

Leiomyoma of The Vagina

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17 year old girl complaining of pelvic swelling mass and urinary frequency was reported. Ultrasonography and abdominal computed tomography showed a solid mass with size of 130x121x117 mm in left pelvis, normal sized uterus. At laparotomy there was solid mass under the bladder located at the left anterior part of the elevated uterus. With an incision at the anterior serosa of the uterus the bladder was removed. There was a vaginal myoma at the base separate from the uterus. Second incision was performed to the left anterior vaginal wall, mass enucleated from its base. Four units of blood was required intra and postoperatively. In large vaginal leiomyomas located in the upper part of the vagina combined abdominovaginal approach may be preferred for providing safer operation with less bleeding.

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Key Words: Pelvic mass, Vaginal leiomyoma, Vaginal mass

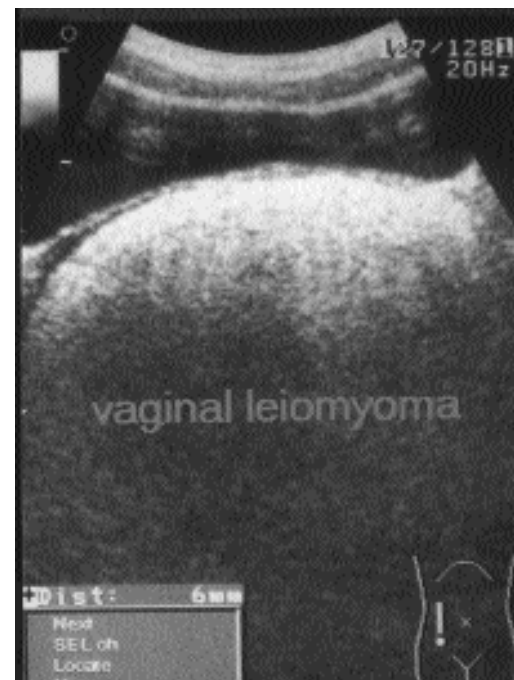
Vaginal leiomyoma is a relatively rare tumour developing from fibromuscular elements of the vagina. Only hundreds of cases are reported. They are usually located in the anterior wall and rarely in the lateral wall.¹ Majority of these tumors measure approximately 3-4 cm in diameter and are asymptomatic. After attaining a size of more than 5 cm they may cause dyspareunia, compressive bowel or bladder symptoms.^{2,3} Surgical excision through the vaginal route has been the traditional approach. Abdominal route may be necessary for large tumours. We reported an unusual case of vaginal myoma excised by both abdominal and vaginal approach.

Case Report

A 17 years old girl presented to our hospital with vaginal swelling mass and urinary frequency complaint. She had a normal menstrual history. She was virgin and general physical examination of the patient was normal. A large mass at the left of vaginal wall was palpated by rectal examination. Ultrasonography showed a normal sized uterus and a separate mass with 130x121x117 mm size (Figure 1-2). Abdominal computed tomography showed a hypodense mass with similar dimensions. Her biochemical and haematologic tests were normal.

In exploratory there was a normal sized uterus and nor-

mal pelvic organs. The pelvic mass was 13x12x11 cm sized and was arising from the left side of vagina. It was located under the bladder and uterus was elevated in the pelvis. We incised anterior serosa of the uterus and removed the bladder. The mass was separated from the uterus. The pelvic mass hardly enucleated from the surrounding tissues and there was a significant bleeding. A second vaginal incision was required. After defloration a vaginal incision to the left anterior vaginal wall was performed. The mass enucleated from its pseudocapsule and removed by twisting. The pouch of the mass was sutured and a large vaginal tampon placed intravaginally for haemostasis. Four units of blood transfusion was required intra and postoperatively. Her postoperative recovery was uneventful. Histopathologic report confirmed the diagnosis of vaginal wall leiomyoma.



