

LEIOMYOMA OF THE VULVA

VULVADA LEIOMYOMA OLGUSU

Murat ÖZ¹; Bülent KÖSTÜ²; Emre ÖZGÜ¹

¹ Kahramanmaraş Necip Fazıl State Hospital Department of Gynaecology and Obstetrics

² Konya Kadınhanı State Hospital Obstetrics and Gynecology

Geliş Tarihi: 12.01.2013 Kabul Tarihi: 12.02.2013

Abstract

Vulval leiomyomas are rare tumors thought to arise from smooth muscle cells within erectile tissue or blood vessel walls or round ligaments remnants in the labium majus and they are clinically misdiagnosed as Bartholin cyst preoperatively. In our case, a 36-year-old woman presented with a 24 month history of painless swelling on her vulva. A surgical intervention was made with a preoperative diagnosis of Bartholin's gland cyst. Pathological diagnosis was leiomyomas with hyalinised stroma. Major diagnostic problem with smooth muscle tumors of the vulva is the distinction between benign and malignant forms, 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: Vulva, leiomyoma, vulval tumor, Bartholin's gland leiomyoma

Özet

Vulval leiomyomlar nadir görülen, labium majusun erektil dokularındaki, kan damarlarının duvarlarındaki ya da round ligamentinin artıklarındaki düz kas dokusundan geliştiğine inanılan, preoperatif dönemde sıklıkla Bartholin kisti tanısı alan tümörlerdir. 36 yaşında 24 aydır vulvar bölgede ağrısız şişlik yakınma olan preoperatif Bartholin Kisti tanısı ile cerrahi girişim planlanan ve patolojik tanısı hyalinize stromaya sahip leiomyom olarak değerlendirilen olgu sunulmaktadır.

Vulval bölgedeki düz kas tümörlerinde en önemli tanılama problemi benign ve malign formların ayırımında yaşanmaktadır, çünkü benign ve malign vulval mezankimal tümörlerin büyük kısmının intraoperatif olarak ayırıcı tanısı yapılamaz. Önerilen tedavi seçeneği kitlenin lokal eksizyonu sonrası patolojik değerlendirilmesidir.

Anahtar kelimeler: Vulva, leiomyoma, vulva tümörü, Bartholin bezi leiomyomu

Smooth muscle tumors of the vulva are rare and most common during the 5th and 6th decades of life(1). Because of their estrogen sensitive natures(2), the mean age of presentation varies from 13 to 71 years(3). The tumors are thought to arise from smooth muscle cells within erectile tissue or blood vessel walls or the round ligament remnants in the labium majus(4). In spite of benign character of leiomyomas, they can recur even several years after is this from excision of the tumor, so their clinical behavior is difficult to predict. Less than 120 cases have been reported in the literature (3, 5). Vulval leiomyomas are clinically misdiagnosed as Bartholin's gland cysts preoperatively, as our case does. Nielsen et al proposed criteria to distinguish between sarcoma and leiomyoma of the vulva(6). According to their findings, tumors that manifest at least three criteria should be considered as malignant:

1. diameter greater than 5 cm and infiltrative margins
2. more than 5 mitotic figures per 10 hpf
3. moderate to severe cellular atypia

Case

A 36-year-old woman presented with a 24 month history of painless swelling on her vulva. The mass was

asymptomatic except mild dyspareunia and discomfort. Clinical examination revealed a non-tender, semi-mobile mass approximately 5 cm in diameter on the left labium majus mimicking a Bartholin gland cyst. There was no obvious lymph node enlargement on the groin. A surgical intervention was made with a preoperative diagnosis of Bartholin's gland cyst. The mass was well-circumscribed and located deeper to the ischio-rectal fossa compared with Bartholin's gland cyst (Figure 1). The mass was easily enucleated from the surrounding tissue and sent for histopathological examination. Remaining tissue defect was primarily closed. The patient was discharged from the hospital uneventfully the day after surgery. Grossly the excised tissue was grey-white, covered with serosa and a pseudo-capsule and measured 5 x 3 x 3 cm in diameter and 34 grams in weight. Microscopically, spindle smooth muscle cells with hyalinised stroma was noted. Pathological diagnosis was leiomyomas with hyalinised stroma.

