Unusual Localization of a Leiomyoma; Vaginal Leiomyoma in a 24 Years Virgin Woman: A Case Report

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Abstract

Vaginal leiomyomas are rare benign solid tumors of the vagina with only about 300 reported cases. Here we describe a 24-year-old sexually inactive patient presented with a vaginal bleeding. On ultrasonography, a 5-centimeter vaginal mass was diagnosis in the anterior vaginal wall under urethra. Preoperative MRI showed a well-circumscribed vaginal mass. After transvaginal surgical enucleation, histological examination confirms diagnosis of the vaginal leiomyoma. The peculiarities of the case we report are manifold. Indeed, vaginal leiomyoma is rare. Our patient was only 21-years-old. The vaginal surgery of this form of leiomyoma causes hymeneal damage and compromises the patient’s virginity, which is not always accepted in our conservative society.

Introduction

Benign or malignant neoplasms of the vagina are rare including papilloma, hemangioma, mucus polyp, and rarely leiomyoma. Vaginal leiomyoma is usually located in the anterior wall and rarely the lateral wall or vulvar region. Most vaginal leiomyoma are asymptomatic until a significant size is reached. Symptoms and signs may include a vaginal discharge or bleeding, dyspareunia, or urinary retention. Most of these lesions can be detected during routine examination of an asymptomatic patient, but the challenge is to diagnose case of vaginal leiomyoma in virgin girl by sonography or MRI. Only between, 250 and 300 cases have been reported in the world literature [1,2]. These lesions are benign smooth muscle neoplasms, usually solitary and in many cases asymptomatic. Histologically, it seems to look like leiomyoma of other origins.

Case Report

A 24-year-old unmarried sexually inactive girl presented with unexplained vaginal bleeding for past 18 months. In her past medical history, she had undergone an abdominal myomectomy 2 years previously.

Pelvic sonography showed 5 × 5 cm a tissue mass under urethra (Figure 1). In view of these findings, we have discussed the following diagnoses; a vaginal fibroma, a leiomyoma delivered by the cervix, a polyp delivered by the cervix and a tumor of urethral localization.
ament, ovary, inguinal canal and very rarely in vagina. Vaginal leiomyoma is a rare benign tumor and they are only 300 reported cases [1,2]. They are commonly seen between 35 to 50 years [1-3]. However, in our case the patient was younger. Most of these lesions are small and they grow slowly, so they are generally asymptomatic. They can also regress spontaneously after menopause. However, Nidahnee reported a vaginal leiomyoma in postmenopausal hysterectomised women due, probably to hormone re-

Magnetic resonance imaging revealed a tissue vaginal mass obstrunct all vaginal cavities. The mass was in the anterior wall of the vagina and measured 5.1 × 4 × 50 cm with ovoid shape. The signal was iso-intense to muscle on T1- with intermediate signal intensity in the anterior vaginal wall distorting the vaginal canal on T2-weighted images, and enhancement is weak and delayed compared to the myometrium (Figure 2). Both urethroscopy and cystoscopy were normal. A vaginoscopy showed a large tumor in the anterior vaginal at the level between 10 o’clock and 2 o’clock position.

We opted for transvaginal route, but before surgery, we have clearly explained to patient the possible hymen lesion and we had consent from both patient and her parents.

The tumor was surgical removed by vaginal route with longitudinal incision and it was easily clivated. Postoperatively, the patient presented no complications in particular there was no hemorrhage or urine’s retention or urinary tract infection.

Histopathological examination confirmed diagnosis. Gross examination revealed 2 masses weighing 50 grammes (Figure 3). After a two-year follow-up there was no recurrence of the leiomyoma.

Discussion

Leiomyoma in female genital tract are common in uterus followed by the round ligament, utero-sacral lig-
Prolonged hypoestrogenism during post-menopause induce reduction of the leiomyomas size. However, some vaginal leiomyoma can be symptomatic in post-menopausal patient [3]. Similarly, leiomyomas can grow rapidly during pregnancy and lactation period [9,10].

Surgical enucleation is the treatment of choice, via a vaginal approach [8,9]. But, sometimes the size of the tumor necessitates an abdominoperineal approach and hysterectomy for better surgical access [10].

References