

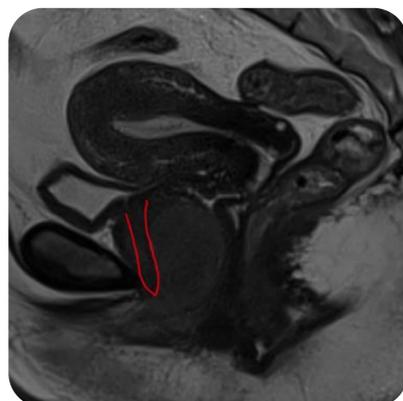
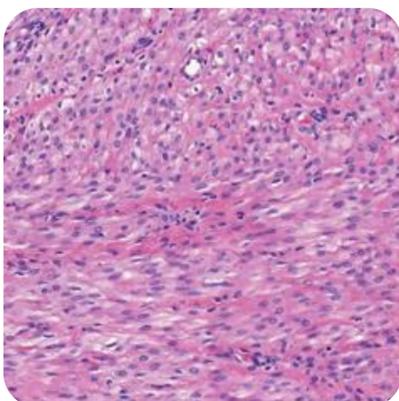
Case presentation

- Woman 44y
- Medical history:
 - Two natural births
 - Sterilization
 - Appendectomy
 - Smoker (15c/d)
- No stress incontinence
- Feeling of a mass at the opening of the vagina
- Clinical examination:
 - Firm, painless submucosal mass of anterior vaginal wall.
 - The overlying mucosa was smooth



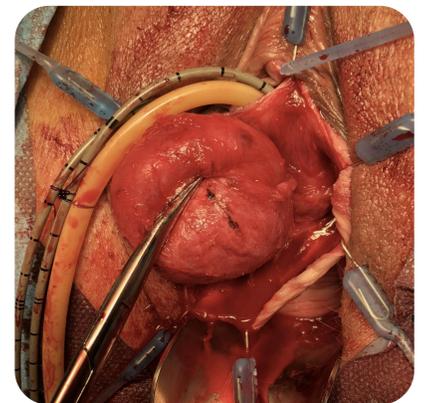
Examination and tissue diagnosis

- Urine culture : sterile
- Urine cytology : no atypical cells
- Cystoscopy : imprint of a mass on the posterior bladder wall
- MRI scan with gadolinium contrast: sharply margined mass at anterior vaginal wall, in direct contact with the urethra. Maximum cranio-caudal length was 4.5 cm. There was immediate intense homogenous contrast enhancement
- Two cold biopsies for pathology : microscopy of leiomyoma with oval nuclei centrally located and hyperchromasia. No mitotic figures.



Surgical treatment

- Patient under narcosis
- Lithotomy position
- Bilateral ureter catheters/bladder catheter
- Anterior vaginal wall longitudinally incised
- Sharp dissection along the borders of the leiomyoma
- Enucleation of the tumor
- A rim of sphincter tissue was 'en bloc' removed with the mass
- Postoperative the catheter stayed for 24h hour



Discussion and conclusion

Leiomyomata, also known as fibroids, are **benign tumors of the smooth muscle cell**. They can occur in any smooth muscle structure of the body, but tend to be common in **the genitourinary and gastrointestinal tractus** of women in the **reproductive years**. Urethral and paraurethral leiomyomata are extremely rare. These rare tumors can cause urinary complaints, urinary tract infections, hematuria, dyspareunia, and the feeling of a vaginal mass which may be confused with prolapse. **Symptomatic leiomyomata should be routinely removed**, while incidental leiomyomata should be followed up. In this way morbidity and complications may be avoided.

Follow-up

Good result after 6 months. Initially minimal stress incontinence, however not bothersome for the patient. After pelvic floor physiotherapy the patient was completely dry.

Bibliography

1. Miettinen M. Smooth muscle tumors of soft tissue and non-uterine viscera: biology and prognosis. Mod Pathol 2014 Jan;27:17-29.
2. Stanford medicine: Surgical pathology criteria. <http://surpathcriteria.stanford.edu/>
3. A. J.L. Cornella, MD, T.R. Larson, MD, R.A. Lee, MD, et al. Leiomyoma of the female urethra and bladder. Report of twenty-three patients and review of the literature. Am J Obstet Gynecol 1997;176:1278-85.)