Case Report:
Vaginal Neurofibroma

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Abstract

Background: The causes of masses protruding at vulva are many, but vaginal neurofibroma is very rare cause. The manifestations of solitary primary neurofibroma differ as a mass or pain or acute urine retention up to obstructed labour. Pain is one of manifestation that cannot be ignored especially if severe pain that interrupts patient life like physical activity, sexual intercourse, and may lead to psychological disorder. In addition to the repeated attacks of urine retention that may need hospital transfer and repeated catheterization.

Case(s): The case presented with mass protruding at vulva, with attacks of acute urine retention relieved by repeated difficult catheterization, in addition to severe pain that partially relieved by analgesia and hypnotics with disturbed sexual relation and secondary infertility, and at same period with psychological upsets. By Cusco speculum examination using reverse technique i.e. insertion of Cusco speculum in form of blade latterly instead of one bale up and another down, the mass discovered to be pedunculated arising from anterior vaginal wall, the pedicle was long allowing this mass to be entered inside the urethra which was dilated to degree as if vagina is divided transversely in equal manner. Surgical excision was done, neurofibroma detected. Patient became pregnant and delivered safely.

Conclusion: Neurofibroma is rare but should be considered in any painful mass at vulva. By using Cusco speculum in reverse manner we can examine anterior and posterior vaginal wall.


Introduction

Case Report: Vaginal Neurofibroma

Neurofibroma differ as a mass or pain or acute urine retention up to obstructed labour. Pain is one of manifestation that cannot be ignored especially if severe pain that interrupts patient life like physical activity, sexual intercourse, and may lead to psychological disorder. In addition to the repeated attacks of urine retention that may need hospital transfer and repeated catheterization.

Case(s)

A 30 year old patient, P2+0, with 3 years 2nry infertility, previous 2 caesarian sections, presented with mass protruding at vulva, for about 2y with attacks of acute urine retention relieved by repeated difficult catheterization, repeated urinary tract infection in addition to severe pain that partially relieved by analgesia and hypnotics with disturbance of sexual intercourse at same period with psychological upsets. There were offensive vaginal discharge, improved partially by metronidazole and vaginal douches. No family history of medical or surgical disorders. During examination the mass is very painful, by inspection the mass was about 4* 3cm with some necrotic areas and offensive discharge. By speculum examination there was difficulty in insertion but by using reverse technique i.e. insertion of Cusco speculum in form of blade latterly instead of one blade up and another down, the mass discovered to be pedunculated arising from anterior vaginal wall 3cm from urethral orifice, the pedicle was long (5cm) enough allowing this mass to enter inside the external urethral meatus which became dilated to degree as if vagina is divided transversely in equal manner. Husband was attending examination and noted that there were partial intercourse at upper opening as he cannot complete the act and cannot enter inside the lower opening containing the mass (vagina), and there are 2nry infertility for 3 years.

The investigations revealed that, urine pus was over 100/HPF, bilateral back pressure changes of both kidneys, thick wall of urinary bladder, renal gravels.

The decision was removal and histopathology. After routine investigations, and correction of urinary tract infection, under general anesthesia, after catheterization, with use of scalpel, elliptical incision was done, and by use of diathermy the pedicle completely removed with the mass, few stitches were taken after confirmation of intact urethra. After patient become fully conscious of anesthesia, there were dramatic improvement of pain and patient did not use analgesics.

Histopathology diagnose the case as neurofibroma with associated ulceration and septic granulation tissues negative for atypia. Benign soft tissue tumor of peripheral nerve origin. Tumor is formed neural tissue.

After 3 months, patient came with missed period and she was pregnant and followed during pregnancy and delivered safely at term.

Comment:

The interesting presentations of neurofibroma in this patient were; 2nry infertility, disturbed sexual relation with dilated urethra that allow partial intercourse and leads to repeated urinary tract infections, in association with infected tumor and repeated cauterization. In addition to the repeated urethral obstruction by the mass lead to bilateral back pressure changes in kidneys. Also the pedunculated anterior position of the tumour near urethra inside vagina leads to difficulty in diagnosing the case by many gynecologists, but by using reversed Cuso position allow me to examine the anterior in addition to posterior vaginal wall in this very painful lesion without using anesthesia, as outpatient examination. Dramatic improvement after removal of neurofibroma, no pain, no repeated urinary tract infections, no back-pressure changes on both kidneys, and getting pregnant after establishment of normal sexual relation lead to improvement of psychological condition of patient.

Few authors all round world reports cases with genital neurofibroma; Gómez-Laencina, et al., [1], described the case of a 71-year-old patient with pelvic pain and a uterine mass who underwent a
hysterectomy after having been diagnosed with an 11-cm neurofibroma occupying the myometrium of the entire uterine corpus. But our patient site of neurofibroma is vagina and patient was 30 years.

Mourali, et al., [2] and Yayli et al., [20] reported a 71y old patient with vaginal neurofibroma with Von Recklinghausen disease. Our patient was at 30 years old, and hasn’t Von Recklinghausen disease.

Baulies, et al., [8], reported a 20-year-old woman with a history of type-1 neurofibromatosis with a vaginal nodule neurofibroma. But our patient not havehistory of type-1 neurofibromatosis and not just a nodule.

Wei, et al., [4], described a case of plexiform neurofibroma affecting the uterine cervix. In our report the vagina was site of the lesion.

Sharma, et al., [5], reported Huge localized vaginal neurofibromatosis as an unusual cause of postmenopausal bleeding. In our report, the bleeding was not a manifestation and patient was young.

Gordon, et al., [6], reported Plexiform neurofibromatosis involving the uterine cervix, endometrium, myometrium, and ovary in a patient without a family history of von Recklinghausen's disease and without other clinical manifestations of the disease. In our report vagina only was site of lesion.

Iloki, et al., [7], a case of neurofibroma affecting the uterine cervix and endocervix, vagina, and vulva, the urinary bladder, urethra, and one ureter were also extensively affected. In our report vagina only was site of lesion.

Eusebi and Schönauer, [11], reported Pigmented vaginal neurofibroma. In our report there were no pigmnetations.

Gold, [12], published about Neurofibromatosis of the bladder and vagina. In our report the vagina only was involved.

Drescher and Herzog, [15], published about On neurofibromatosis of the vulva and vagina. In our report vagina only was involved.

Marmey and Lacroix, [16], published about Recklinghausen disease and pregnancy; cesarean section in vaginal neurofibromatosis. But our patient was not pregnant at presentation and the neurofibroma was solitary, and pain interfer with intercourse and no pregnancy achieved except after excision of lesion.

Some authors describe single solitary vaginal neurofibroma; Azzopardi, et al., [8], described Neurofibroma with rhabdomyomatous differentiation: Benign “Triton” tumour of the vagina. Imparato, et al., [9], reported Anatomo-clinical observations on a case of solitary neurofibroma of the vagina. Belvederi, et al., [10], reported Anatomo-clinical findings on a case of neurofibroma of the vagina. De Jorio and Belfiore [13], reported rare case of vaginal localization in the course of Recklinghausen's disease. Stingl, published about contribution to the knowledge of primary neurofibroma of the vagina [14]. Norris and Cooper, [17], reported about Primary neurofibroma of the vagina.

References


