

Vaginal fibroma – clinical case report of an unusual vaginal tumor

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Abstract

A case report of a vaginal myoma in a 42-year-old woman is presented. The benign tumor occurred as a solid mass in the fornix. Surgical excision of the tumor was easily accomplished and histopathological examination established the diagnosis of a fibroid tumor of the vagina.

1. Introduction

Fibroids of the female genital tract are common benign tumors in the uterus and to some extent in the cervix followed by the round ligament, utero-sacral ligament, ovary, and inguinal canal². According to the National Institutes of Health (NIH), about 70 to 80 percent of women have fibroids by the age of 50³. Myomas of the vagina are very rare tumors. They are usually presented as single solid nodules localized in the vaginal wall and more commonly encountered women between the ages of 35-50 years¹. Vaginal fibroma is clinically a firm benign, mesenchymal, monoclonal non-infiltrating growth. They originate from smooth muscle cells and have a diverse and non-specific clinical feature.⁴ They usually occur arising from the midline anterior wall and less commonly, from the posterior and lateral walls.⁵ They can be asymptomatic but depending on the size and location of occurrence, they can cause various symptoms including abdominal pain, vaginal bleeding, dyspareunia or dysuria.⁶ These tumors can be intramural or pedunculated and solid as well as cystic.⁷

