VAGINAL LEIOMYOMA PRESENTING AS POLYP

Atin Halder¹, Rahul Deb Mandal², Supratick Basu³, Kousik Seth⁴*, Santanu Adikari⁴, Surajit Hazra⁴

¹Associate Professor, ²Assistant Professor, ³Senior Resident, ⁴Junior Resident, Department of Obstetrics & Gynaecology, Burdwan Medical College & Hospital, Burdwan, West Bengal, India.

ABSTRACT
Primary vaginal leiomyoma are rare and usually arise from the anterior wall. But we report a case of leiomyoma of the vagina arising from the posterior wall presenting as a polyp. Operative management should include evaluation of urethrovesical support. Considering the age, vaginal hysterectomy was done in our case. So we present this case because of its rarity.

Keywords: Vaginal leiomyoma, Polyp, Enucleation.

INTRODUCTION
Primary vaginal leiomyoma are rare and usually arise from the anterior wall [1]. Approximately 300 cases of vaginal fibroids have been reported in the world literature [2]. But we report a case of leiomyoma of the vagina arising from the posterior wall presenting as a polyp.

CASE REPORT
A 45 year-old woman presented with history of something coming down per vagina for 1 year associated with off and on vaginal discharge. She had two vaginal deliveries 10 years earlier. Examination showed there was a polypoidal mass arising from the posterior wall of the vagina (Figure-1). Transabdominal and transvaginal USG revealed normal uterus and adnexa with a solid homogenous mass with size of 9cmX4cmX2cm arising from the cervix and diagnosed as cervical fibroid. FNAC report was suggestive of fibromyoma. We prepare the case for surgical removal of the tumor along with vaginal hysterectomy. Histopathological examination confirmed a leiomyoma of the vagina (Figure 2).

DISCUSSION
Extra uterine fibroids are rare benign neoplasm which may cause diagnostic difficulties. The earliest reference made for such tumor is attributed to De Layden in 1773 and the first review in literature was published in 1882 [3]. Bennett and Ehrlich [4] found only nine cases in 50,000 surgical specimens, and only one case in 15,000 autopsies reviewed at the John Hopkins Hospital. Although rare, the most common mesenchymal neoplasm of the vagina is the leiomyoma. [5] These are most common in women aged 30-50years [6,7], which in our case is 45 years. The clinical presentations are variable. The consistency may vary from solid to cystic and may be misleading [6].

Patients are usually asymptomatic in early stage as seen in our case. Symptoms arise with the growth of tumor and, mainly due to compression effect to the adjacent structure. However in our case no such compression effect has been observed. The variability of clinical presentation as described by Gouri et al was pus discharging gluteal swelling having diagnostic dilemma. Similarly Gupta et al [8] reported a vaginal fibroid presenting as an ovarian tumor diagnosed postoperatively.

The role of imaging techniques along with needle biopsy is valuable in making pre-operative diagnosis [6]. Because of the variable clinical presentations of a leiomyoma of the vagina, it is difficult to differentiate between a malignant and benign tumor as well. Ultrasound, puncture and or biopsy and CT scan are the most helpful, but in most cases, diagnosis is only made after histopathological examination consistent with a mixture of smooth muscles and fibrous stroma [9].

Corresponding Author:- Kousik Seth  Email:- kousikseth.bappabmc@gmail.com
Sarcomatous changes may occur and tumour recurrence or rapid enlargement usually indicates malignancy. So, atypism and mitotic figures need to be evaluated in histopathology to rule out malignancy [10]. Translабial sonography should be considered as an adjunct to transabdominal and transvaginal sonography for patients with suspected vaginal fibroids [11].

**Figure 1.** A polypoidal mass arising from posterior wall of vagina

**Figure 2.** Histomicrograph showing leiomyoma with vaginal epithelium

**CONCLUSION**
Surgery is the recommended treatment [6,8,9]. Vaginal enucleation is the treatment of choice in young patients [6,8]. Operative management should include evaluation of urethrovcesical support. Considering the age, vaginal hysterectomy was done in our case. So we present this case because of its rarity.

**REFERENCES**