

**INTRODUCTION:** Leiomyomas are classified as benign neoplasms and consist of smooth muscle cells with variable amounts of fibrous stroma. The tumor occur most frequently in the uterus, but vaginal wall leiomyomas are rare with only 300 cases reported since the first case was described in 1733. These tumors are thought to arise from Mullerian smooth muscle cells in the sub-epithelium of the vagina mass.

## HISTORY:

A 44-yr old female Para 3 Living 3 tubectomised presented with complaints of heavy menstrual bleeding since 3 yrs.

## MENSTRUAL HISTORY:

since 3yrs → Regular cycles/21-22 days/5-6 days/heavy flow/clots present/no dysmenorrhea

Past MH → regular cycles/ 25-28 days/4-5 days/moderate flow/ no clots/ no dysmenorrhea.

## OBSTETRIC HISTORY:

P3L3 all vaginal deliveries with last issue 23 years back

**INVESTIGATION:**USG (A+P): bulky uterus (12.3x7.5x8.8cm) With fibroids of 71x63x25mm and 35x25 mm on anterior wall and 44x25 mm posterior wall. PAP smear: NILM.

## HISTOPATHOLOGICAL EXAMINATION:

Well circumscribed tumor composed of interlacing bundles and fascicles of smooth muscle cells with cigar nuclei  
**IHC**-Positive for SMA and desmin  
Negative for CD34

## MANAGEMENT:

TAH with B/L salpingectomy.  
And proceeded for suspected Bartholin cyst excision which turned out to be a soft mass of 6\*7 cm → On examination of cut specimen, it showed whorl like appearance suggestive of leiomyoma



## DIFFERENTIAL

**DIAGNOSIS:** Bartholin cyst  
Gartner duct cysts

**CONCLUSION:** Vaginal leiomyoma has various presentations. careful identification of a vaginal tumor at an early stage needed. enmass enucleation to prevent its recurrence and malignant transformation recommended.

## GENERAL EXAMINATION:

No pallor, Afebrile

BMI-24.83 kg/m<sup>2</sup> (Wt-62kg , ht 1.58 m)

Vitals: pulse –86/min BP-128/74mmhg

Breast ,thyroid examination - normal

## SYSTEMIC EXAMINATION:

CVS/RS- WNL  
PER ABDOMEN: soft, no guarding rigidity tenderness, uterus size up to 16 week palpable, firm and mobile. LE-vulval swelling around 5\*6 cm present at junction of upper 2/3 and lower1/3 of labia, extending up to lower 1/3 vaginal wall which was soft, cystic, mobile, well-defined, nontender, smooth. PS-cervix bulky, vaginal healthy. PV-uterus 14-16 weeks, mobile, Bilateral fornices free nontender.

## DISCUSSION:

- Vaginal leiomyoma -usually seen in age group of 35-50 years old.
- Usually these tumors are single, benign and slow growing but sarcomatous transformation has been reported.
- Preoperatively diagnosis by ultrasonography may be difficult but histopathological confirmation is the gold standard of diagnosis.
- Most effective approach to surgery depends on the size and location of leiomyoma.



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