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LEIOMYOMA OF THE VULVA

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ABSTRACT

38 years old multiparous women admitted with a swelling in the vulval region, which was asymptomatic except for the progressive increase in size over the past one and half years. A tentative diagnosis of bartholin’s cyst was made because of its location and proceeded with excision. The histopathology report was consistent with that of leiomyoma. This case is being presented for the rare occurrence of leiomyoma in the vulva.

KEY WORDS: leiomyoma vulva

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INTRODUCTION

Leiomyomas represent the most common gynecologic and uterine neoplasms. Approximately 20%–30% of women have uterine leiomyomas, of age group older than 35 years that are manifested clinically. The radiologic diagnosis of classic uterine leiomyomas is straight forward, given their typical imaging features and their common clinical manifestations. However, leiomyomas occasionally occur with unusual growth patterns or in unusual locations that make their identification more challenging both clinically and radiologically. The unusual locations are largely confined to the genitourinary tract, the urinary bladder, urethra, vulva, and ovaries, but may also occur anywhere.

CASE REPORT

38yrs old multiparous woman admitted with complaint of swelling in the vulval region for the past one and a half years. It started as a small swelling and gradually increased to its present size(4 x 3) over a period of 1 ½ years. No h/o similar swelling in the past, otherwise nil significant past history. It was not associated with pain or fever. There was no h/o burning micturition or white discharge p/v. Her LMP was 23/04/12. On examination patient’s general condition was fair. Systemic examination was normal. Abdominal examination was normal. On local examination of external genitalia there was a cyst of about 4 * 3 cm size in the right anteromedial aspect of labia majora, not tender, mobile. A clinical diagnosis of Bartholin’s cyst was made and planned for excision. Under laryngeal mask anaesthesia, the cyst was enucleated and sent for HPE and the picture was consistent with that of leiomyoma.

DISCUSSION

Although the uterus is the most common site of origin of leiomyomas, the lesions arise as proliferations of smooth muscle cells, and they may develop at any site where such cells are found. Unusual sites of origin include the vulva, ovaries, urinary bladder, and urethra. Other rare locations, include the sinonasal cavities, orbits, kidneys, and skin. MR imaging is the most useful imaging modality for characterizing these tumors, because regardless of their anatomic location, classic leiomyomas have signal intensity similar to that of smooth muscle on images obtained with any MR pulse sequence. However, histopathologic analysis is usually required to confirm the diagnosis. Rarely, extraterine leiomyomas may be seen along the labia majora. Fewer than 120 cases of smooth muscle tumors of the vulva have been reported in the literature. The lesions may enlarge during pregnancy, and biopsy specimens frequently test positive for estrogen and progesterone receptors at histopathologic analysis. Among those affected by these tumors, the mean age at presentation varies from 13 to 71 years. The average tumor size varies from 0.5 to 15 cm. With regard to pathologic origin, the tumors are thought to arise from smooth muscle cells within the erectile tissue or blood vessel walls, the round ligament, or, in men, the dartos muscle. Findings at pre-operative MR imaging may be suggestive of the benign nature of these tumors. A characteristic finding of low signal intensity mimicking that of smooth muscle on T2-weighted images is the key to diagnosis. The MR signal in the tumors is isointense to that in muscle on T1-weighted images, and the tumors enhance homogeneously after the administration of contrast material. Some tumors—usually, those in pregnant women—exhibit extensive myxoid degeneration, which manifests as intratumoral areas of high signal intensity on T2-weighted images. CT may not be of much use in delineating these tumors because of its inherent poor soft-tissue contrast. Percutaneous or surgical biopsy is required for a definitive diagnosis. The differential diagnosis includes benign and malignant entities such as Bartholin cysts, fibromas, lymphangiomas, soft-tissue sarcomas, and neurogenic tumors. Rarely, Epstein-Barr virus–induced smooth muscle tumors also manifest as vulvar masses in immunocompromised patients. Labial leiomyomas are treated with conservative
surgery, after which close long-term followup is required\textsuperscript{4,5}.  

\textit{Leiomyoma vulva}

CONCLUSION

A case of leiomyoma of vulva is presented for is a rare occurrence in this side and for its diagnostic dilemma.

REFERENCES