

Rare Case of Extremely Large Leiomyoma of the Vulva in Elderly Patient

Chakalova Galina and Petya Kostova*

Gynecology Clinic, University Specialized Hospital for Active Treatment in Oncology, Sofia, Bulgaria

***Corresponding Author:** Petya Kostova, Gynecology Clinic, University Specialized Hospital for Active Treatment in Oncology, Sofia, Bulgaria.

Received: March 11, 2019; **Published:** April 30, 2019

Abstract

Extrauterine leiomyomas are rare event. Their diagnostics is often difficult. Vulva is among the unusual sites of leiomyoma. Differential diagnosis includes Bartholin's cysts, soft-tissue sarcomas, and neurogenic tumors. The treatment of labial leiomyomas is surgical. Long term follow up after surgery is recommended. We would like to present a case of extremely large leiomyoma of the vulva in elderly patient. We believe the case would attract the attention as the tumor is very big, with long history and patient is very old.

Keywords: *Leiomyoma Vulva; Extremely Large Tumor; Elderly Patient; Treatment*

Introduction

A leiomyoma is a benign smooth muscle tumor that can develop anywhere in the human body. Leiomyoma of the vulva is very rare in contrast of the uterine leiomyoma. It is necessary to differentiate from Bartholin cyst. Extremely large myomas are uncommon due to the localisation and early clinical manifestation. The exact cause of leiomyoma of vulva development is unknown. It is believed that similar genetic factors that are responsible for leiomyomas of the uterus may play a role in vulvar leiomyoma development. Usually vulvar leiomyomas are solitary and painless and in most cases are observed to be well-circumscribed. Generally, they are found in young and middle-aged women. The treatment of choice is a surgical removal of the entire tumor. The prognosis is good with appropriate treatment, since leiomyoma of vulva is a benign tumor

We would like to present a case of extremely large leiomyoma of the vulva in elderly patient. We believe the case would attract the attention as the tumor is very big, with long history and patient is very old.

Report of the Case

An 85 year old woman, presented with swelling in vulva for about 10 years. The tumor was slowly increasing in size. It become extremely large and painful for the last several months. Patient was afebrile and without vaginal discharge. Her general condition was good with stable vital signs. There was no inguinal lymphadenopathy. Local examination revealed extremely large tumor, 20 cm diameter (Figure 1) with hard, almost stone consistency, on large pediculus, originated from the upper part of left labia majora, covered with a skin, that is macerated at the lower end of the tumor (Figure 2) and pressing the urethral orifitium, without signs of inflammation. Uterus was slightly enlarged, with a myoma nodulus 4 cm diameter.



Figure 1: Vulvar myoma (gross appearance).



Figure 2: Vulvar myoma with some maceration at the bottom (gross appearance).

It was decided to perform surgical treatment of the tumor. Under general anesthesia complete excision was completed, thanks to the pediculus of the tumor (Figure 3). Histological examination established cellular leiomyoma with dystrophic changes. Postoperatively, no complications were noticed and patients had complete recovery. Follow-up of the patient at the third, sixth month and first year post-intervention did not reveal any evidence of relapse of the disease



Figure 3: Patient after removal of vulvar myoma.

Discussion

Leiomyoma typically affected uterus, while it is rare in vulva, ovaries, urethra and urinary bladder [1]. Extremely large myomas are uncommon due to the localisation and early clinical manifestation.

A majority of women with leiomyoma of vulva do not show any signs and symptoms, when the tumors are generally small. When they grow the symptoms may include pain, difficulties of urination and of having sex and some symptoms of inflammation.

In our case the diagnosis was late - due to the patient shame and anxiety, based on the fear of cancer (10 years after first appearance). As a result of some difficulties of urination and movement finally she looked for medical aid.

A simple surgical excision and removal of the entire tumor is normally sufficient treatment.

Similar to ours is the case, reported by Zlatkov V, *et al.* Leiomyoma of the left labia majora, 15 cm in diameter with simultaneous uterine leiomyoma was surgically removed, without any complications [2].

In their study, Nielsen, *et al.* analyzed 25 cases of leiomyoma of vulva. Studied women were complained of painless tumor, pain, itching and erythema. Twenty of the cases were leiomyoma (4 of them atypical) and 5 - leiomyosarcoma. Only one of the patients with vulvar leiomyoma had recurrence after 10 years. The main challenge, according to authors is the differentiation between benign and malignant tumors [3].

