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CASE REPORT

A suburethral vaginal tumour mimicking cystocele: a case report

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Introduction: Vaginal fibroma is an uncommon, benign, and often asymptomatic tumour presenting as a solid nodule located on the anterior median vaginal wall in women aged 35–50 years. The treatment is surgical. This case report describes a rare location of myoma.

Observation: We report the case of a multiparous 41-year-old female patient who presented with a suburethral, firm, painless, well-defined, mobile mass on the anterior vaginal wall. The mass was 8 × 6 cm in dimension, protruding from the vulva. The urethral meatus was normal. The patient underwent surgical removal of a whitish and firm nodule of 7 cm in diameter. The histopathological examination confirmed the diagnosis of vaginal fibroma. The postoperative follow-up was unremarkable.

Conclusion: Vaginal fibroma is an uncommon, benign tumour occurring in young women and requires complete surgical excision to prevent recurrence.

Keywords: fibroma, vagina, surgical excision, histology

Introduction

Vaginal fibroma is an uncommon, benign tumour, with approximately 300 cases reported in the global literature.[1] Suburethral vaginal fibroma accounts for 5% of all paraurethral masses and affects 1 in 1 000 women.[2] It generally presents as a solid nodule located on the anterior median vaginal wall and, more rarely, on the posterior and lateral walls, generally in women aged 35–50 years.[3] This tumour may be asymptomatic. However, depending on its size and location, it may cause a sensation of a foreign body in the vagina, dyspareunia, vaginal bleeding, abdominal pain, and dysuria. It may be intramural or pedunculated.[3,4] Vaginal enucleation of the tumour is the treatment of choice. This case report describes a rare location of this benign tumour.

Case presentation

The patient was a woman, aged 41 years, multiparous, with a history of caesarean section. She complained of a painless mass protruding from the vagina without urinary symptoms, evolving for approximately nine months.

Clinical examination revealed a bulge of the anterior vaginal wall protruding to the vulva, approximately 8 × 6 cm, suburethral, firm, painless, well-defined, and mobile relative to the deeper planes (Figure 1). The urethral meatus was intact. The uterus and its adnexa were unremarkable.

A surgical excision was performed, and the redundant part of the vaginal mucosa was removed. An anterior colporrhaphy and a urethral meatoplasty over a transurethral bladder catheter (16 Fr) were performed. On macroscopic examination, the tumour appeared whitish-coloured, firm, and smooth with an irregular surface, weighing 50 g and measuring 7 × 6 × 1.5 cm (Figure 2).

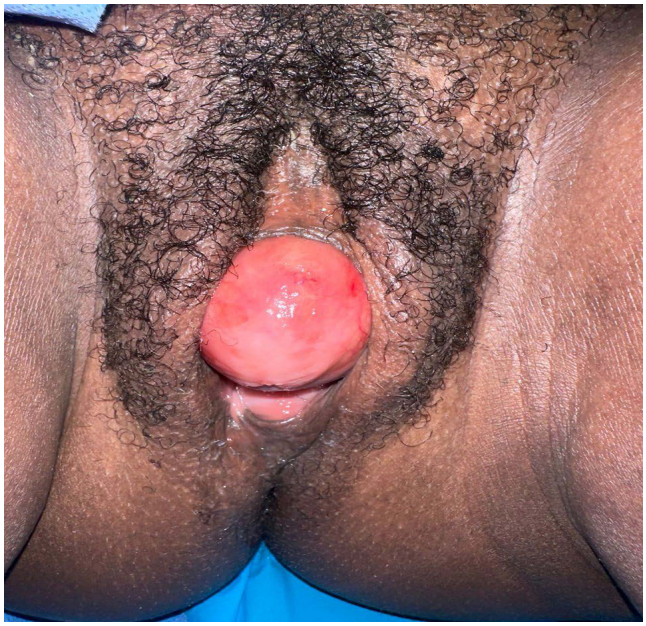

Figure 1: Cystocele-like vaginal mass

The Foley catheter was removed on the seventh postoperative day, and the postoperative recovery was uneventful.

The histopathological examination outlined a benign tumoral process composed of spindle cells with wavy, rounded nuclei of low grade, forming a storiform or fascicular architecture arranged in all directions, suggestive of a fibroid (Figure 3).

