

Recurrent vulvar leiomyoma: case report

Tekrarlayan vulvar leiomyom: olgu sunumu

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ABSTRACT

Vulvar leiomyoma is a scarce type of leiomyoma. It constitutes 0.03% of all gynecological tumors. They are usually painless, solitary, well-circumscribed tumors.

In our case, a 38-year-old female patient was admitted to our clinic with a complaint of swelling in the left vulvar region. The patient was followed up with this complaint for almost two years, considering Bartholin's abscess, and used various anti-biotherapies. The patient applied to our clinic after her complaints did not resolve. The patient's urine output was usual. On physical examination, a 4 cm swelling was palpated in the left vulvar region at the level of the Bartholin gland. It was decided to operate because the patient's complaints had been for a long time, and they could not respond to medical treatments. The patient was operated on under general anesthesia, and the pathology result was vulvar diagnosed as leiomyoma.

In conclusion, although vulvar leiomyomas are rare fibroids, they must be considered in the differential diagnosis because they can be confused with Bartholin's cyst, Bartholin's abscess, fibromas, or other solid vulvar lesions.

Keywords: Vulvar leiomyoma, benign vulvar tumors, vaginal wall mass.

ÖZ

Vulvar leiomyom, oldukça nadir görülen leiomyom çeşididir. Tüm jinekolojik tümörlerin %0.03'nü oluşturmaktadır. Genellikle ağrısız, soliter, düzgün sınırlı tümörlerdir.

Bizim olgumuzda, 38 yaşında kadın hasta sol vulvar bölgesinde şişlik şikayetiyle kliniğimize başvurdu. Hasta 2 seneye yakındır bu şikayetle bartholin apsesi düşünülerek takip edilmiş ve çeşitli antibiyoterapiler kullanmış. Şikayetlerinin geçmemesi üzerine hasta kliniğimize başvurdu. Hastanın idrar çıkışı olağandı. Fizik muayenede sol vulvar bölgede, bartholin bezi hizasında 4 cm'lik şişlik palpe edildi. Hastanın şikayetlerinin uzun zamandır olması üzerine ve medikal tedavilere yanıt alamadığından operasyona karar verildi. Hasta genel anestezi altında opere edildi ve patoloji sonucu vulvar leiomyom olarak değerlendirildi.

Sonuç olarak, vulvar leiomyomlar, nadir görülen myom çeşitleri olmasına rağmen bartholin kisti, bartholin apsesi, fibromlar veya diğer solid vulvar lezyonlar ile karışabilmesi nedeniyle ayırıcı tanıda mutlaka akılda tutulması gereken lezyonlardır.

Anahtar Sözcükler: Vulvar myom, benign vulvar tümörler, vajen duvar kitleleri.

INTRODUCTION

Vulvar Leiomyomas are benign, solid tumors that develop from smooth muscle cells (1) and, it constitutes 0.03 of all gynecological tumors (2).

These tumors are thought to originate from erectile tissue smooth muscle cells, dartos muscle, round ligament, erectile pili muscle, or vessel wall (3).

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Vulvar leiomyomas are usually solitary, painless, and well-circumscribed tumors. It is often confused with a Bartholin's cyst or abscess; therefore, its diagnosis is often delayed and is usually made by pathological examination after the operation (4). Although it is seen in women of all ages, it is frequently encountered in women between 30 and 60 (5). In this case report, we aimed to present a 38-year-old patient with a complaint of swelling in the left vulvar region, who had been treated for a long time for Bartholin's abscess, which was operated on because he did not benefit from medical treatments, and who was found to have vulvar leiomyoma as a result of pathology.

CASE PRESENTATION

A 38-year-old patient was admitted to our clinic with complaints of swelling and menstrual irregularity in the left vulvar region for two years. In the anamnesis taken from the patient, it was learned that he had no known systemic disease. The patient had a history of 6 vaginal deliveries. The patient's urine output was expected. The patient does not use any medication and has never used hormonal drugs. There was an intrauterine device for contraceptive purposes. The patient's complaint of menometrorrhagia had been going on for six months, and vulvar swelling had persisted for two years. Vulvar swelling was evaluated as Bartholin's abscess, and various antibiotics were administered to the patient at various times. The patient applied to our clinic because of complaints of menstrual irregularity and the enlargement of the vulvar swelling. On physical examination, a 4 cm swelling was palpated in the left vulvar region at the level of the Bartholin gland. No vaginal discharge or bleeding was observed. In the pelvic examination performed with ultrasound, a 4.5 cm fibroid was observed on the posterior wall of the uterus. A typically located spiral was observed in the endometrial cavity. Adnexal pathology and free fluid in the pelvis were not observed. Endometrial biopsy was recommended for menometrorrhagia, and surgery was recommended for vulvar swelling. At the patient's request, after removing the intrauterine device under general anesthesia, the patient underwent an endometrial biopsy and then excision of the vulvar mass. Both materials were sent for pathological examination. The patient was discharged 6 hours after surgery. The endometrial biopsy result of the patient was found to be benign. In the macroscopic examination of the mass removed from the vulvar

region with the preliminary diagnosis of Bartholin's cyst, the mass was well-defined and 3 cm in diameter; the cross-sectional surface was solid and white in color fibrous (Figure-1). Microscopic examination revealed neoplasia consisting of spindle cells with eosinophilic cytoplasm, small nucleoli, and blunt nuclei, forming fascicles (Figure-2). Although atypia and necrosis were not detected in the cells, a rare mitotic figure was noted (Figure-3). The findings were evaluated as vulvar leiomyoma. After the pathology result, the patient was interviewed again. In the re-interview, it was learned that the patient had been operated on again five years ago due to swelling in the right vulvar region. The pathology result of the material five years ago was obtained, and when it was examined, it was seen that it was vulvar leiomyoma. In addition, in the detailed history taken from the patient, it was learned that the patient's mother, aunt, and sisters had also undergone surgery due to the same complaint. However, the patient's mother underwent a hysterectomy for uterine leiomyoma. The patient was also followed up regarding uterine myoma and vulvar leiomyoma recurrence.



