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Case Report

Epitheloid leiomyoma of vulva: a diagnostic dilemma

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ABSTRACT

Smooth muscle tumours are uncommon lesions of vulva. This case reflects the rare clinical presentation of leiomyoma of vulva, which commonly mimics bartholin gland cyst at presentation. A 25 year old P1L1 presents in GOPD as a painless non tender nodule at right labia majora, which gradually increased in size over last 2 years. Wide local excision was done. Histopathology revealed epitheloid leiomyoma of vulva. Recurrence is rare in benign cases.

Keywords: Leiomyoma, Extra uterine, Vulva

INTRODUCTION

A leiomyoma is the most common benign solid tumour in female. It is a benign monoclonal tumour of the smooth muscle cells, which usually arises in the genitourinary tract, but may arise at any anatomic site. It is the. Extra uterine leiomyomas occur less frequently and the entities described under this group are cervical, vaginal, benign metastasizing, disseminated peritoneal leiomyomatosis, intravenous, parasitic, retoperitoneal leiomyoma, perianal. Rare smooth muscle tumours of vulva have also been reported.[3] Vulvar leiomyomas are diagnosed as bartholin gland cysts at the first impression. They need to be differentiated from bartholin gland cysts and leiomyosarcomas. Histopathology confirms the diagnosis. Wide local excision is the treatment.[5]

CASE REPORT

A 25 years old female, P_1L_1, presented in Gynae OPD at DDU Hospital, New Delhi, India in May-2015 with a chief complaint of a painless non tender swelling in right labia majora since last 2 years .According to her, swelling was about 2*2cms in size and did not cause any discomfort in the beginning but has slowly increased in size over the last 2 years. She had one normal delivery 8 years back. Her menstrual cycles were regular. Her past medical and family history was not significant.

Her general physical examination was normal. On local examination, swelling was 4*5cms in size, localized, soft in consistency (Figure 1 and 2), mildly tender, felt through the right labia majora extending up to right perianal area. Her per speculum examination was normal. Her per vaginal examination: uterus was normal sized,anteverted, bilateral fornices were free and non-tender.

Provisional diagnosis of Bartholin gland cyst was made and patient was taken up for surgical removal under general anaesthesia. When incision was given at a muco-cutaneous junction, a soft well encapsulated mass was seen from right labia majora extending upto perianal area. The mass was enucleated and dead space was obliterated and closure was done in layers. Fleshy mass obtained (4*5cms) was sent for histopathological examination and report of epitheloid leiomyoma was obtained. Blood loss was average and her post-operative period was uneventful. Patient was followed up and no recurrence was reported for 8 months.

DISCUSSION

Extra-uterine leiomyomas has increasingly been reported these days. Leiomyoma of vulva are being reported as a painless non tender labial nodule for last 50 years.[1-4] In case of 32 benign and malignant smooth muscle tumours

of vulva, median age of patients was 35 years.[5] In present case, patient's age is 25 years.

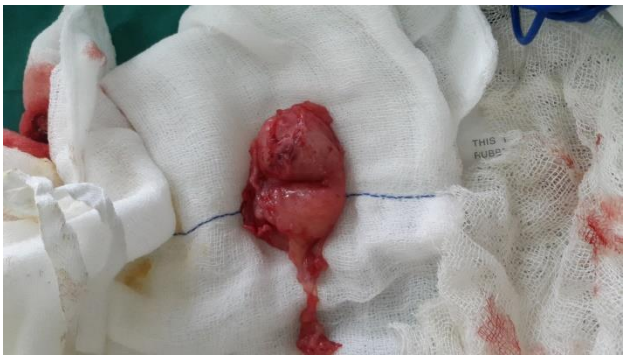

Figure 1: Gross appearance of the mass.

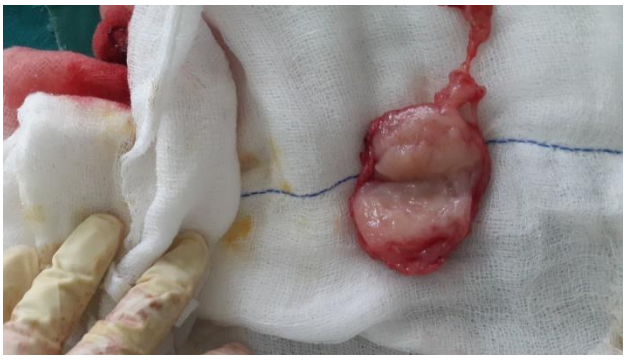

Figure 2: Cut section of the mass.

Such lesions need to differentiate from bartholin gland cysts and malignant smooth muscle tumours. To diagnose a tumour to be malignant, it should meet 3 out of 4 following criteria: 5cm or more in greatest dimension, cytologic atypia, infiltrating margins or 5 or more mitotic figures/hpf. Those having 1 out of these are diagnosed as leiomyoma and those exhibiting 2 features are considered benign but atypical leiomyomas. Our case had one of these characteristic so was considered leiomyoma. Recurrent lesions may represent vulval cancer.[6] No recurrence was reported in our case for 8 months .Wide local excision is the treatment.

CONCLUSION

This case reflects the rare clinical presentation of uncommon leiomyomatous tumour of vulva, which mimics bartholin gland cyst at the first visit Leiomyoma of vulva present as painless non tender labial nodule. Wide local excision is the treatment. Histopathology confirms the diagnosis. Recurrences are rare in benign cases.

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