



Vulval Leiomyomatous polyps: An unusual case report and management

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ABSTRACT

Background: Vulval Leiomyoma is a rare type of benign tumour of the vulva. They occur commonly in the fourth and fifth decades. The prevalence of leiomyoma accounts for 0.03% of all gynaecological neoplasms and 0.07% of all vulva tumours.

Aim: To present this rare clinical entity and management.

Case Report: Mrs I. G., a 35 year old para1+0 (1 alive) who presented with a 3 year history of vulva swelling and offensive vaginal discharge of 3 years duration and vulva pain of 2 years duration. On Examination, she was pale, with a huge whitish grey and tender mass on the left labium which was friable. She was counseled and basic investigations carried out. She had excision of the mass under local anaesthesia. Her post op period was uneventful. Histology report revealed vulva leiomyoma. She has done well at her follow up visit.

Conclusion: We presented a case of vulva leiomyoma, which is an extremely rare gynaecological neoplasia. She had excision of the mass and had an excellent post operative period.

INTRODUCTION:

Vulva leiomyoma of the vulva are rare ¹, masquerading and often misdiagnosed as Bartholin's cyst

preoperatively.² Researchers have observed this tumour of smooth muscle origin. ¹⁻² They are usually painless, solitary and well circumscribed. ^{1,2} They can affect females of any age group but between 30 – 80

years.² These tumours affect 30% of women older than 35 years.^{1-4,5} Less than 160 cases previously and approximately 300 cases have been reported in recent times.^{1-3,6-9} Histologically, vulva leiomyomas originate from smooth muscle within erectile tissue, blood vessel walls and round ligament.⁴ Scholars have shown the vulva leiomyomas demonstrate spindle shaped cells, but other histological type such as epithelioid tumours are also reported.⁴

CASE REPORT:

Here we present a Mrs I.G 35 year old primipara with vulva leiomyomas initially thought to be a malignant tumour of the vulva. Mass was medial due to the left labia minora, She had had 1 spontaneous Vaginal delivery without induction of labour. The family history was not contributory. She had elective excision under spinal anaesthesia. Incision at mucocutaneous junction revealed soft fleshy friable mass measuring 6cm by 4cm. The mass enucleated in fragments, sent for histopathology. She recovered well post operatively and had no complication. Histology examination revealed specimen measuring grayish white soft tissue.

Microscopic description: Specimen polypoid tissue displaying whirling bundles of smooth muscle fibers. The individual cells are spindle shaped with central nuclei and bipolar cytoplasm. There was no evidence of malignancy. A diagnosis of vulva tissue – Leiomyomatous polyp

DISCUSSION:

We present a 35yr old primipara with left vulva leiomyoma. Vulva leiomyoma is a rare type of benign tumour arising from smooth muscle cells.² Researchers have shown that 160 cases have been reported in English language.²⁻⁴ Kurdi et al reported leiomyoma of the vulva in a 46 year old multipara which was a diagnostic challenge cas.^{4,5} They had initially made a diagnosis of Bartholin's cyst prior to the confirmation from the histopathology report.⁴ Vulva leiomyoma has a myriad of histological origin ranging from smooth muscle cells, spindle cells and epithelioid cancer cells of eosinophils cytoplasm.^{4,5} Vulva leiomyomas stain positive for estrogen receptors when immunochemical stains are done.³⁻⁴ For this reason, treatment with receptor modulators in adjuvant to surgery may be quite beneficial.^{2-4,6-8}

A strong differential of vulva leiomyoma is Bartholin's cyst since they share some clinical features

such as painless lump, redness and swelling of the area.^{4,9} However, in our case the swelling was painful depicting bartolin's abscess, with everted labia minora, however in vulva leiomyoma, the labia in majority of cases are inverted.⁴

CONCLUSION:

We presented a case of vulva leiomyoma, which is an extremely rare gynaecological neoplasia. Our patient presented with features suggestive of malignancy of vulva. She had excision of the mass and histology report confirmation vulva leiomyoma. She had an excellent post operative period and follow-up period.

REFERENCES:

1. Muhammed PA et al. A rare case of benign vulvo vaginal Leiomyoma: Case report and literature review. *Annals of medicine and surgery* 2022; 77:13720
2. Jang SH, Cho HD, Lee JH, Hong SA, Ahn H et al. Vulvar Epithelioid leiomyoma with myxoid change: A case report and literature review
3. Chang CH, Li PC, Hsu TH, Ding DC. Vulva myoma: A case report and review of literature. *Taiwan J Obstetrics and Gynaecology* 2021;60(5):924 – 926
4. Tarrah R et al. Vaginal leiomyoma misdiagnosed as a Bartholin abscess: A case report from Damascus, Syria <https://journals.sagepub.com>doc> (accessed 29/7/2023)
5. Kurdi S et al. Leiomyoma of the vulva: A diagnostic challenge. Case report. <http://www.hindawi.am>gt;> (<http://www.hindawi.com.criog>) (accessed 29/7/2023).
6. Singh A, Goel B, Takkar N, Jain E. *Int J Reprod Contracept Obstet Gynecol* 2017;6:306-8.
7. Sun C, Zou J, Wang Q et al. Review of the pathophysiology, diagnosis, and therapy of vulva leiomyoma, a rare gynaecological tumour. *J Int Med Res*. 2018, 46:663-74.10.11.77/0300060517721796
8. Ammouri S, Elkarkri C, Zerai N, Lakhdar A, Baydada A. Vulvar leiomyoma: a case report. *Pan Afri Med J*. 2019;32:208.
9. Mohammad HM, Rashid RJ, Othman S et al. Vaginal leiomyoma: A casa report. *Int. J of Surg. Open* 2023;58: 100663
10. Patil RR, Vijay NR, Joshi S. An unusual presentation of vaginal leiomyoma. *J Mid Life Health* 2019; 10(4): 204-205.