Discussion

The majority of the leiomyomas occur in the uterus. The tumors usually present as painless masses and are

commonly misdiagnosed as Bartholin's gland cyst(7), as our case does. Other differential diagnosis of a non-tender vulval mass includes Bartholin's gland carcinoma, angiomyxoma, Gardner's cyst and smooth muscle tumors of the vulva. Major diagnostic problem with smooth muscle tumors of the vulva is the distinction between benign and malignant forms, since many vulval lesions have similar appearances making it difficult to distinguish benign from malignant lesions by gross inspection(5). Clinical behavior of the vulval leiomyomas is difficult to predict. Especially, lesions greater than 5 cm are tend to recur years after primary excision(8). Incomplete excision of the mass is the most important predictor of recurrence(7). The recommended treatment option is local excision of the mass with pathological examination. Restoration of the normal vulval anatomy has a major importance(3). The follow-up protocol for vulval leiomyoma excision has not been defined yet, but many authors suggest close long term post operative follow-up(6).

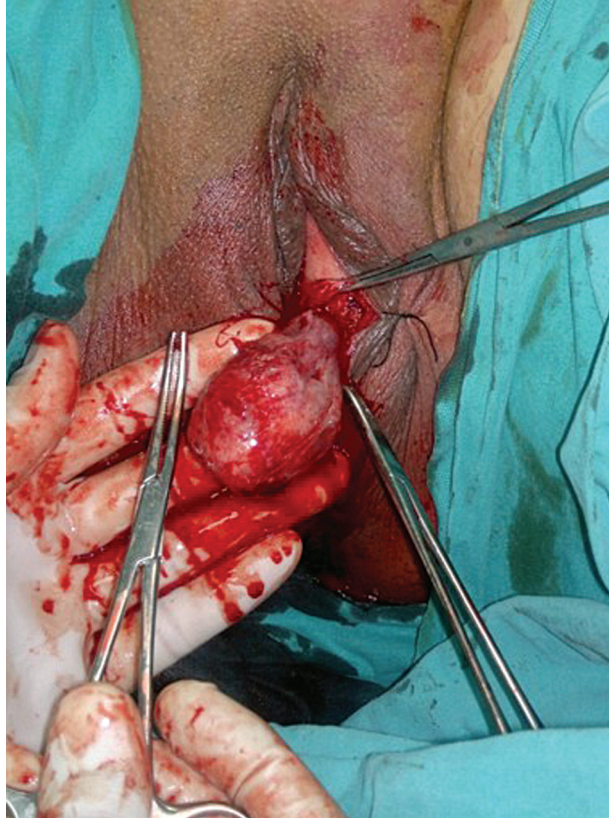


Figure 1. Intraoperative appearance of the right vulval myoma

References

1. Guardiola MT, Dobin SM, Dal Cin P, Donner LR. Pericentric inversion (12)(p12q13-14) as the sole chromosomal abnormality in a leiomyoma of the vulva. *Cancer Genet Cytogenet* 2010 May;199(1):21-3.
2. Celik H, Bildircin FD, Kefeli M, Yavuz E, Kokcu A. Labial leiomyoma growing gradually in the vulva of an elderly woman. *J Obstet Gynaecol* 2012 Nov;32(8):816.
3. Fasih N, Prasad Shanbhogue AK, Macdonald DB, Fraser-Hill MA, Papadatos D, Kielar AZ, et al. Leiomyomas beyond the uterus: unusual locations, rare manifestations. *Radiographics* 2008 Nov-Dec;28(7):1931-48.
4. Kaufman RH, Gardner HL. Tumors of the vulva and vagina. Benign mesodermal tumors. *Clin Obstet Gynecol* 1965 Dec;8(4):953-81.
5. Reyad MM, Gazvani MR, Khine MM. A rare case of primary leiomyoma of the vulva. *J Obstet Gynaecol* 2006 Jan;26(1):73-4.
6. Nielsen GP, Rosenberg AE, Koerner FC, Young RH, Scully RE. Smooth-muscle tumors of the vulva. A clinicopathological study of 25 cases and review of the literature. *Am J Surg Pathol* 1996 Jul;20(7):779-93.
7. Al Azzam M, Orrell JM, Vasey DP. Vulval leiomyoma with a myxoid hyaline stroma. *J Obstet Gynaecol* 2004 Nov;24(8):936.
8. Tavassoli FA, Norris HJ. Smooth muscle tumors of the vulva. *Obstet Gynecol* 1979 Feb;53(2):213-7.

Sorumlu yazar:

Dr. Murat ÖZ

Kahramanmaraş Necip Fazıl Devlet Hastanesi Kadın Hastalıkları ve Doğum

e-mail: ozmurat@gmail.com

Tel : 0505 5781587