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# Case Study: The Elusive Vaginal Leiomyoma

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PI: Kelly Nagy MD

**HPI:** 31yo G3P3 with AUB-L and HMB. Previously tried OCPs, Lysteda, LNG-IUD without improvement. Also with significant dysmenorrhea  
**PMH:** Obesity, OSA, Migraines without aura, Anxiety, Mild persistent asthma, GERD  
**Exam:** Normal external genitalia and vagina, cervix nulliparous. Bimanual: 3-4cm mass palpated just anterior to cervix with moderate tenderness, uterus anteverted and approximately 7wk in size, no adnexal masses or tenderness  
**Labs:** Hgb 11.9

## Imaging:

**CT** - right hypodense adnexal lesion measuring 3.6cm

**TVUS** - uterus normal in size, unable to see hypodense mass seen on CT scan

**MRI** - 4cm mass in region of right-anterior cervix and right vaginal fornix c/w cervical or vaginal leiomyoma

Proceeded with LAVH, bilateral salpingectomy, cystoscopy

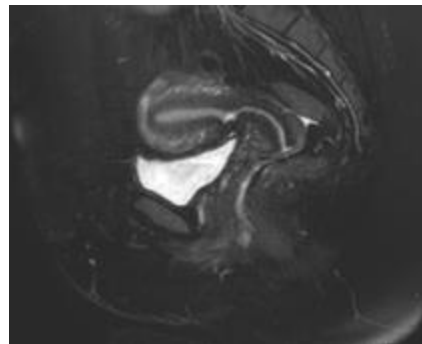
## Operative Report Findings:

1. Slightly enlarged globular uterus without obvious evidence of fibroids on laparoscopy
2. 2-3 gunpowder lesions noted in posterior cul de sac c/w endometriosis
3. Extensive vesicouterine adhesions noted
4. Approx 2cm abdominal wall hernia at the umbilicus with omental adhesions to anterior abdominal wall at this hernia
5. Normal-appearing bilateral fallopian tubes
6. Left ovary with 1cm simple-appearing cyst, otherwise normal appearing. Normal-appearing right ovary
7. On vaginal exam, fullness noted in right vaginal fornix after removal of uterus - c/w what appeared to be a fibroid on imaging. On excision of this mass, appearance c/w leiomyoma

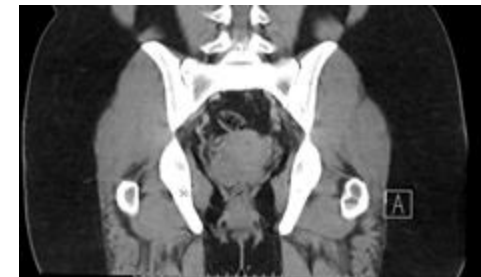
**Pathology:** Uterus 156g, benign cervix and endometrium, uterus with 0.6cm benign leiomyoma and no evidence of endometriosis or adenomyosis. Benign fallopian tubes. Vaginal mass c/w benign leiomyoma

## References

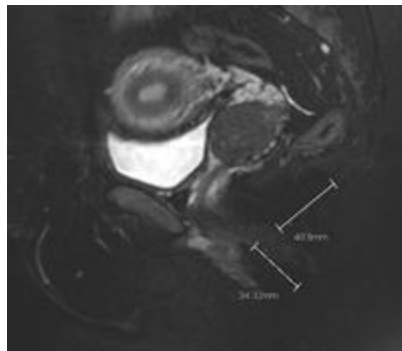
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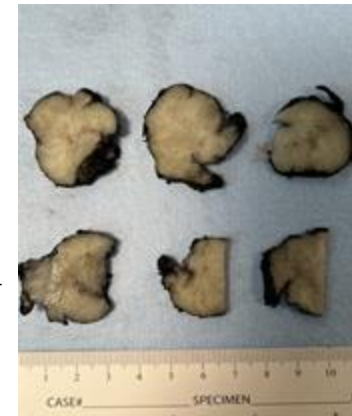


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Fig 1-2: MRI pelvis

Fig 3: CT abd/pelvis

Fig 4: cross-sections of vaginal leiomyoma post-operatively



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## Vaginal Leiomyomas:

Vaginal leiomyomas are rare and only about 300 cases have been reported in the literature.<sup>1</sup> These benign tumors typically occur in females aged 30-50, most of them appear on the anterior vaginal wall and are often asymptomatic.<sup>2</sup> Given the rarity, they can often be mistaken for other masses such as cervical leiomyomas, vaginal cysts, or cystocele to name a few. Their final diagnosis is made by histopathology but pre-operative imaging and examination are key.