DJOG Danish Journal of Obstetrics and Gynaecology

Spontaneous expulsion of a large vaginal mass – a case of complete ejection of a detached fibroma in statu nascendi

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ABSTRACT

Objective: Pedunculated fibroids are a subtype of submucousal fibroids, that can prolapse into the cervical canal and vagina while remaining attached to the uterine cavity by a pedicle. This condition is known as fibroma in statu nascendi and its exact prevalence is unknown. As the most frequently presented symptoms are abnormal vaginal bleeding/discharge and lower abdominal pain, a complete release of the pedicle leading to spontaneous expulsion of an isolated fibroid is a rarity.

Methods: A case report describing a complete, spontaneous release of a pedunculated fibroid measuring 8x5 cm.

Results: A 63-year-old woman with no gynecological history was referred by her general practitioner after spontaneous expulsion of a large vaginal mass, which measured 8x5 cm. She had no vaginal bleeding since menopause and she had experienced a few days of whitish discharge and a sensation of something filling the vagina before the mass was expelled. Gynecological examination revealed a normal-appearing vagina and transvaginal ultrasound showed a thin endometrial echo. Histopathological diagnosis confirmed the suspicion of fibroma in statu nascendi.

Conclusion: Prolapsed submucousal fibroids are a well-known condition, that frequently presents as abnormal vaginal bleeding/discharge and lower abdominal pain. Total, spontaneous detachment of the fibroid is rare. The diagnosis is typically evident; however, differential diagnoses, such as endometrial polyps and sarcomas, must be considered and clarified via histopathological evaluation.

Keywords: Leiomyoma; Fibroids

Received: 24. January 2022
Accepted: 5.November 2022
Date of publication: 15. January 2023
DOI: https://doi.org/10.56182/djog.v1i1.20

INTRODUCTION

Uterine leiomyomas or fibroids are benign tumors originating from myometrial cells and are the most common pelvic tumor in women (1). A subtype of the submucosal fibroids is the pedunculated type that can prolapse into the cervical canal and extrude into the vagina while remaining attached to the uterine cavity by the pedicle (2). This condition is known as fibroma in statu nascendi, and its exact prevalence is unknown (3). In women with fibroids requiring surgery, the relative rate was found to be 2.5-3.8% (2, 4). Complete release of the pedicle leading to an isolated fibroid in the vagina is rare and we here present a such case of a complete, spontaneous expulsion of a large fibroma in statu nascendi.

CASE

A 63-year-old woman with no gynecological history was referred to our clinic by her general practitioner after spontaneous expulsion of a vaginal mass during initiation of the gynecological examination. She had no vaginal bleeding since menopause at 50 years old and no prior gynecological complaints. She had experienced a few days of whitish discharge and a sensation of something filling the vagina. The gynecological examination revealed a normal-appearing vulva and vagina, except for slightly reddish vaginal discharge from where a swab culture was obtained. Cervical cytology and endometrial vabrasio were performed and transvaginal ultrasound revealed a thin endometrial echo at 4 mm with a fibroid in the anterior uterine wall measuring 4 x 4.5 cm (figure 1). The patient brought in the expelled mass, which measured 8 x 5 cm (figure 2). Cervical cytology and endometrial vabrasio were normal, swab culture was negative, and histopathological diagnosis confirmed the suspicion of fibroma in statu nascendi.

The patient provided written consent for this case report to be published.

