

ATYPICAL PRESENTATION OF BLADDER LEIOMYOMA-DYSPARENUIA

ABSTRACT-

BACKGROUND-Bladder leiomyoma is rare, benign mesenchymal neoplasm of urinary bladder. It accounts for 0.43% of all bladder tumors; only 250 case reports were there in literature worldwide. The etiology is still unknown. Bladder leiomyoma can be asymptomatic; most common presenting symptoms might be obstructive symptoms, irritative symptoms or hematuria. We report a case of bladder leiomyoma presenting with dysparenuia and abdominal mass.

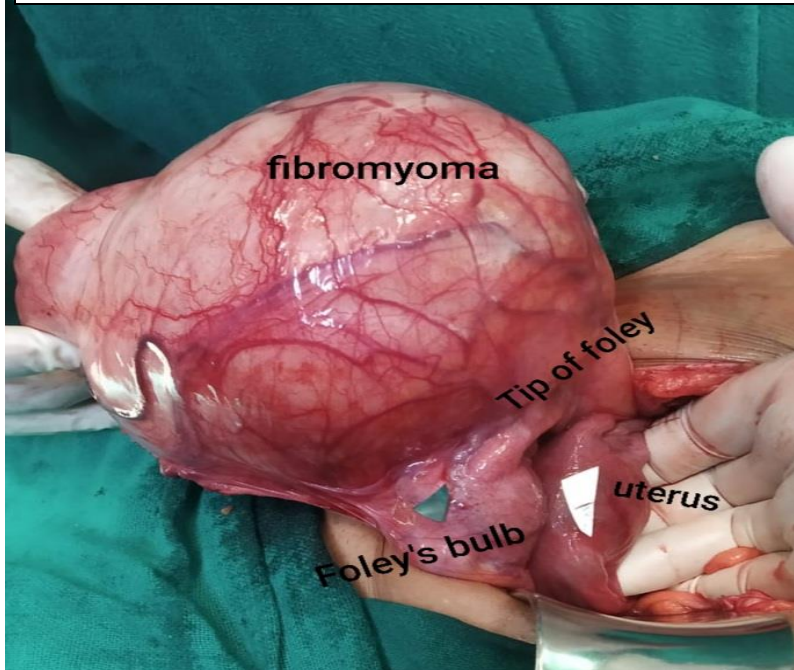
CASE REPORT- A 42 year female presented to gynecological OPD with complains of dysparenuia, suprapubic abdominal mass and slight increase in frequency of micturation. On abdominal examination, a suprapubic mass was found with upper limit up to umbilicus and firm consistency, slightly more towards right side. A 20 weeks uterine mass also filling right fornix may be originating from right broad ligament or right ovary found on vaginal examination. Patient underwent laparotomy, a pedunculated extravesical leiomyoma was found and surgical excision for the same was done. Now patient is free of all above mention symptoms.

CONCLUSION- This study highlights unusual presentation of bladder leiomyoma dysparenuia and abdominal mass. It is necessary to take both these symptoms when a female presenting with bladder leiomyoma. Surgical excision is wide enough and very effective, leaving a very low recurrence rate.

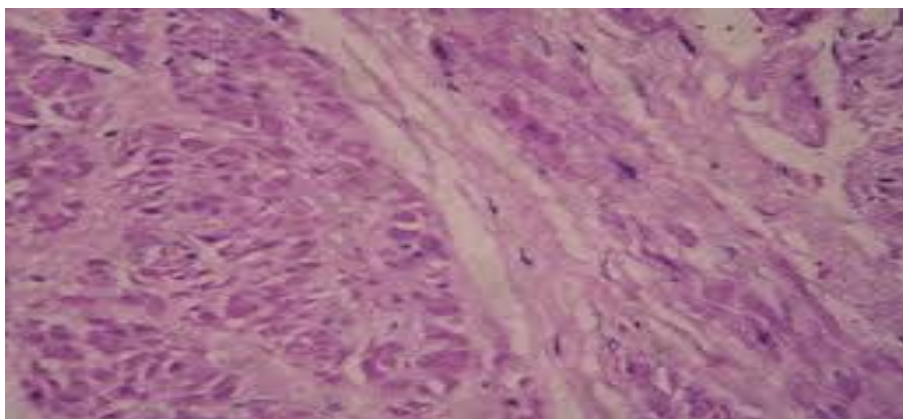
INTRODUCTION: The bladder leiomyoma is benign, mesenchymal neoplasm of urinary bladder. Only 250 cases have been reported till date. It accounts for 0.43% of all bladder neoplasm. The bladder leiomyoma shows female preponderance as 65-70% has been found in female. The peak incidence is found between 4th and 5th decade of life. It originates from smooth muscle bundle, can be arising from organ which have smooth muscle bundle. The asymptomatic bladder leiomyoma were incidentally diagnosed while evaluating the patients of other complaints. We present an incidentally found leiomyoma on laparotomy done for broad ligament fibroid.

CASE REPORT: A 42 year female presented to gynecological OPD with complains of dysparenuia, suprapubic abdominal mass and slight increase in frequency of micturition from last 3 months. On abdominal examination, a suprapubic mass was found with upper limit up to umbilicus and firm consistency, slightly more towards right side. A 20 weeks uterine mass also filling right fornix may be originating from right broad ligament or right ovary found on vaginal examination. On USG, a 16× 12 cm homogenous mass with regular contour was present in right broad ligament fibroid. Patient underwent laparotomy with diagnosis of broad ligament fibroid. Incidentally, a sub-pedunculated leiomyoma was found and surgical excision for the same was done. Now patient is free of all above mention symptoms.

INTRAOPERATIVE PRESENTATION OF BLADDER LEIOMYOMA



GROSSLY, MASS IS WHITE- GREY WITH WHORLED APPEARANCE



BLADDER LEIOMYOMA COMPOSED OF INTERSECTING FASCICLES OF SMOOTH MUSCLE(Hematoxylin and eosin)

DISCUSSION: Leiomyoma is a benign smooth muscle tumor, can arise from any organ. The etiology is still unknown. Estrogen may be associated with growth as immuno-histochemical and pathological findings are same as that of uterine leiomyoma. The bladder leiomyoma can be asymptomatic and symptomatic depending on location and size of tumor. These are classified into three: endovesical, intramural and extravesical (subserosal). Endovesical is most common (63-86%), intramural (3-5%) and subserosal are present in 10-30 %. The most common symptomatic presentation are obstructive (that are present near bladder neck or urethra) in 49%, irritative (large tumors) in 38% and hematuria (11%. The bladder leiomyomas are frequently known for unusual presentation. The USG bladder and cystoscopy are primary modality of investigation .MRI is preferred for further information about size, location, composition and extension of tumor. The definitive diagnosis of bladder leiomyoma requires histopathology.

CONCLUSION- This study highlights unusual presentation of bladder leiomyoma dyspareunia and abdominal mass. It is necessary to take both these symptoms when a female presenting with bladder leiomyoma. Surgical excision is wide enough and very effective, leaving a very low recurrence rate.

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