s.c b.d started, one week before surgery.
Procedure

- Under spinal anaesthesia, enucleation of the mass done.

- Cut section shows solid mass with whorled appearance, no evidence of degeneration or haemorrhage.

- Sent for biopsy
Post-op clinical diagnosis

- Bartholin’s gland tumor
- Leiomyoma
Histopathology
Histopathology

Section shows well defined tumour with interlacing bundles of smooth muscle fibres. Areas of hyalinisation noted. Confirms leiomyoma.
Post-op period

- Inj.enoxaparin re started on the evening of surgery, continued for 6 days & stopped
- T.acitrom 4mg started next day of surgery.
- Higher antibiotics given.
- Post op period – uneventful.
DISCUSSION
LEIOMYOMA

- Arise from the body of uterus & sometimes from the cervix
- Extrauterine sites
  - Round ligament
  - Broadligament
  - Uterosacral ligament
  - Inguinal canal
  - Ovary
- & Very rarely VULVA & VAGINA

BENIGN TUMORS OF VAGINA

- Primary vaginal tumors are rare.
- Benign solid tumors arising from vagina
  - Papilloma
  - Hemangioma
  - Mucous polyp
  - rarely LEIOMYOMA & Fibroma
- Leiomyoma & Fibroma are the most common mesenchymal tumors of the vagina.
LEIOMYOMA OF VAGINA

- Very rare condition
- Approximately 300 cases reported worldwide
- First case: Denys de Leyden in 1733
- Hormone sensitive: Regress after menopause
  - Leiomyoma vagina recurrent in pregnancy—strongly indicating hormone dependency.
    (Rywlin AM, Simmons RJ - Southmed J 1969; 62(12) 1449-51)
- Most of them not diagnosed clinically
- Confirmed by HPE
Most of the lesions are asymptomatic
Symptomatic due to compression
  Dysuria
  frequency & urinary retention
  Dyspareunia & Pelvic pain
  Low backache
Usually presents as bulging vaginal mass
AN UNUSUAL PRESENTATION OF LEIOMYOMA VAGINA—AS GLUTEAL ABSCESS HAS BEEN REPORTED.

• Single solitary nodule
  Age group: 35 to 50 yrs
  Mostly from anterior vaginal wall.
  Ref (obstet gynaecol 1991;78:972 -974)

• Case of paraurethral leiomyoma-(Journal Of societe internationale d’urologie 1987;30:70-2)
PATHOLOGY

- Firm well circumscribed, resemble uterine fibroids.
- Macroscopically, cutsection-white to tan with whorled appearance.
- Microscopically - Fascicles of uniform smooth muscle with typical spindle configuration & abundant pale eosinophilic cytoplasm.
DIFFERENTIAL DIAGNOSIS

- Cervical fibroid (Internet journal of Radiology, 2008. Krishna sangwan, Pushpa Dahiya)
- Other benign & malignant neoplasms of vagina
- Bartholins cyst
- Gartners cyst
- Cervical polyp
- Cystocele
TREATMENT

- Always Surgical
- Excision & Enucleation
- Depending upon the site
  - Vaginal route
  - Abdominal route
  - Both abdominal & vaginal approach
- Surgical removal should be done to prevent growth & sarcomatous change
  (Ref: zentralbl gynakol 1998;120(1):38-41 Horn LC)
• Local recurrences have been reported after excision. In case of recurrences, ovariectomy should be done


• Rapid growth & tumor recurrences usually indicates malignancy


• Sarcomatous change has been reported
THANK YOU