



Leiomyoma of Vulva Masquerading As Bartholin's Cyst; a Rare Case Report.

Divya Verma¹, Bhoomika Tantuway² Sanjeev Kumar³

¹Consultant OBG Balaji Hospital & Nursing Institute, Kangra HP

²NSCB Medical College Jabalpur, MP

³Dr.RPGMC, Kangra at Tanda, HP

Corresponding Author: Divya Verma

Submitted: 05-12-2021

Revised: 17-12-2021

Accepted: 20-12-2021

ABSTRACT: Vulval leiomyoma is a rare occurrence with only few case reports in literature. It can be mistaken for common vulval lesions like Bartholin's cyst. We report a case of 37 years old female who presented with Bartholin's cyst like vulval swelling which turned out to be a leiomyoma on histopathology.

KEYWORDS: Leiomyoma, Bartholin's cyst, vulva.

INTRODUCTION Leiomyoma are the benign tumors commonly occur in myometrium, although uncommon loci have also been described in the vagina, vulva, round ligament, broad ligament, renal pelvis, urinary bladder, urethra and even in peritoneum.¹ We are reporting a rare case which was initially thought to be a Bartholin's cyst and diagnosed as vulval leiomyoma postoperatively.

I. CASE REPORT

We report a case of 37 year old woman, who consulted for vulval swelling and a palpable mass in the left labia. The swelling had gradually progressed in size over two years. She did not report any pain in the swelling but had discomfort during walking, sitting and coitus. Physical examination revealed a visible and palpable, well defined, smooth, firm, non-tender swelling of approximately 6 x 3 cm involving the right labia majus. Diagnosis of Bartholin's cyst was suspected. Patient was posted for marsupialization procedure as the swelling was symptomatic. During surgery the swelling found to be solid and excision was performed under saddle block. The mass was easily removed and was not adherent to the levator muscles, rectum, vagina, or pubic ramus. Base was obliterated with interrupted sutures and overlying skin incision was closed. On histopathological examination grossly the specimen consisted of single, solid, pink tissue mass weighing 65g that measured 6x4x3 cm as shown in figure 1. On cut section there were grey-white areas, focal cystic areas, and focal myxoid areas. Histopathological

report came out as leiomyoma (showing spindle shaped cells arranged in fascicles with prominent myxoid clumps. Cells were positive for SMA suggestive of myxoid leiomyoma).

II. DISCUSSION

Vulva is a rear site for smooth muscle tumors. There are few case reports^{2,4} published on vulval leiomyoma in the literature so far. Some studies have also reported leiomyosarcoma of vulva.⁵⁻⁸

A case report by Deeksha et al⁹ have emphasized the importance of detailed history and meticulous examination in cases of vulval swelling. According to the published report Bartholin's cyst or abscess is commonly seen in sexually active women with cystic consistency and labia minora is usually everted, whereas firm consistency and inverted labia minora favor leiomyoma.

It is very important to diagnose correct nature of the lesion especially in cases of malignancy as the management depends on the type of lesion. For Bartholin's cyst marsupialization is the procedure of choice, leiomyoma is treated by simple excision whereas in cases of leiomyosarcoma complete excision with pathologic confirmation of negative margins followed by radiation therapy is required. Transperineal sonography and MRI may be helpful in diagnosing the type of lesion but recommendations regarding their use in the diagnoses of vulval lesions are still awaited.

III. CONCLUSION

Patients who present with a labial mass should be carefully examined and correct diagnosis needs to be made. Although surgery is the mainstay of treatment but the choice of surgical procedure depends on the pathology of lesion.



REFERENCES

- [1]. Theodoridis TD, Zepiridis L, Chatzigorgiou KN, Papanicolau A, Bontis JN. Vaginal wall fibroid. *Arch Gynecol Obstet*. 2008;278:281-82.
- [2]. A. Youssef, K. Neji, M. M. 'barki, F. Ben Amara, M. Malek, and H. Rezig, "Leiomyoma of the vulva," *La TunisieMedicale*, vol.91, no. 1, pp. 78–80, 2013.
- [3]. S. A. Francis, F. L. Wilcox, and M. Sissons. Bartholin's gland leiomyoma: a diagnostic and management dilemma. *Journal ofObstetrics and Gynaecology Research*, vol. 38, no.6, pp. 941–43,2012.
- [4]. G. P. Nielsen, A. E. Rosenberg, F. C. Koerner, R. H. Young, and R. E. Scully. Smooth-muscle tumors of the vulva: a clinicopathological study of 25 cases and review of the literature. *The American Journal of Surgical Pathology*, vol. 20, no. 7, pp. 779–793, 1996.
- [5]. Losch A, Joura EA, Stani J, Breitenecker G, Lahodny J. Leiomyosarcoma of the vulva. A case report. *J Reprod Med* 2001;46(6):609–612.
- [6]. Curtin JP, Saigo P, Slucher B, Venkatraman ES, Mychalczak B, Hoskins WJ. Soft-tissue sarcoma of the vagina and vulva: a clinicopathologic study. *ObstetGynecol*1995;86(2):269–272.
- [7]. Dewdney S, Kennedy CM, Galask RP. Leiomyosarcoma of the vulva: a case report. *J Reprod Med* 2005;50(8):630–632.
- [8]. Gonzalez-Bugatto F, Anon-Requena MJ, Lopez-Guerrero MA, Baez- Perea JM, Bartha JL, Hervias-Vivancos B. Vulvar leiomyosarcoma in Bartholin's gland area: a case report and literature review. *Arch GynecolObstet*2009;279(2):171–174.
- [9]. Deeksha Pandey,¹ Jyothi Shetty,¹ Aashish Saxena,² and P. S. Srilatha. Leiomyoma in Vulva: A Diagnostic Dilemma. *Case Reports in Obstetrics andGynecology* .Volume 2014, Article ID 386432, 3 pages.