

An Unusual Case of Leiomyosarcoma of vagina Presenting as Infected Vaginal Prolapse

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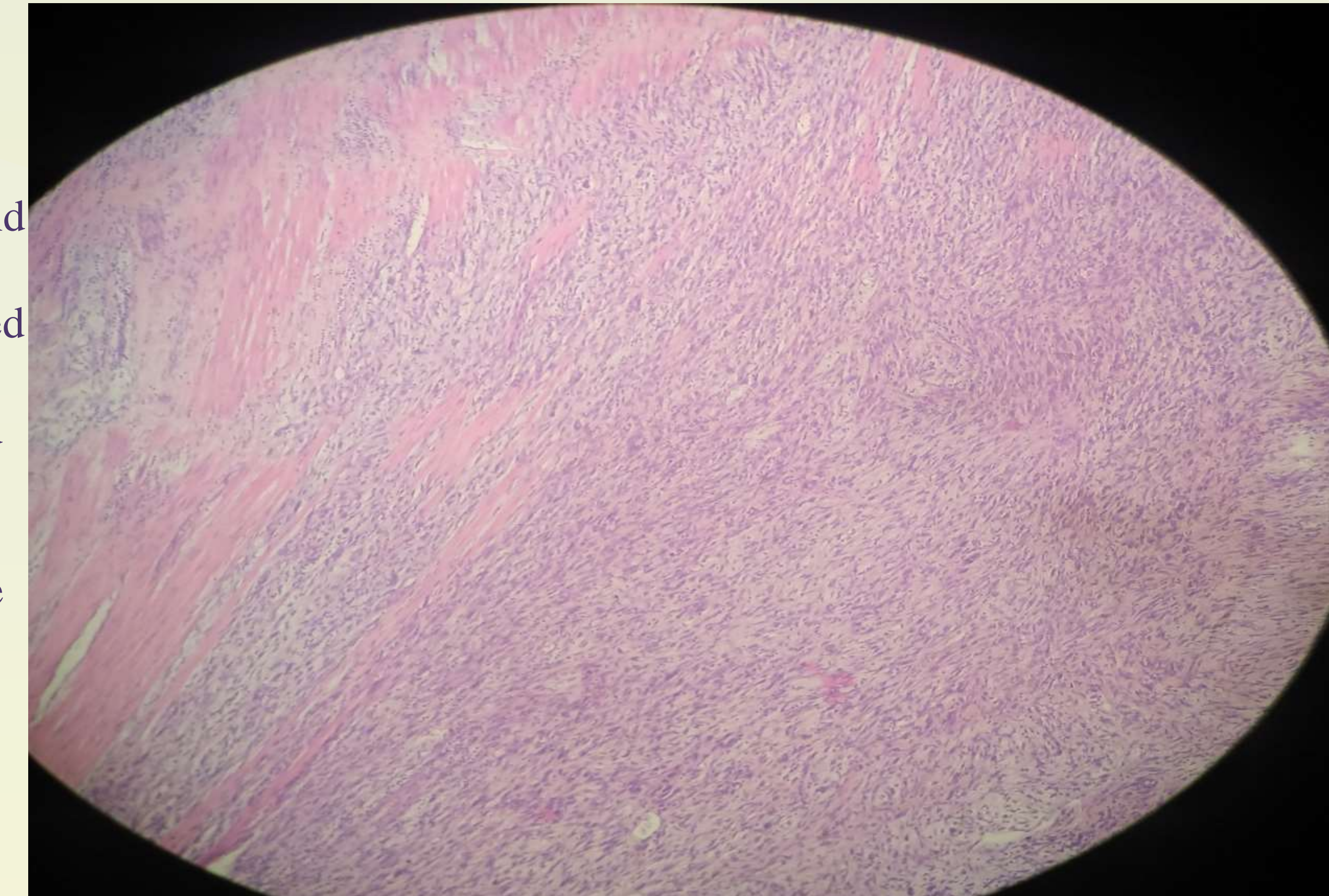
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INTRODUCTION