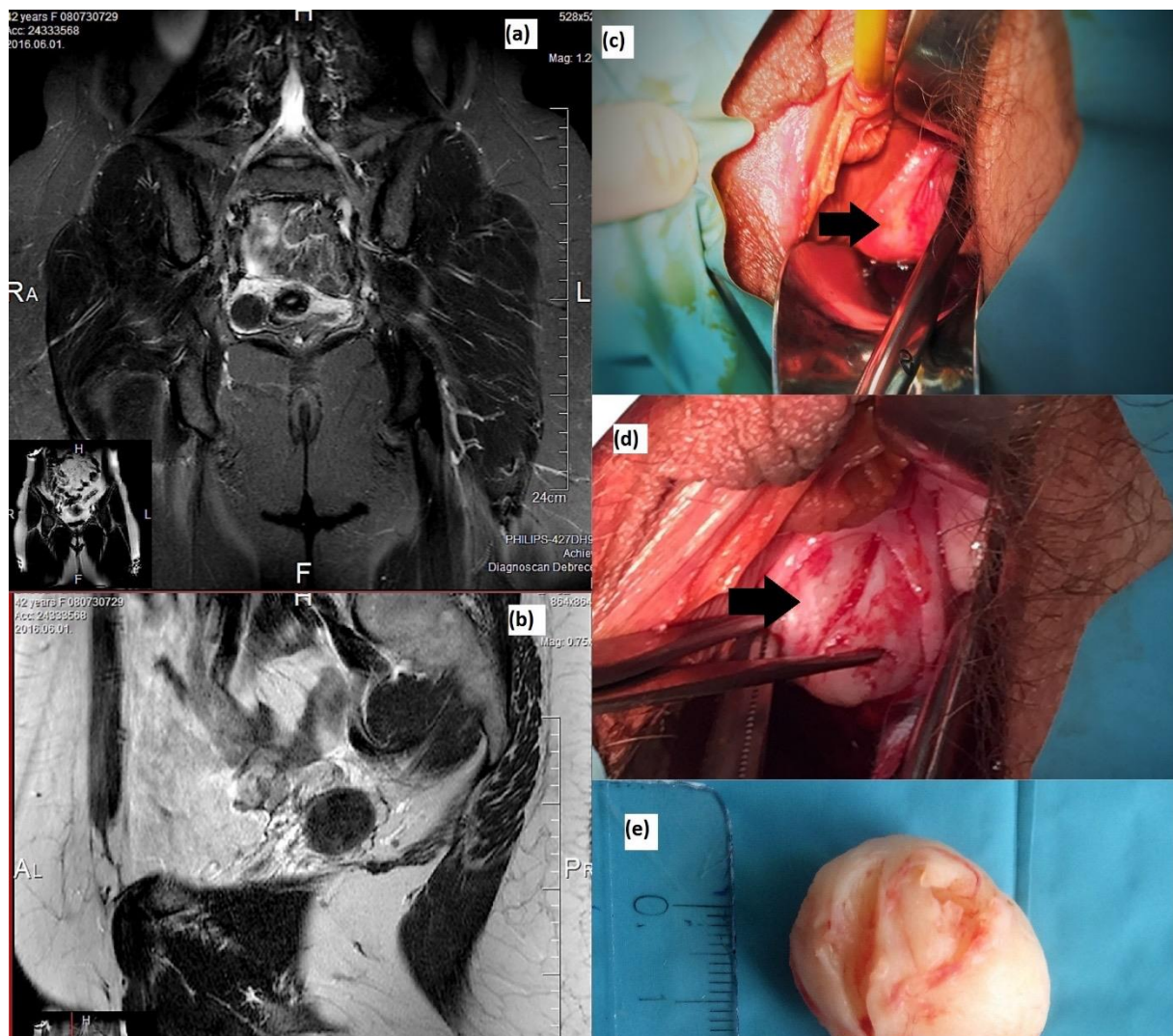
2. Case report

We present a rare case of vaginal myoma localized in the fornix of a 42-year-old patient with a history of dyspareunia: a consistently appearing vaginal pain during intercourse. She was para 1, having had a normal vaginal delivery 6 years ago. With physical examination a firm tumor was palpable in the right lateral fornix. Due to the fact that there was a clinical suspicion of a vaginal tumor, magnetic resonance imaging and transvaginal ultrasound were the recommended imaging modalities to clarify its origin and its relation to the uterus, the uterine vessels and the ureter. An ultrasonographic result of a well-distinguishable mass was identified on the right side of the vaginal wall. An MRI examination was performed and showed a 22x20x25 mm iso-intense solid tumor in the fornix, the right side of the cranial part of the vagina, clearly dissociating itself from the surrounding tissue. At that point, surgical

evaluation was recommended. The vaginal route is considered the classical way in gynecological surgery. Based on publications in comparison with uterine myomas⁸, the approach of vaginal fibroid needs to be well-planned, as the risk of hurting the vital neighboring structures in the pelvic cavity including the bladder, the ureters or the rectum. Surgical difficulties are associated with the poor access to the operative field, difficulty in suturing, and chance of the increased blood loss. In our case surgical enucleation was performed in spinal anesthesia. The tumor was completely enucleated and exteriorized via a lateral vaginal colpotomy. The incision was sutured with Vicryl 0, the operation time was twenty minutes and blood loss was evaluated as minimal. The removed tissue was sharply circumscribed, round, firm, 2x2 cm in size, gray-white tumor. The histopathology of the specimen demonstrated leiomyoma of the vagina. The patient had an uneventful postoperative recovery. The hospital stay was 24 hours. Clinical examination at follow-up consultation after 6 weeks was normal. A postoperative examination reveals a complete vaginal healing.

Discussion

Leiomyomas are the most common benign tumors of the uterus. However, fibroids of the



vagina remain a very rare entity: since the first described case in 1733 by Denys de Leyden until 2011 only about 300 cases were reported². Vaginal leiomyomas are commonly seen in the age group of female population ranging from 35 to 50 years with the occurrence reported to be more common among Caucasian women.¹ Vaginal fibroids are single, benign, and slow growing tumors but sarcomatous transformation has also been reported in literature.⁷ Differential diagnosis by ultrasonography and physical examination can be difficult, but MRI usually confirms the diagnosis. In magnetic resonance imaging vaginal leiomyomas appear as well-demarcated solid masses of low signal intensity in T1- and T2-weighted images, with homogenous contrast enhancement, while leiomyosarcomas show characteristic high T2 signal intensity with heterogeneous areas of hemorrhage or necrosis.⁹ We disclosed a case of a 42-year-old woman who presented with dyspareunia. A physical examination, ultrasonography and MRI were performed, and a diagnosis of vaginal fibroid was made. However, histopathological confirmation is the gold standard of diagnosis and the only way to certainly exclude malignancy. Per vaginal removal of the tumor was performed and the histopathology confirmed a vaginal leiomyoma. Removal of tumor by vaginal route, wherever possible, appears to be the optimum solution. At the 6-week follow-up examination the patient reported to be symptom-free.

Keywords

vaginal myoma, fibroid, myomectomy, leiomyoma, fornix

3. References

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