

Sub Urethral Leiomyoma

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ABSTRACT

Introduction: Sub urethral fibroid is a rare form of leiomyoma. Sub urethral localisation is atypical as leiomyoma appear exclusively in the myometrium, urinary bladder, urethra and renal pelvis. Although it is rare, it is the most common benign tumour found in the vagina and the posterior aspect of the urethra is a common location. The aetiology of the disease is not definitely known. However, the tumour is believed to arise from mullerian and wolffian duct remnants. **Methods:** Case report. **Case Presentation:** A 38-year-old woman, presented with complaints of mass per vaginal for three months. Examination revealed a sub urethral mass 3 by 3cm and MRI showed a well-defined hypointense bilobed mass in the right vagina wall, which may represent a vagina leiomyoma. Under spinal anaesthesia, the tumour was resected via a vertical sub urethral incision. Sub urethral space was sutured and haemostasis secured. Histopathological examination came back as leiomyoma. **Conclusions:** The diagnosis of sub urethral leiomyoma can be challenging as it can be mistaken as pelvic organ prolapse. The key to an exact diagnosis is a solid well circumscribed mass which has normal overlying mucosa and no direct communication with urethra either by radiographic or endoscopy. A good clinical assessment supported by radiological imaging will guide to an accurate diagnosis. A correct diagnosis is paramount to ensure an appropriate management is carried out. A precise delineation and resection of the sub urethral fibroid is crucial to avoid possibility of recurrence and risk of urethral injury.

Recurrent Labia Fusion in a Reproductive Woman: A Case Report

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ABSTRACT

Introduction: Labia fusion is common in prepubertal girls and postmenopausal women. Incidence of labial fusion in prepubertal girls is reported as 0.6-5%. However, it is a rare clinical entity in reproductive-aged women. Only few cases are reported in the literature. It may be related to hypoestrogenism, chronic inflammation or irritation, trauma or underlying skin condition for example lichen sclerosis. **Objectives:** To describe a case of recurrent labial fusion in a reproductive woman and the treatment modalities. **Description:** This is a case of recurrent labia fusion in a 27-year-old woman. She first presented at 24-year-old, prior to sexual debut and adhesiolysis was done using electrocautery. Then, she went on to have a successful vaginal delivery. No recurrence was reported until recently. This time she presented with voiding difficulty and clinical examination showed a complete fusion of labia minora from clitoral hood down to the fourchette with only a small pinhole opening. Labia separation was done using electrocautery under spinal anaesthesia. Post operatively the wound was cared with application of bactigrass and gentle lateral traction to prevent fusion of the labia until reepithelialisation occurs. **Results:** The voiding symptoms resolved, and the patient managed to resume her sexual activity. No recurrence was noted in two months follow up. **Conclusion:** Labia fusion can be treated with adhesiolysis and meticulous wound care.