



CASE REPORT

LATERAL VAGINAL WALL FIBROID: A CASE REPORT

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ABSTRACT

Fibroids also known as leiomyoma most commonly occur in uterus and are of benign nature. Vaginal fibroids are rare in nature and approximately 300 have been reported previously. Vaginal fibroids usually occur as single, benign, very slow growing, intramural or pedunculated, solid or cystic, well-circumscribed mass arising from the midline anterior wall and less commonly, from the posterior and lateral walls. We are hereby reporting a case of lateral vaginal wall fibroid which could not be diagnosed till the time of surgery.

INTRODUCTION

We are hereby reporting a case of lateral vaginal wall fibroid which could not be diagnosed till the time of surgery.

CASE REPORT

A 47 years old female, resident of Udaipur belonging to upper socioeconomic status came to SDMH OPD with complaints of white discharge per vaginum since 1 month and pain in region of perineum since 20days. Discharge was white coloured, sticky, non-odourous, non-pruritic in nature. Pain was dull aching type, intermittent, more on left side not associated with any aggravating or relieving factors. Her menstrual history was normal having regular periods. She had two full term normal vaginal deliveries. There was no history of tubal ligation. Her past medical and surgical history was not significant. She went to some local doctor for same complaints where she was diagnosed as a case of carcinoma cervix. Her general examination was normal. On Per speculum examination, cervix was healthy with thick white discharge. On Per vaginum examination, uterus was anteverted, cervix downwards, a 2x2 cm firm, mobile, non-tender mass felt in left fornix, right fornix was free. Her PAP smear report was ASCUS. It was followed by cervical biopsy. The biopsy report was normal showing changes of chronic cervicitis (Both PAP's test and biopsy were done outside before patient presented to us). Her USG lower abdomen reported it as a well defined hypoechoic mass of about 2.63x 2.45 cm in cervical region raising suspicion of carcinoma cervix.

MRI of pelvis revealed it as a well defined lobulated predominantly exophytic lesion arising from posterior lip of cervix and projecting into left paracervical region measuring 2.5 x 2.3 x 3.2 cm suggestive of malignant neoplastic etiology. Clinical examination of the mass raised a picture, more of a fibroid and less likely of malignancy. So the patient was taken up for the surgical excision of the mass. Pre-operative routine investigations were normal.

Per operative findings were as follows

The patient was put in lithotomy position. Under strict ASP, Sim's speculum introduced and the mass on the lateral vaginal wall was visualized. A small incision of approximately 2-3 cm was given over lateral vaginal wall. Vaginal flap was then separated gradually from the underlying mass with blunt dissection. On exposing the mass after dissection it appeared to be capsulated with firm consistency. It was removed intact with its capsule measuring approximately 3 x 4 cm and sent for histopathological examination. Haemostasis was secured and lateral vaginal wall repair done.

The per-operative image given as Figure 1. Histopathological report confirmed the mass as Leiomyoma.

DISCUSSION

This case is interesting as the patient was misdiagnosed initially as a case of carcinoma cervix on the basis of imaging modalities. But through clinical and histopathological examination, it was found as a vaginal fibroid which is a rare entity.

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The first case was detected way back in 1733 by Denis de Leyden (Sanyal *et al.*, 2015). First review of literature concerning such tumours was published in 1882 (Gottwald *et al.*, 2003). Fibroids also known as leiomyoma most commonly occur in uterus and are of benign nature. At times, uncommon loci may be found in the round ligament, broad ligament, renal pelvis, spermatic cord, urinary bladder, urethra, and rarely the peritoneum (Shrivastava *et al.*, 2011). Vaginal leiomyomas are rare in nature and approximately 300 have been reported previously (Park *et al.*, 2007; Gowri, 2003). Vaginal fibroids usually occur as single, benign, very slow growing, intramural or pedunculated, solid or cystic, well-circumscribed mass arising from the midline anterior wall and less commonly, from the posterior and lateral walls (Leron, 2000). These lesions could be asymptomatic or can give rise to symptoms like pain of varying severity, especially during menstruation, urination or defecation. Occasionally, they may just be present as swelling in the vagina (Theodoridis *et al.*, 2008). In our case, patient came with complaint of pain within introitus. Diagnosis requires inspection and palpation of the mass lesion alongwith transabdominal and transvaginal sonography.

Histopathological confirmation is the gold standard of diagnosis and helpful to rule out any focus of malignancy (Tavassoli, 1979). Treatment is always surgical. Vaginal enucleation and excision is the treatment of choice and is easily done due to availability of good cleavage plane. Some cases may require abdominal or abdominopelvic approach. Chances of recurrence or malignant transformation is rare after complete excision.

Disclosure of Interests

The patient described in this case report has provided written consent for its publication. The author has no conflict of interests to disclose.

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REFERENCES

- Sanyal P, Sharma M, Ghosh B, Roy SB, Mallick D. 2015. Posterior Vaginal Wall fibroid in a Post-Menopausal Lady: *Int J Sci Stud.*, 2(12):186-8.
- Gottwald L, Welfel J, Akoel KM et al. 2003. Vaginal Leiomyoma. *Ginekol Pol.*, 74:224-6.
- Shrivastava D, Bhute S, Kakani A, Patil V, Jajoo S, Joshi S. 2011. A rare case of vaginal leiomyoma diagnosed postoperatively. *J South Asian Fed Obstet Gynaecol.*, 3:143-4.
- Park SJ, Choi SJ, Han KH, Park KH, Chung H, Song JM. 2007. Leiomyoma of the vagina that caused cyclic urinary retention. *Acta Obstet Gynecol Scand.*, 86:102-4.
- Gowri R, Soundararaghavan S, Oumachigui A, Sistla SC, Iyengar KR. Leiomyoma of the vagina: An unusual presentation. *J ObstetGynaecol Res* 2003;29:395-8.
- Leron E, Stanton SL. 2000. Vaginal leiomyoma--an imitator of prolapse: *Int Urogynecol J Pelvic Floor Dysfunct.*, 11(3):196-8.
- Theodoridis TD, Zepiridis L, Chatzigeorgiou KN, Papanicolaou A, Bontis JN. 2008. Vaginal wall fibroid. *Arch Gynaecol Obstet.*, 278:281-2.
- Tavassoli FA, Norris HJ. 1979. Smooth muscle tumors of the vagina. *Obstet Gynecol.*, 53:689-93.
