Leiomyosarcoma of the Vagina

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ABSTRACT
Leiomyosarcoma of the vaginal is very rare case. We report a case of leiomyosarcoma of vagina which presented at our hospital.

Keywords: Dyspareunia, Leiomyosarcoma, Neoplasm, Vagina, Vaginal bleeding.


INTRODUCTION
Leiomyosarcoma of the vaginal is very rare with less than 2% of all malignant vaginal neoplasia. Due to very less number of reported cases, there are only cursory guidelines for the determination of disease stage and treatment.1 Malignancy of leiomyosarcoma is diagnosed histopathologically by assessment of cellular mitotic activity and the presence of cellular dysplasia.

CASE REPORT
A 38-year-old woman presented to our outpatient department (OPD) with complaints of heavy vaginal bleeding since 1 day. She had history of vaginal spotting off and on since 2 months. Her previous menstruation pattern consisted of 25 days cycle with normal regular flow. She had three vaginal deliveries with last delivery 8 years back.

On per abdomen examination, uterus was not palpable and no abdominal mass palpable.

On pelvic examination, a firm mass felt 10 × 10 cm in paravaginal area along the posterolateral vaginal wall. Another degenerated mass felt in the region of cervix. This mass was connected to the vaginal wall on left side. Uterus and cervix could not be made out. She was bleeding profusely. Transvaginal ultrasound showed the mass to be separate from the uterus and cervix of size 6 × 7 × 6 cm with irregular contrast. Magnetic resonance imaging (MRI) (Figs 1 and 2) report showed it to be a large necrotic mass of approximately 8 × 7 × 6 cm seen along the cervix and vagina.

On admission, her hemoglobin concentration was 8.6 gm%. Three units of preoperative blood transfusion were done. Her blood sugar, liver function test and renal function tests were within normal limits. Urine examination was within normal limits. Her chest X-ray was normal.

The patient was taken for emergency total abdominal hysterectomy with bilateral salpingo-oophorectomy followed by complete removal of the vaginal masses. Two separate masses were removed completely with intact capsule from the posterolateral vaginal wall about 5 × 6 cm each in size. Both were necrosed and foul smelling.

The histopathology report showed that the tissue comprised of smooth muscle neoplasm showing marked pleomorphism with increased mitotic activity and areas of coagulative necrosis. The diagnosis was leiomyosarcoma of vagina.

After surgery, the patient had no complaints and was planned for postoperative radiotherapy.

DISCUSSION
The majority of primivaginal cancers are squamous cell carcinoma. The leiomyosarcoma of the vagina comprise 2 to 3%. 2 Vaginal leiomyosarcoma due to their rarity are usually diagnosed after surgical removal on histopathologic evaluation.

Mostly patients present mass per vaginam with complains of vaginal bleeding, dirty discharge or rarely dyspareunia. On physical examination, palpable masses can be felt in the vaginal wall separate from the cervix.

Vaginal smooth muscle tumors are more common in the anterior vaginal wall. On contrast malignant tumors most frequently develop in the posterior vaginal wall.3 These tumors can recur locally and have a tendency to
metastasize to adjacent organs and to the lungs. Thus, patients with this disease have a poor prognosis.

The basic treatment is wide area resection of the primary rise with postoperative radiotherapy or chemotherapy. Patient may return with a recurrence in the adjacent organs or due to lung metastasis. Pelvic exenteration can also be planned in some cases. Management in every case should be decided taking into consideration the clinical picture and the patient characteristics. The overall 5 years survival rate was 43%.4

CONCLUSION

The poor prognosis in a case of vaginal leiomyosarcoma emphasizes the need for early diagnosis and proper management. Prompt recognition and intervention requires knowledge about this condition.

REFERENCES