- The leiomyosarcoma is extremely rare neoplasm, accounts for 0.062% of malignant neoplasm of female genital tract.
- Mainly originate from smooth muscle of vaginal wall but they may also develop from smooth muscles in tissues near vagina
- Vaginal smooth muscle tumor frequent develop in anterior vaginal wall in contrast malignant tumor mostly develops in posterior vaginal wall
- The preponderance of carcinoma of vagina are secondary, with primary tumor representing a much smaller entity
- We report a case of primary vaginal leiomyosarcoma mimicking as infective vaginal prolapse

CASE REPORT

A 52 year old female presented with complaints of something coming out of vagina, intermittent bleeding and offensive vaginal discharge. Vaginal mass increased in size over the course of 3years. Local examination revealed a 7×7 cm irregular mass protruded through vulval outlet with multiple area of degeneration, focal hemorrhage and ulceration with foul smelling discharge. On palpation, mass is moderately firm in consistency; originating from anterior vaginal wall. The betadine vaginal packing done for 5 days. Vaginal myomectomy was done. On histopathology, leiomyosarcoma was diagnosed. Patient underwent total abdominal hysterectomy with bilateral salpingo-oophrectomy. Later on patient received radiotherapy. Cytology of peritoneal washings, biopsy of omentum, ovary and pelvic lymph node were found positive. Now, patient is well and free of disease



H&E 10X SHOWING VAGINAL LEIOMYOSARCOMA INFILTRATING SMOOTH MUSCLE

DISCUSSION

- Though transformation from leiomyoma to leiomyosarcoma is rare, 0.5% of women who have hysterectomy for leiomyoma found to be leiomyosarcoma.
- The differentiation between the two is only made on histopathology, leiomyosarcoma is having marked atypia, from highly differentiated cells to highly pleomorphic and anaplastic cells.
- Nuclear atypia, mitotic index and necrosis are parameters used in differentiation from leiomyomas.
- The presentation of this malignancy may vary in presentation but generally present as asymptomatic mass, although some may experience vaginal bleeding, serous discharge, rarely dyspareunia,
- It may also mimic as vaginal prolapse, and bartholin duct cyst that can cause delay in diagnosis.
- Basic treatment of vaginal leiomyosarcoma is wide resection of primary site tumor
- Postoperative chemotherapy and radiation should be given to prevent local reoccurrence and increase the survival rate
- Younger age, lower stage at the time of diagnosis and absence of infiltration in resected margin are associated with good prognosis
- These tumor may recur locally, have hematogenous spread to adjacent organ and metastasis to lung is also frequent.

