



CLINICAL IMAGE

Large pedunculated submucosal leiomyoma mimicking uterine prolapse

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Abstract

The differential diagnosis of a sudden protrusion of a large vaginal mass includes a uterine or vaginal vault prolapse, a pedunculated uterine leiomyoma or leiomyosarcoma, a uterine stromal tumor or a giant polyp.

KEYWORDS

pedunculated uterine leiomyoma, protruding vaginal mass, submucous leiomyoma, uterine prolapse

1 | QUESTION

What is the differential diagnosis of a vaginal protruding mass?

2 | MANUSCRIPT

A 35-year-old woman was referred to the gynecology emergencies due to a presumed nonreducible uterine prolapse. The patient reported a history of a progressive growing mass protruding from the vagina over the past week. Clinical examination confirmed the presence of a nontender 25 cm protruding mass from the vagina (Figure 1).

Transvaginal ultrasound could not be performed because of the unreducible protruded mass. Transabdominal ultrasound revealed a nonprolapsed normal-sized uterus. Differential diagnosis included a pedunculated uterine leiomyoma, leiomyosarcoma, uterine stromal tumor, or a giant polyp. The patient was admitted for surgical excision. During admission, a further enlargement of the protruding mass with bleeding and ischemic-type areas was observed (Figure 2).



FIGURE 1 Protruding vaginal mass

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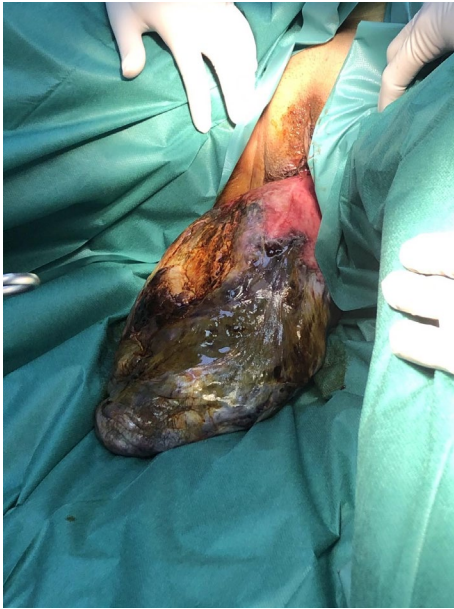


FIGURE 2 Further enlargement of the protruding mass with bleeding and ischemic-type areas

Transvaginal excision with suture ligation of the pedicle was performed. Histopathological examination confirmed the diagnosis of a submucosal leiomyoma. The patient was discharged the following day.

Prolapsed uterine leiomyomas are pedunculated submucosal fibroids that prolapse through the cervical canal. Diagnosis may be confusing as pelvic examination may not be able to exclude a uterine prolapse or a uterine inversion.¹ Moreover, elongation and torsion of the pedicle may lead to a hemorrhagic, gangrenous degeneration, mimicking a leiomyosarcoma. Vaginal resection and histological confirmation of the protruding mass represent the treatment of choice.²

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

DZ: involved in project development, manuscript writing, and data analysis. SA: involved in project development and served as a primary surgeon. NK: involved in manuscript editing. LM: involved in primary case management. AP: served as an Assistant Surgeon. KA: involved in photograph editing and data analysis. TG: involved in project development and manuscript writing.

ETHICAL APPROVAL

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

CONSENT STATEMENT

Published with written consent of the patient.

DATA AVAILABILITY STATEMENT

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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