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## Case Report

# A rare case of vulval leiomyoma

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### ABSTRACT

Vulval leiomyomas are rare smooth muscle tumors that may arise from smooth muscle cells within erectile tissue, blood vessel wall or round ligament remnants in the labia majora and they are clinically misdiagnosed as Bartholin cyst or lipoma. In our case, a 40-year-old woman presented with 8 years history of progressively increasing painless swelling on her vulva. Clinically it was diagnosed as a solid tumour due to its consistency and location. Hence surgical excision was done. Histopathology report was suggestive of leiomyoma with hyaline changes on microscopy. Major diagnostic problem with smooth muscle tumors of the vulva is the distinction between benign and malignant form, since many vulval lesions have similar appearances making it difficult to distinguish benign from malignant lesions by gross inspection. The recommended treatment option is local excision of the mass with pathological examination.

**Keywords:** Bartholin cyst, Leiomyoma, Lipoma

### INTRODUCTION

Uterine leiomyoma are the most common benign tumors occurring in the women of reproductive age group. Extra uterine leiomyoma although rare, yet have been reported time to time. They follow unusual growth pattern or may appear at unusual location that may make their identification more challenging. They commonly affect the urinary bladder, labia majora, minora, ovaries and urethra; labia majora being the most common. Presence of concurrent uterine leiomyoma or a history of hysterectomy done for the same may be suggestive of the diagnosis.<sup>1</sup> Among those affected by these tumors, the mean age at presentation varies from 13 to 71 years.<sup>2</sup> The average tumour size varies from 0.5 to 15 cm. Differential diagnosis includes Bartholin cyst, fibroma, lymphangioma, soft tissue sarcoma and neurogenic tumor.<sup>3</sup> Ultrasound is the most reliable and widely used diagnostic tool for uterine and extra uterine leiomyoma. Magnetic resonance imaging is sparingly used in

diagnostically difficult cases. Most tumors are solitary and well circumscribed masses. Symptoms include pain and difficulty in walking, discomfort while sitting or difficulty in micturition. Owing to the size and appearance of the tumour, the patient may suffer from stress, anxiety and cosmetic issues. Treatment options include surgical excision and removal of the entire tumour, when symptomatic. Follow-up care with regular check-up is required as the chances of recurrence are not uncommon.

### CASE REPORT

A 40 year old female was admitted with the complaint of swelling in the perineal region since past 8 years. The swelling was progressively increasing in size, not associated with difficulty in urination and defecation. There was no complaint of fever or vaginal discharge. She had approached the clinic for cosmetic reasons. On examination, there was a swelling of around 8 \*8 cm at

the right labia majora. The swelling was non tender solid cystic in consistency and had smooth margin. The ultrasound report showed the presence of a hyper echoic lesion at labia majora along with existence of uterine fibroid. Differential diagnosis of bartholin cyst was made and patient posted for surgery. During surgery the lump had well defined capsule, it was enucleated. On cut section, the mass had haphazard appearance with no evidence of haemorrhage and necrosis. On histopathological examination the diagnosis of leiomyoma was made (Figure 1, 2).



**Figure 1: Removed tumour grossly.**



**Figure 2: Cut section of removed tumour.**

## DISCUSSION

Although the uterus is the most common site of origin of leiomyoma, the lesions may develop at any site where smooth muscle cells are found. Vulva is an unusual site of origin. Other rare locations include the sinonasal cavities, orbits, kidneys, and skin. MRI imaging is the most useful imaging modality for characterizing these

tumors, because regardless of their anatomic location, classic leiomyoma have signal intensity similar to the images obtained with any MR pulse sequence. However, histopathologic analysis is usually required to confirm the diagnosis. The lesions frequently test positive for estrogen and progesterone receptors that is why they may increase during pregnancy and regress after menopause.

Myxoid changes and hyalinization are common over vulvar leiomyoma. Majority of the patients are asymptomatic though some may present with vaginal bleeding, dyspareunia, discomfort while sitting and urinary disturbances. Most tumors occur as solitary, well circumscribed and slow-growing masses.<sup>4</sup> Treatment of choice would be surgical excision of the tumour. In cases of large tumors, abdomino-perineal approach is preferred. The patient needs to be explained about the chances for recurrence and hence the need for regular follows up.<sup>5</sup>

## CONCLUSION

Vulvar leiomyoma is a rare entity so clinicians encounter diagnostic difficulties and diagnosis is often confused with bartholin cyst. Complete enucleation of the myoma along with the capsule is required so as to prevent the chances of recurrence.

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