Interesting is the case, that was reported in 1965. Woman and her daughter from Sweden, were diagnosed with leiomyoma of vulva simultaneously with esophageal leiomyoma. Similar syndrome was described by other authors [5-8].

Tian, *et al.* reported the case of bilateral vulvar leiomyoma, affected 64-year-old female (phenotypically) with androgen insensitivity syndrome [9].

The case of 39-years-old woman was analysed by Youssef, *et al.* She had 2 to 3 cm. solid mass on vulva for 4 years, that enlarged to 15 cm in 6 months. After excision, histopathologically leiomyoma of vulva was diagnosed [10].

Other authors reported the 56 year old, postmenopausal patient with a suspicion of cancer of Bartholin's gland, who finally was diagnosed as leiomyoma of vulva [11].

Usually, most of the cases with vulvar leiomyoma, initially were misdiagnosed as Bartholin's cyst or abscess [3,10,11]. All cases that were classified as a Bartholin's cyst have to reexamined when the inflammation disappeared. The diagnosis could be easier with transperineal ultrasonography, while the determination between benign and malignant tumors is possible through magnetic resonance imaging [1]. Differentiation between benign or malignant character of these tumors is mandatory and is based on histopathological examination. Sometimes this differentiation is a great challenge to the pathologist.

Standard of treatment of leiomyomas of vulva is surgical excision. The prognosis of leiomyoma of vulva is generally excellent in a majority of cases, after surgical excision and removal of the tumor. However, periodic follow-up check-ups are necessary.

Conclusion

Extrauterine leiomyomas are rare event. Vulva is among the unusual sites of leiomyoma. Extremely large myomas are uncommon due to the localisation and early clinical manifestation. Differential diagnosis includes Bartholin's cysts, soft-tissue sarcomas, and neurogenic tumors. The treatment of labial leiomyomas is surgical. Long term follow up after surgery is recommended.

Bibliography

1. Fasih N, *et al.* "Leiomyomas beyond the uterus: unusual locations, rare manifestations". *Radiographics* 28.7 (2008): 1931-1948.
2. Zlatkov V, *et al.* "Un cas de developpement simultane de leiomyomes de la grande levre de la vulve et du corps uterin". *Revue Française de Gynécologie et d'obstétrique* 84 (1989): 351-353.
3. Nielsen GP, *et al.* "Smooth-muscle tumors of the vulva: a clinicopathological study of 25 cases and review of the literature". *The American Journal of Surgical Pathology* 20.7 (1996): 779-793.
4. Wahlén T and B. Åstedt. "Familial occurrence of coexisting Leiomyoma of vulva and esophagus". *Acta Obstetricia et Gynecologica Scandinavica* 44 (1965): 197-203.
5. Barricks RL. "Multiple leiomyomata with associated clitoral hypertrophy". *Journal of the Iowa Medical Society* 63.11 (1973): 535-538.
6. Schapiro RL and AR Sandrock. "Esophagogastric and vulvar leiomyomatosis: a new radiologic syndrome". *Canadian Association of Radiologists Journal* 24.2 (1973): 184-187.

7. Stenchever MA, et al. "Leiomyoma of the clitoris". *Journal of Reproductive Medicine for the Obstetrician and Gynecologist* 10.2 (1973): 75-76.
8. Faber K, et al. "Vulvar leiomyomatosis in a patient with esophagogastric leiomyomatosis: review of the syndrome". *Gynecologic Oncology* 41.1 (1991): 92-94.
9. Tian W, et al. "Androgen insensitivity syndrome with gynandroblastoma and vulvar Leiomyoma: case report and literature review". *Journal of Lower Genital Tract Disease* 17.3 (2013): 335-339.
10. Youssef A, et al. "Leiomyoma of the vulva". *La Tunisie Medicale* 91.1 (2013): 78-80.
11. Francis SA, et al. "Bartholin's gland leiomyoma: a diagnostic and management dilemma". *Journal of Obstetrics and Gynaecology Research* 38.6 (2012): 941-943.

Volume 8 Issue 5 May 2019

©All rights reserved by Chakalova Galina and Petya Kostova.