Figure-1. Cut surface of leiomyoma. Solid, gray-white and whorled appearance, approximately 3 cm.

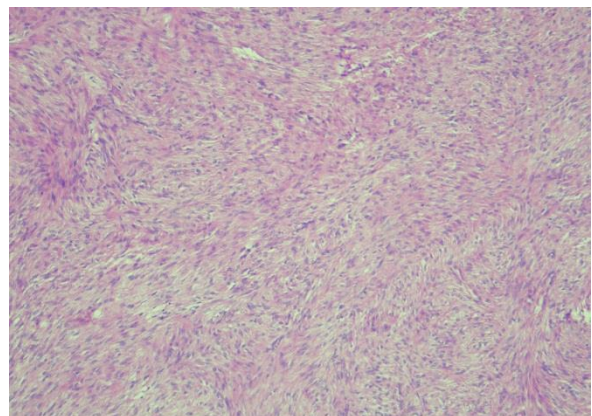


Figure-2. Intersecting fascicles of spindle cells with no atypia and pleomorphism.

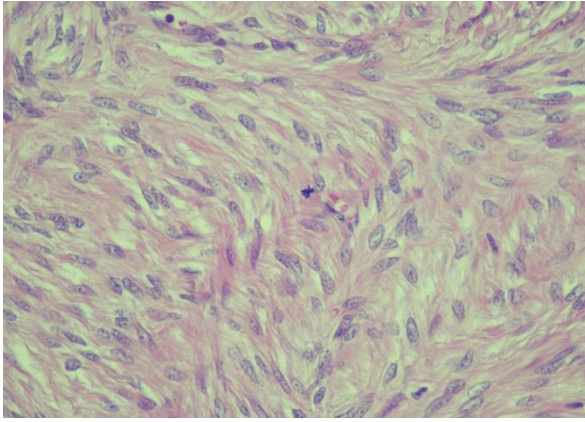


Figure-3. Scant mitotic figures may be present.

DISCUSSION

Leiomyomas are benign monoclonal tumors that develop from smooth muscle cells (6). It constitutes 4.2% of cutaneous myomas and 0.007 of all vulvar tumors (7). Estrogen and progesterone are thought to be critical in tumor proliferation (8). Rare ectopic foci such as the vulva, ovaries, urethra, bladder, peritoneum, retroperitoneum, and pelvic vessels have also been described in the literature for myomas primarily seen in the uterus (9).

Vulvar fibroids appear in women at very different ages. There are various studies on them in the literature. In a study of 25 patients with vulvar myoma, the average patient age was 37 years (7). In another study of 21 patients, the mean age was 41 (10). In our case, the patient was 37 years old.

The differential diagnosis is the most critical issue to consider for vulvar myomas. Because vulvar fibroids are often confused with Bartholin's cyst and abscess (11). The most crucial helper in the differential diagnosis is the physical examination. If a soft and painless mass is palpated on physical examination, Bartholin's cyst should be considered, while palpation of a soft, reddened, and painful mass should suggest Bartholin's abscess. However, vulvar myoma can be considered if a firm, well-circumscribed, mobile, painless mass is palpable (9). As a matter of fact, in our case, a painless, firm, and mobile mass was palpable.

Another method that can be used in the differential diagnosis is imaging methods. Ultrasonography is the most commonly used imaging method (12). With ultrasonography, a cystic or solid mass can be differentiated easily (12). In addition, MRI can also be used as an imaging method. The advantage of MRI imaging is that those benign or malignant distinctions can be made more confidently (9).

The treatment of vulvar fibroids is surgical excision. Diagnosis is made by histopathological examination. However, the point to be considered here is that these patients should be followed up regularly, as these myomas are likely to recur. Indeed, the same was the case in our case. Although the pathology result of our patient's mass excised in 2018 was vulvar myoma, there was a delay in the diagnosis and treatment of recurrent myoma on the left side because the patient did not attend regular follow-ups. In addition, another essential aspect that makes this case interesting is that according to the information obtained from the patient, the patient's first-degree relatives also had the same complaints and had undergone surgery due to these complaints. Therefore, we aimed to perform a genetic screening of the family. If any results related to this are obtained, it is planned to share in the literature.

CONCLUSION

In conclusion, vulvar myomas are rare gynecological tumors. They should be considered when diagnosing patients presenting to the gynecology clinic with a vulva myoma or abscess since they are most commonly confused with Bartholin's cyst. The treatment is surgical excision. However, regular follow-up is required in terms of recurrence after surgery.

AUTHOR CONTRIBUTION

EE: the corresponding author who wrote this article.

AD: made pathological examinations and contributed to the article.

Conflict of interest: All authors declare that there is no conflict of interest in this study.

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