

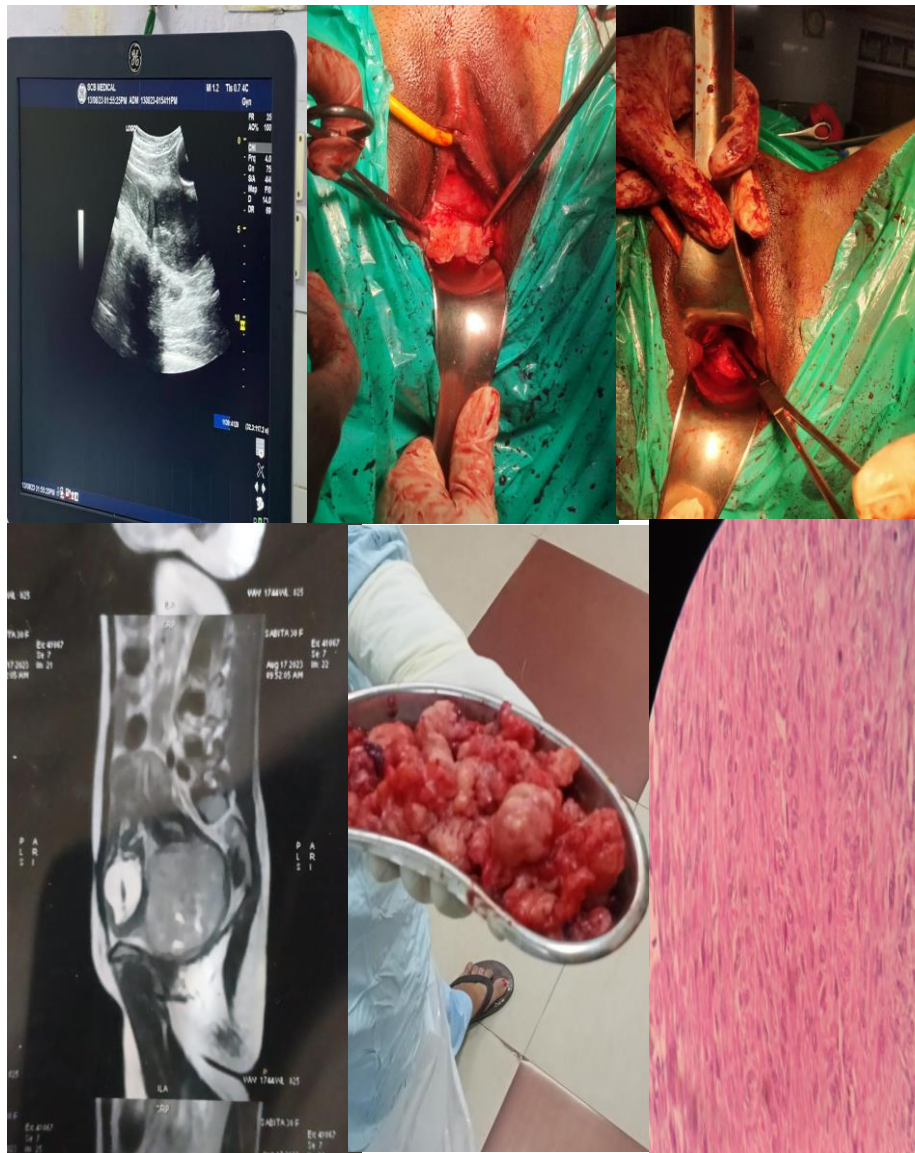


INTRODUCTION

- Fibroids are fibro muscular tumours of myometrium
- They present with AUB, mass per abdomen, pain, infertility.
- Diagnosis is confirmed by ultrasonography, MRI and exact mapping of fibroid to be done before planning surgery
- Besides uterus, fibroids can take up sites like cervix, broad ligament ,vagina.

CASE DESCRIPTION

A 30 year old woman presented with history of intermittent urinary retention and excessive flow during menses since 6 months. She had continuous bleeding PV since last 20 days. Ultrasonography showed soft tissue lesion in left adnexa involving cervix. On MRI, inferiorly mid pelvic mass of size 7.2x10.7x7.2 cm embedding cervix with mass effect over presacral soft tissue apparently cervical myoma. Laparotomy was done and mass could not be approached abdominally. Vaginal fibroid was removed in piecemeal through anterior vaginal wall. Histopathology report confirmed to be vaginal leiomyoma with endometrial polyp.



MANAGEMENT

- Bleeding managed by injection Tranexamic acid 1gm iv TDS, injection Testosterone 25 mg im OD ,tablet Norethisterone 10mg TDS
- Laparotomy ↓ SA
- Abdomen was opened in layers and bladder was separated but mass could not be approached abdominally
- Per vaginally fibroid was removed in piecemeal through anterior vaginal wall and sample sent for HP study.
- Intra op bladder injury was there, urology call was given and bladder repair was done.
- A fundal fibroid 3x4 cm was removed and sent for histopathology study
- Patient was discharged on POD 25 with PUC and SPC in situ which were removed on POD 32

DISCUSSION

Tumours of vagina are rare with only 300 reported cases. They are seen in the age group of 35-50 years. Usually single, benign, slow growing, they mostly arise from midline anterior wall. Pre operatively diagnosis aided by ultrasonography but MRI clinches the diagnosis. Histopathology is the gold standard. Surgical removal of tumour through vaginal approach is the treatment of choice. The patient needs to be followed up for chance of recurrence.

REFERENCES

- Young SB, Rose PG, Reuter KL. Vaginal fibromyomata: Two cases with preoperative assessment, resection and reconstruction. *Obstet Gynecol.* 1991;78:972-4.
- Bennett HG, Jr, Erlich MM. Myoma of the vagina. *Am J Obstet Gynecol.* 1941;42:314-20