

Vulval Leiomyoma: A Case Report

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Abstract

Vulval leiomyoma is a rare condition and usually misdiagnosed, with only a few cases reported till now. A 38 years old women presented with painful mass over right labia majora. Pelvic examination showed redness and swelling over right labia. An 8 x 5 cm mass of firm consistency was found near vestibule, extended above up to lower one third of vagina causing discomfort at the perineum. She had complete excision of mass. Mass sent for histopathology. Post-operative histopathology confirmed the diagnosis of vulval leiomyoma.

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Introduction

Leiomyoma's shows about 3.8% of benign tumors of soft tissues.¹ They can grow in any body part where smooth muscles are found however uterus being the commonest site.² Although vulval leiomyomas are rare and usually misdiagnosed and confused with Bartholin cysts. Here we report a case of 38 year old women who was diagnosed as vulval leiomyoma on post-operative histopathology.

Case Series

A 38 year old woman p4 last child born 4 years back presented in outpatient department with history of painful swelling over right labia majora. She was referred from district headquarters hospital Bagh (Azad Kashmir). She had no history of trauma and recent sexual experience. The size of swelling was about 8 x 5 cm. some local doctor took biopsy from the middle of the mass and it was infected. It was quite tender with all signs of inflammation. According to patient mass appeared 4 months back and gradually increase in size and causing perineal discomfort. On examination. It was located on right labia majora and extending up to lower third of vagina. It was firm in consistency and very tender. Inguinal lymph nodes were not palpable. Rest of the pelvic examination was unremarkable.

Patient was admitted and intravenous antibiotics started to clear the infective elements and then removal of mass

was planned vaginally. Then after 48 hours of antibiotic cover the mass was completely excised under spinal anaesthesia. Vertical incision was given on inner side of labia majora, upper skin was excised from mass and free mass, hold it with vulsellum forceps and avulsed it to completely excised it from base. Hemostasis was secured, and overlying skin was closed after excision of redundant skin.

Specimen was send for histopathology. Microscopic examination showed proliferation of smooth muscle fibers with intertwined bundles and separated by congestive vessels and fibrosis without atypical mitosis. The peripheral capsule was intact. Morphological analysis showed vulval leiomyoma. Her post-operative period was uneventful. Her follow up was on 7th post-operative day with no complaint and was completely pain free.

Discussion

Leiomyoma can be found beyond the uterus at any site containing smooth muscle cells. Vulval myoma usually involves any age group.³ but more frequent in age between 35 – 40 years. So far 160 cases of vulval leiomyoma have been reported⁴ Most patients present with painless swelling in labia.⁵ This benign tumor remains small for a long time and grew slowly, but when it increases in size it become symptomatic.

Differential diagnosis of vulval leiomyoma includes Bartholin cyst, Bartholin abscess, lymphangioma fibroma

and soft tissue sarcoma. Usually on examination vulval leiomyoma are firm, mobile and nontender.⁵

Extra uterine leiomyoma's are infrequent and may be situated in sites like vagina and vulva. Ultrasound and MRI help in diagnosis.⁶

Surgical excision of the tumor with small amount of the normal surrounding tissues is the management of choice. Follow up after surgery is recommend because of risk of recurrence.

Conclusion

Vulvar leiomyoma is an uncommon tumor frequently mistaken for Bartholin's cyst. The differentiation between benign and malignant variants presents a diagnostic challenge. Various techniques are employed to discern the tumor's nature, but currently, excisional biopsy stands as the preferred method and primary treatment option for such case. It is strongly advised to maintain regular follow-up after treatment.

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