

SUBURETHRAL LEIOMYOMA

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Leiomyomas of the anterior vaginal wall or suburethral localization are very rare and sporadic cases are described in the literature. They are related mostly to clinical symptoms that include dyspareunia, pelvic pain and urinary symptoms, and dysuria with or without stress incontinence^{1,2}. Suburethral localization is atypical because leiomyomas appear exclusively in the myometrium, urinary bladder, urethra and renal pelvis³.

In august 2012, a 46-year-old woman (gravida 3, para 3) was admitted to Clinical Department of Obstetrics and Gynecology, Sveti Duh University Hospital, in Zagreb, Croatia, with dyspareunia and tumor formation in the anterior vaginal wall, with neat gynecologic and personal history, intrauterine device (IUD) applied for the last five years, and normal Pap cytologic smears. In the past three years, had felt tumorous formation in the anterior vaginal wall that had grown twofold, accompanied by dyspareunia but without incontinence.

A tumor of the intact vaginal anterior wall in median line, about 5 cm from the outer mouth of the urethra, solid, sharply delimited, immobile and painful was found on palpation. Transvaginal ultrasound (US) revealed a suburethral, sharply delimited, solid tumor of 45x38x25 mm, with peripheral vascularization without communication to the urethra, uterus and ovaries, normal morphometry with IUD applied, as confirmed by multi-slice computed tomography (MSCT) of the pelvis and abdomen; oncomarkers were normal. Considering the finding, anterior colpotomy, tumor enucleation and colporrhaphy were performed. The surgery and

postoperative course were normal. Histopathologic and immunohistochemical findings pointed to leiomyoma (vimentin, actin and desmin positive, staining and Mallory): bundles of spindle cells separated by scarce binder, with rare mitoses (1/10 HPF) without polymorphism, necrosis and infiltrations.

Theodoridis *et al.*³ describe a 3.5 cm subvesical solid tumor of the anterior vaginal wall, compressing the bladder wall and associated with dyspareunia; they performed tumor enucleation verifying benign leiomyoma. Recurrence is extremely rare, but one case has been described in the literature so far⁴. Although very rare, tumors of the urethrovaginal/vesicovaginal spaces are benign and surgical enucleation after diagnostic imaging (US, MSCT, magnetic resonance imaging) is final treatment with good prognosis and absence of clinical symptoms of dyspareunia, chronic pelvic pain, dysuria and incontinence.

References

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