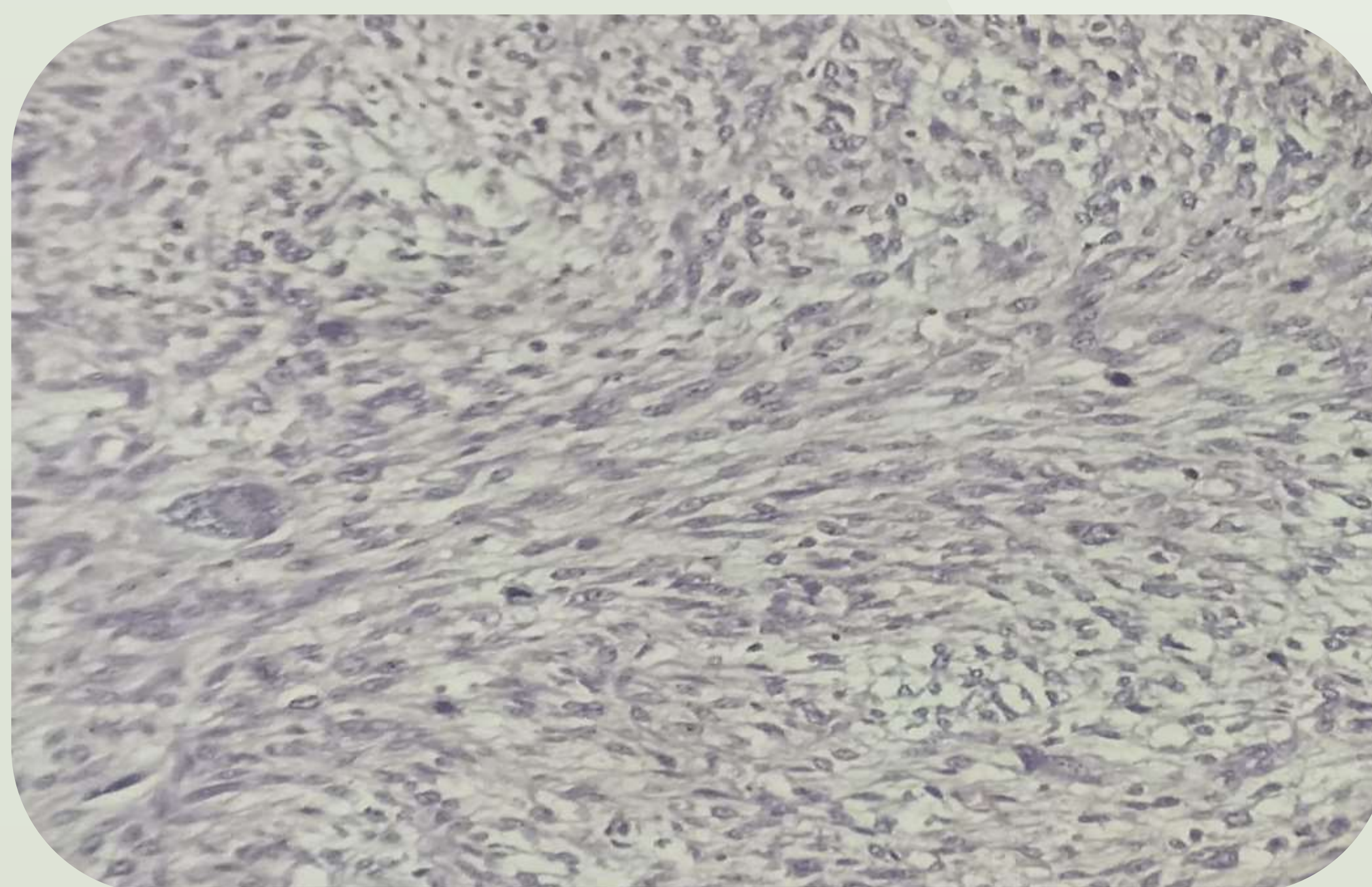
CONCLUSION- The ideal management of these tumors are difficult because little literature available and paucity of information

FROZEN SECTION BIOPSY must be done for all vaginal masses ,specially for leiomyomas.

- REFERENCES:1.Xu, Z., Zeng, R. & Liu, J. A large primary retroperitoneal vaginal leiomyosarcoma: a case report. J Med Case Reports 9, 130 (2015)
- 2.Nathan A. Keller, Heidi Godoy, "Leiomyosarcoma of the Vagina: An Exceedingly Rare Diagnosis", Case Reports in Obstetrics and Gynecology, vol. 2015, Article ID 363895, 4 pages, 2015.
- 3.Khosla D, Patel FD, Kumar R, Gowda KK, Nijhawan R, Sharma SC. Leiomyosarcoma of the vagina: A rare entity with comprehensive review of the literature. Int J Appl Basic Med Res. 2014;4(2):128-130.



VAGINAL LEIOMYOSARCOMA MIMICKING AS UTERINE PROLAPSE



HEMATOXYLIN AND EOSIN 40X SHOWING PLEOMORPHIC SPINDLE SHAPED CELLS

