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An Unusual Case of Vaginal Myoma Presenting with Lower Abdominal Pain

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ABSTRACT

Aims Uterine myomas are common benign tumors of the uterus, but vaginal leiomyomas are extremely rare. They mostly arise from the anterior vaginal wall. These lesions may be asymptomatic or may cause pain or urinary tract symptoms. The present study was a report of an unusual case of vaginal myoma presenting only with lower abdominal pain and dyspareunia without any other complications.

Case Presentation A 51-year-old postmenopausal woman referred to the gynecology department with complaint of lower abdominal pain and dyspareunia of 1 year duration. Local examination revealed a mass attached to the upper third of vaginal wall on the right side. The 2.5 × 1.5 × 1.5 cm tumor was excised. Subsequent histopathology showed vaginal leiomyoma.

Conclusion Although vaginal tumors are rare, the tumor should be detected at an early stage due to its potential for malignant transformation, and complete removal of the tumor is recommended. Vaginal leiomyoma should be considered while taking medical history even in postmenopausal women.

Keywords Leiomyoma; Vagina; Myoma; Dyspareunia; Abdominal Pain

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Introduction

Leiomyomas are common benign tumors of the uterus [1], affecting 20-30% of women of reproductive age group [2] and are the most common indication for hysterectomy [3, 4]. However, vaginal leiomyoma is benign smooth muscle tumor in the vagina which is extremely rare [5, 6]. Vaginal tumors are generally rare and myoma is even rarer [7, 8]; they mostly arise from anterior vaginal wall.

The consistency of the mass on pelvic examination shows a localized, mobile, non-tender, and circumscribed mass with a solid to cystic appearance [9]. Its size is usually less than 6 cm. They may or may not be associated with leiomyoma elsewhere in the body [7]. These lesions may be asymptomatic or may cause pain or urinary tract symptoms. Patients are asymptomatic in the early stages. Symptoms arise with the growth of tumor mainly due to compression [9]. They occur anywhere in the vaginal tube, but they are more common in the anterior vaginal wall and less often in the posterior and lateral walls.

Among the limited case reports in this field, Goyal *et al*. reported a 50-year-old multiparous postmenopausal woman presented with complaints of sever postmenopausal bleeding and was in shock. Local examination revealed a 10 ×10 cm pedunculated mass hanging outside the vulval outlet. The mass was attached to the posterior vaginal wall with a vascular stalk. Microscopic examination revealed well circumscribed leiomyoma [10].

Another study by Chakrabarti *et al*. reported a 38-year-old woman presented with complaints of lower abdominal pain, abnormal vaginal bleeding, and dyspareunia since 8 month [7].

Park *et al*. also reported a vaginal myoma in a 30-year-old nulliparous Korean woman with a chief complaint of cyclic urinary retention during ovulation for 3 years, and the anterior vaginal mass was found between the uterus and the bladder measured 5.5 × 5.5 × 4 cm [11].

The present study was a report of an unusual case of vaginal myoma presenting only with lower abdominal pain and dyspareunia without any other complications.

Case Presentation

A 51-year-old postmenopausal woman, Gravida 6, Para 5, Living 4 and Death 1, with a history of previous hysterectomy due to adenomyosis referred to the gynecology department with complaint of lower abdominal pain and dyspareunia of 1 year duration without complaints of dysuria, increased frequency or any features of urinary retention.

Local examination revealed a mass attached to the upper third of vaginal wall on the right side (Figure 1). The 2.5 × 1.5 × 1.5 cm tumor was excised and sent for pathology gross examination, which showed a firm mass with a typical well-circumscribed but no encapsulated, on cut surface white and whorled appearance.

Subsequent histopathology revealed a normocellular tumor with well-defined borders and intersecting fascicles of monotonous spindle cells with eosinophilic cytoplasm, cigar shaped nuclei (with tapered ends) and small nucleoli without atypical histologic picture, favoring leiomyoma (Figure 2).

