

Leiomyoma of the Vulva: A case report

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ABSTRACT

Leiomyoma of vulva are uncommon findings in reproductive women age group. we report a case of 42yr old woman with complaint of painless swelling over vulva on right labia majora which gradually enlarged over last 5 years. she is obese and a known case of diabetes and hypertension. On examination of vulva, 5x5cms mobile non tender firm mass felt in right labia majora. No palpable lymph nodes. Surgical excision and complete enucleation was done and sent for histopathological examination. The histopathology report showed well circumscribed mass composed of spindle shaped cells and no mitotic figures seen which confirmed a diagnosis of leiomyoma.

Keywords: vulval leiomyoma, painless, enucleation, spindle shaped cells

INTRODUCTION :-

Leiomyomas (also called fibroids, myomas) are benign monoclonal tumors of smooth muscle cells of the myometrium and contain large aggregations of extra cellular matrix composed of collagen, elastin, fibronectin and proteoglycans. They are well circumscribed, benign soft tissue tumors of mesenchymal origin. Leiomyoma of the Vulva are relatively rare but they are the most common benign solid tumor of the Vulva. They are usually solitary and painless, misdiagnosed pre operatively and can affect females of any age group.

CASE REPORT :-

A 42 year old female presented to OPD with painless swelling in the right labia majora which increased in size gradually over the past 5 years. Not associated with pain or discharge. The patient is an obese female and a known case of Diabetes and Hypertension. On local examination 5*5 cm mobile and firm lesion noted on right side of labia majora which is non tender. Ultrasound¹ showed a well circumscribed, heterogeneous, hyperechoic lesion 4.4*4.0 cms in the subcutaneous plane of Right labia majora with increased peripheral and internal vascularity, likely of neoplastic etiology. The patient underwent elective complete excision (enucleation) under spinal anaesthesia and the mass was sent for histopathological examination.



5 X 5 cm complex mass enucleated from labia majora

Gross Examination :

Elliptical incision given on the mass and mass enucleated and mass sent for hpe and the surgical area was sutured. The postoperative recovery of the patient was uneventful. Cut section showed whorled appearance with interlacing smooth muscle cells .Histopathological examination : The excised mass showed well circumscribed lesion composed of spindle cells and no mitotic figures seen which confirmed the diagnosis of a leiomyoma.

DISCUSSION :-

Vulvar leiomyomas originate from smooth muscle within erectile tissue², blood vessel walls, and the round ligament³ are solitary, well- circumscribed, and slow-growing lesions. The exact etiology of vulvar leiomyomas is unknown, but they are believed to arise from pleripotent mesenchymal cells that differentiate into smooth muscle cells. The deep connective tissue of the introitus, labia majora, perineal body, round ligament, and stem cells in the Bartholin gland may give rise to the tumor. The differential diagnosis includes soft tissue sarcoma, Bartholin cyst, fibroma, lymphangioma, and neurogenic tumor. Ultrasound is the most effective and popular diagnostic method for uterine and extrauterine conditions. Most tumors are solitary, well-defined masses. Symptoms include sitting discomfort, difficulty urinating, pain, and difficulty walking .Surgical excision is the treatment of choice for vulvar leiomyoma, and the prognosis is excellent, with no reported cases of malignant transformation or recurrence after complete excision.

CONCLUSION :-

This is a case of vulvar leiomyoma in a 42 year old female and it was challenging to distinguish between benign and malignant types of vulvar leiomyomas . The procedure currently used, elective complete excision , is the most effective and diagnosis confirmed after histopathological examination . After treatment a follow- up is necessary if there is any recurrence.

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