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Vaginal Fibroma: Case Report

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1. Abstract

Vaginal leiomyoma is a rare benign tumour of the mesenchyme, often discovered incidentally in middle-aged women (30-50 years) and mainly located on the anterior wall of the vagina. Our case of a 27-year-old female patient with symptoms of dyspareunia and polyuria for one year was diagnosed by endovaginal ultrasound and MRI, revealing a 6-6.7 cm mass. Surgery under spinal anaesthetic was used to excise the mass, which turned out to be a leiomyoma with no signs of malignancy or cervical invasion. The definitive diagnosis was established post-operatively by histological study. Recovery was uneventful, allowing a rapid resumption of daily and sexual activities. Although rare, vaginal leiomyomas require surgical removal due to the risk of local recurrence and sarcomatous changes.

2. Introduction

Vaginal leiomyoma is a rare benign mesenchymal tumour [1] of submucosal location, with an average volume of 3 cm and an average age of discovery of 40 years. The diagnosis is often only made postoperatively, after histological study of the nodule [2]. Larger tumours can cause pain, haemorrhage, dyspareunia or dystocia. The aim of this study is therefore to describe a rare location of this benign tumour. [3]

We report the case of a primary leiomyoma of the vagina originating from the anterior wall responsible for dyspareunia evolving for 1 year.

3. Observation

The patient was 27 years old, primigravida, primiparous, mother of a child delivered by caesarean section, and had been presenting with dyspareunia associated with polyuria for 1 year.

On clinical examination, a speculum was used to find a mass in the anterior vaginal wall with no inflammatory signs. On vaginal touch, the mass measured approximately 6 cm, was firm, painless and mobile in relation to the deep vaginal wall.

In view of this lesion, an endovaginal ultrasound was ordered, which revealed an intravaginal tissue mass that came into contact with the cervix. Additional MRI revealed a submucosal process in the anterior vaginal wall with regular contours measuring 67 mm without invading the cervix upwards (Figure 1 and 2).

Given the size of the lesion and its symptomatic nature, surgical removal was performed vaginally under spinal anaesthesia. A urinary catheter was inserted into the urethra to protect it. We proceeded with an incision opposite the mass, then detached and enucleated it and obliterated the dead space. Macroscopically, the tumour appeared whitish and firm.

The operation was uneventful. The patient was discharged on the second postoperative day. She made an uneventful recovery and was able to resume her daily activities the following day. After a two-month follow-up, the vaginal wound healed well and she was able to resume sexual activity (Figure 3).

The histological study led to the diagnosis of vaginal leiomyoma, a rare ectopic pathological entity.

Figure 1: Endovaginal ultrasound showing a 6 cm intravaginal mass

Figure 2: Pelvic MRI in sagittal section, showing a 67mm process of the vaginal wall.

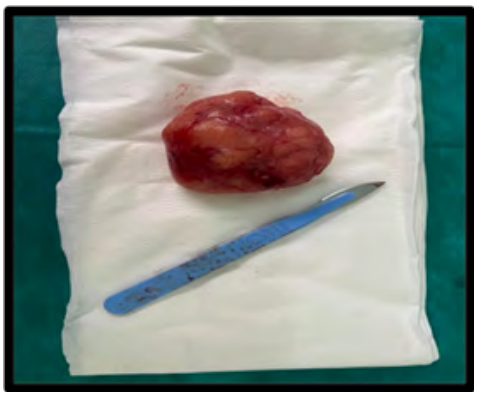

Figure 3: Macroscopic appearance of the vaginal mass.

4. Discussion

Leiomyomas, also known as fibromas, are frequently found in the uterus. Vaginal leiomyomas are extremely rare and the cases reported in the literature are relatively few. Since the first case described by Denis de Leyde in 1733, approximately 300 cases of vaginal fibroids have been reported worldwide [4]. Because of the rarity of the disease and the complexity of the vaginal anatomy, definitive diagnosis and treatment are difficult.

Vaginal myomas occur mainly in women of average age: 30-50 years. The diagnosis is often only made postoperatively, after resection of the mass [5]. These masses generally originate in the anterior vaginal wall and women may present with dyspareunia, lower abdominal pain, vaginal bleeding or dysuria.

Imaging (ultrasound and MRI) is used to confirm the vaginal origin of the lesion, ruling out neighbouring tumours extending into the vagina, and to identify the criteria for benignity: homogeneous lesion with regular contours [6]. Like uterine myomas, vaginal leiomyomas may have variable signal intensity on MRI depending on the cytological changes they may undergo.

Surgical removal of the nodule is the treatment of choice [7]. The diagnosis can only be made on anatomopathological examination and is rarely made preoperatively. Although the lesion is benign, local recurrences following incomplete excision and sarcomatous changes have been reported [8].

5. Conclusions

Leiomyoma is a benign mesenchymal tumour which rarely occurs outside the uterus. In its vaginal location, it is usually asymptomatic, discovered by chance during a clinical examination [9]. Vaginal myomas appear as firm, painless nodules. Imaging can confirm the vaginal origin of the lesion. Surgical removal is essential, as sarcomatous degeneration has been described. Diagnosis is based on histological study of the tumour [10].

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