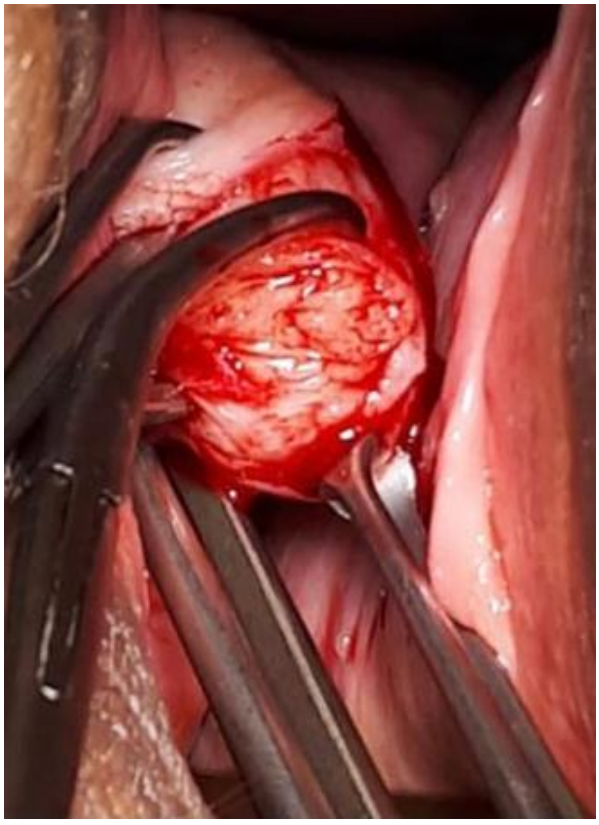

Figure 1) Gross appearance of vaginal myoma after surgical resection

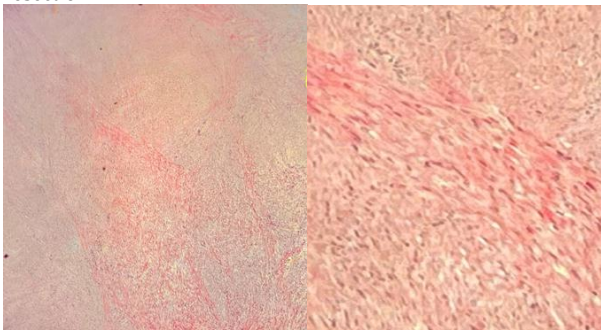

Figure 2) Intersecting fascicles of monotonous spindle cells confirming leiomyoma

Discussion

Leiomyomas are common tumors of the female genital tract, but their occurrence in the vagina is very rare and may cause diagnostic difficulties [3]. Vaginal leiomyomas usually arise from the anterior vaginal wall as a single solid mass. Occurrence in the lateral vaginal wall such as in the present case is very rare [10]. It can present with various symptoms, including dysuria in Park *et al*.'s report [11], and

dyspareunia, lower abdominal pain, and vaginal bleeding in the reports of Chakrabarti *et al*. [7] and Goyal *et al*. [10] and rarely they may be asymptomatic [12]. Clinical presentations of the present case were just lower abdominal pain and dyspareunia without vaginal bleeding or any other complications.

In the index case, the diagnosis was clinically evident as tumor pedicle was arised from the posterior vaginal wall and the mass hung outside the vulva, but in the current case, there was a tumor in the form of a mass in the upper part of the vagina. Usually these tumors are single, benign and slow growing, but sarcomatous transformation has been reported [13].

Surgical removal is the treatment of choice. Vaginal approach is usually feasible, but in some cases, abdominal-perineal approach may be required to complete tumor removal [5].

Vaginal leiomyoma is thought to be an estrogen-dependent tumor because it grows rapidly during pregnancy and regresses after menopause [14]. Recurrence is uncommon, but if recurrence occurs in premenopausal patients, it is recommended that the ovaries be removed. But our patient was postmenopausal, so the role of estrogen in vaginal myoma and oophorectomy in recurrent cases cannot be emphasized.

Conclusion

Although vaginal tumors are rare, care should be taken to identify the tumor in its early stages due to its potential for malignant transformation. To prevent recurrence and malignant transformation of the tumor, complete removal of the tumor is recommended. Vaginal leiomyoma may appear with various presentations. Therefore, it should be considered when taking a medical history even in postmenopausal women.

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Ethical Permission: The authors confirm that the patient consents to have her images and other clinical information reported in the journal. The patient knows that her name and initials will not be published.

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