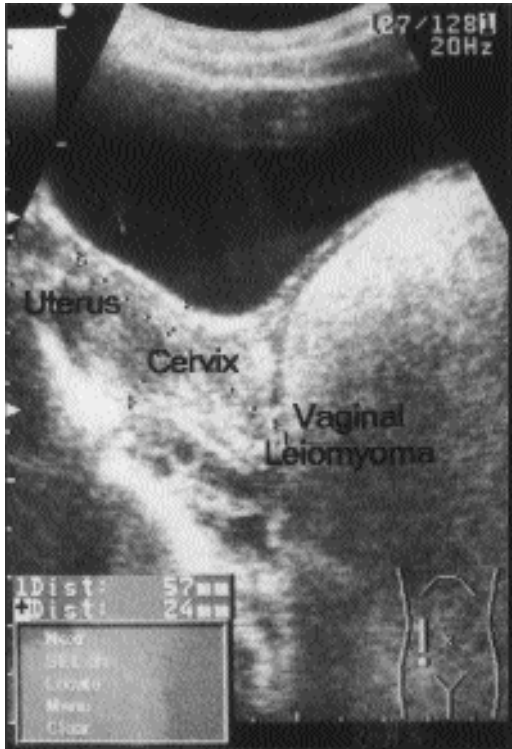
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Discussion

Leiomyomas of vagina are rare slow growing tumors mostly solitary and arise from the anterior vaginal wall. These tumors have been reported in patients from puberty to 71 years of age and commonly seen in women 35 to 50 years old^{4,5} Oestrogen might play a role in development of vaginal leiomyomas since oestrogen receptors were positive for these tumours⁶

Vaginal leiomyomas are usually asymptomatic but can cause urinary symptoms such as frequency or dysuria or urinary retention. They can also cause pelvic pain and/or urinary dysfunction or dyspareunia depended to the size of the tumor.^{7,8} They are mesenchymal neoplasms that does not involve the vaginal mucosa or urethral epithelium. Histopathologically vaginal myomas resemble to uterus myomas. In our case similar histologic findings were reported as uniform population of bland spindle cells arrayed in a vague fascicular pattern without mitotic activity or nuclear atypia. Vaginal myomas are usually benign but cases with sarcomatous changes have been reported.⁹ Careful histologic evaluation to assess the number of mitotic figures as well as cellular pleomorphism is essential to rule out leiomyosarcoma.

Recurrence of vaginal leiomyomas after complete excision is extremely rare but has been reported in such cases bilateral oophorectomy should be applied to removal of the mass.¹⁰ Surgical excision or enucleation of the tumor is the best treatment choice. Usually homogeneous well circumscribed mass

easily separated from the surrounding tissues.⁸ But severe haemorrhage from the tumor base should be considered during the operation. Since we had significant bleeding during enucleation we performed a second vaginal incision. Some authors also reported an abdominoperineal approach for large vaginal leiomyomas.^{7,11} Bapuraj and et al reported a case of vaginal leiomyoma in which they devascularized the mass preoperatively by embolization with polyvinyl alcohol particles.¹²

Conclusion

In cases with large tumours located in the upper part of the vagina a combined abdominovaginal approach may be preferred for providing a safer operation with less bleeding.

Vaginal Leiomyom

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Pelvik bölgede kitle hissi ve sık idrara çıkma yakınması olan 17 yaşında vaginal leiomyom olgusu sunuldu. Ultrasonografi ve abdominal bilgisayarlı tomografi sonucunda sol pelvik bölgede lokalize, 130x121x117 mm çapında solid bir kitle ve normal boyutlarda uterus izlendi. Laparatomide, sol pelvik bölgeyi kaplayan, mesane tabanı altında uterusu yukarıya doğru iten solid kitle saptandı. Uterusun anterior serozasına yapılan bir insizyonla mesane ekarte edilerek uterusun altında vaginal leiomyom gözlemlendi. Sol anterior vaginal duvara ikinci bir insizyon uygulanarak kitle eksize edildi. İntraoperatif ve postoperatif toplam 4 ünite kan transfüzyonu yapıldı. Vajinanın üst bölümünde lokalize geniş çaplı leiomyom olgularında abdomino-vaginal yaklaşım daha az kan kaybı ve cerrahi güvenlik açısından tercih edilebilir.

Anahtar Kelimeler: Pelvik kitle, Vaginal leiomyom, Vaginal kitle

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