INTRODUCTION

Leiomyomas are benign smooth muscle tumors, first described as "myoma" by Rudolf Virchow in 1854. Uterine leiomyomas are the most common pelvic tumors in females of reproductive age. These tumors may develop at any site where smooth muscle cells are present. Extrauterine leiomyoma are rare and represent a variety of histologic types. These tumors arise from smooth muscle cells within the erectile tissue, blood vessel wall or round ligament. These may also originate from darts muscle of genitalia. Other unusual sites are ovaries, urinary bladder, sinonasal cavities, orbits, kidneys and skin. These tumors are usually estrogen and progesterone receptors positive. These may enlarge during pregnancy and regress after menopause. Differential diagnosis includes Bartholin cyst, fibroma, lymphangioma, soft tissue sarcoma and neurogenic tumor. Ultrasound is the most reliable and widely used diagnostic tool for uterine and extra uterine leiomyoma. Magnetic resonance imaging is sparingly used in diagnostically difficult cases. Labial leiomyoma need surgical excision. Prognosis of solitary lesion is good if it is surgically excised. Various techniques available for removal of myoma are laparoscopic, hysteroscopic and abdominal myomectomy. We are reporting this case due to the rare occurrence of labial leiomyoma.

CASE REPORT

A 45 years old lady married for 25 years, para three, presented in outpatient department with complaint of right vulvar swelling for 2 years. Initially swelling was small in size. Gradually it increased in size and became painful for 8 months. Pain was dull, localized, and progressive in nature and had aggravated for one month. There was no history of fever, vaginal discharge, urinary or bowel complaints.

Her general physical and systemic examination was unremarkable. On local examination, there was a 3 x 4 cm swelling in lower part of right labium majus, firm in consistency and non-tender. It was clinically diagnosed as Bartholin cyst. Baseline investigations were carried out. Consent was taken for the procedure and publication. Under regional anesthesia, after aseptic measures a 2 cm vertical incision was given on mucocutaneous junction of right labium majus. The appearance of the tissue was like leiomyoma so it was excised. Dead space was closed by interrupted stitches. Specimen was sent for histopathology. Gross examination of excised tissue showed greyish white, firm, soft tissue mass measuring 3 x 3 x 2 cm. Microscopy of the submitted tissue revealed spindle shaped cells arranged in whorls in fibrous tissue stroma (Leiomyoma). No malignant cells were seen. She had uneventful postoperative recovery and was discharged on second postoperative day. She was called for follow-up after 6 weeks and was asymptomatic.

DISCUSSION

Leiomyomas are benign neoplasm of smooth muscle. Genital leiomyomas are rare tumors. These include leiomyomas derived from the darts muscle of the scrotum and labia majora. Leiomyomas arising from the erectile tissue of the nipple are also classified as genital leiomyomas. Labial leiomyomas usually occur as solitary lesions. These can be benign or malignant. In literature, fewer than 120 cases of vulvar smooth muscle tumors have been reported. A case of a large left labial leiomyoma was reported by Pitukkijronnakorn et al. in a young lady who presented with labial swelling. It was managed by surgical excision and diagnosis of labial leiomyoma was confirmed on histopathology.
In a case series carried out by Sonik et al., for lesions at the site of Bartholin gland, the frequency of left and right labial lesions was almost same (54.1% and 45.9% respectively). Histological examination has revealed Bartholin cyst in 85% of cases, Bartholin abscess in 10%, labial endometriosis in 2%, and vulval neoplasms in 3% of patients.6 The most common clinical diagnosis of lesion of this area remains Bartholin cyst.

Vulvar leiomyomas are usually asymptomatic. These commonly present with swelling and discomfort. Degenerative changes are also common. Aguilera and Zohu et al. reported cases of labial leiomyoma with myxoid degeneration.7,8

Vulvar leiomyoma is a rare entity so clinicians encounter diagnostic difficulties. Malignant neoplasms of vulval smooth muscle cells are very rare. On literature search, a case of labial leiomyosarcoma was reported by Gonzalez et al. It was clinically diagnosed as Bartholin cyst and excised. After histopathology report, radical hemivulvectomy with ipsilateral inguinal lymphadenectomy was performed, followed by adjuvant radiotherapy and chemotherapy. As in all other malignancies, recurrence is likely, so proper follow-up is needed.9

In the present case, 45 years old lady presented with right labial swelling and pain. It was clinically diagnosed as Bartholin cyst. The gross appearance of the enucleated tissue was that of myoma which was later confirmed on histopathology. So it was managed by surgical excision. She was symptom-free after 6 weeks follow-up.

REFERENCES


Figure 1: Excision of right labial leiomyoma. Figure 2: Labial leiomyoma.