Discussion

Extrauterine fibroma sites are uncommon. They are primarily located in the ovary, broad ligament, round ligament, and, exceptionally, in the vulva and vagina.[5,6] Vaginal fibroma is an infrequent tumour

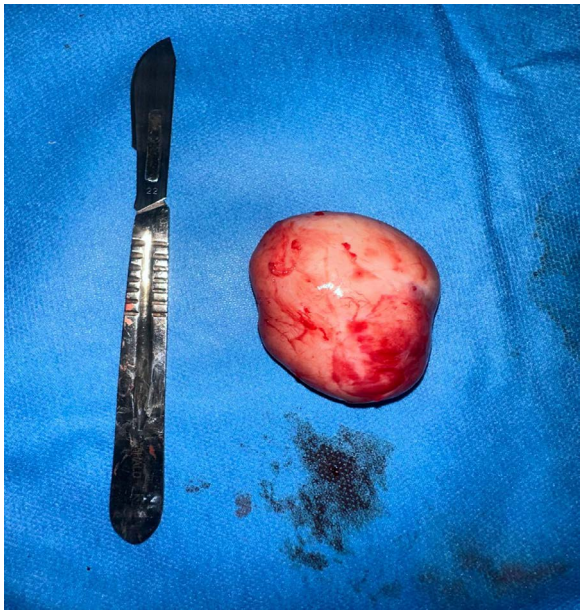

Figure 2: Macroscopic aspect of the vaginal nodule

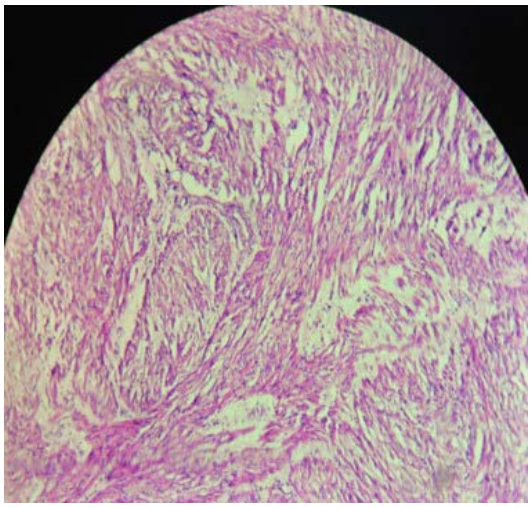

Figure 3: Histopathological image showing spindle cells with wavy, rounded, low-grade nuclei (Haematoxylin and eosin stain (HE) x 40)

occurring in young women. Since the first case described by Denis de Leyde in 1733, approximately 300 cases of vaginal fibromas have been reported globally.[1,3] It is a unique, asymptomatic, benign tumour with slow growth.[3] Only large forms can manifest as a sensation of vaginal tenderness or foreign body, dyspareunia, and dysuria due to urethral compression.[4]

Ultrasound and magnetic resonance imaging can confirm the vaginal origin of the lesion by excluding neighbouring tumours extending into the vagina and can search for benign criteria (homogeneous lesion with regular borders), making a differential diagnosis with a cystocele, rectocele, urethral diverticulum, urethrocele, and other vaginal tumours.[6,7] In our patient, the tumour was located on the anterior vaginal wall without associated urinary symptoms. However, no preoperative imaging was conducted.

Surgery is the primary treatment, including complete tumour enucleation and possible reconstruction.[1-9] Only histopathological examination can confirm the diagnosis, which is rarely performed preoperatively. Although the lesion is benign, local recurrences following incomplete excision and cases of sarcomatous degeneration have been reported.[3,6,10] In our patient, complete tumour excision and urethral meatoplasty were successfully performed. The bladder catheter was removed on the seventh postoperative day with an uneventful recovery. Histopathological examination of the surgical specimen confirmed the diagnosis of vaginal fibroma.

Conclusion

Suburethral vaginal fibroma is an infrequent, benign, and most often asymptomatic tumour occurring in young women and requiring complete surgical excision to prevent recurrence. The diagnosis is based on a histological examination of the enucleated tumour.

Conflict of interest

The authors declare no conflict of interest.

Ethical approval

The ethics committee in our institution is represented by our superiors, who give verbal approval without a written approval letter. The ethics committee provided verbal authorisation and an opinion for the continuation of the investigation or not without written declarations.

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