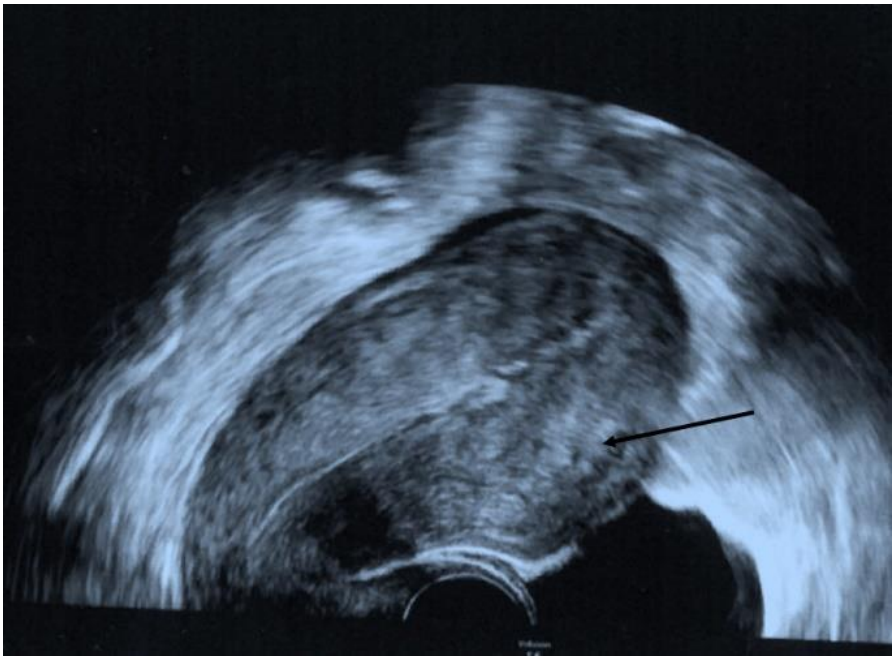

Figure 1. Transvaginal ultrasound revealed a thin endometrial echo at 4 mm with a fibroid in the anterior uterine wall measuring 4 x 4.5 cm (arrow)

Figure 2. The expelled vaginal mass measuring 8x5 cm. Histopathological evaluation confirmed the suspicion of fibroma in statu nascendi

DISCUSSION

This case report describes a complete, spontaneous release of a large, prolapsed submucosal fibroid in a postmenopausal woman with no symptoms until a few days prior to presentation. This rare condition is reflected by the sparse literature on the topic. Most studies cover the presentation and surgical management of prolapsed submucosal fibroids that are attached to the uterine cavity by a pedicle. These fibroids are classified as type 0 submucosal leiomyomas (5) according to the FIGO subclassification system of leiomyomas (6).

Due to compromise of the blood supply as the pedicle stretches, fibroids often become necrotic or infected (7). The most frequently presented symptoms are abnormal vaginal bleeding (74-88%), lower abdominal pain as the fibroid dilates and passes through the cervical canal (19-65%), abnormal vaginal discharge (44-59%), anemia (42.8-57%) and the “sensation of something filling the vagina” (19%) (2-4, 7, 8). One case reported acute urinary retention due to urethral compression by the fibroid (7). The patient in our clinic presented monosymptomatically with abnormal vaginal discharge without infection. Transvaginal ultrasound revealed a normal-appearing cavity, and the patient went home from our outpatient clinic the same day.

When identifying a mass protruding from the cervix, endometrial polyps and, rarely, sarcomas must be considered in the differential diagnosis. Calgar et al. (4) evaluated 70 cases of presumed prolapsed fibroids and found 5.7 % to be endometrial polyps and 2.9 % to be malignant (sarcoma and squamous cell carcinoma of the cervix). In another study, histopathological evaluation of 46 cases revealed 27% to be endometrial polyps (5) and a third research group identified 1 case of sarcoma out of 40 (7). Although uterine sarcomas are rare, with an estimated incidence of 17-44 cases per million per year (9), and tend to be subserosal rather than intramural, histopathological evaluation is mandatory, as estimates suggest that up to 0.3 % of women undergoing surgery for presumed fibroids instead possess unsuspected sarcomas (10).

CONCLUSION

Prolapsed submucosal fibroids are a well-known condition that frequently presents as abnormal vaginal bleeding or discharge and lower abdominal pain. Total spontaneous detachment of the fibroid is rare. The diagnosis is typically evident; however, differential diagnoses, such as endometrial polyps and sarcomas, must be considered and clarified via histopathological evaluation.

Conflict of interest: None
Author contributions: KFT wrote the manuscript in consultation with AMBB, who provided critical feedback and revision. Both authors approve the final version and agree to be accountable for all aspects.
Acknowledgments: N/A
Funding information: No financial or material support has been provided.

REFERENCES

1. Baird DD, Dunson DB, Hill MC, Cousins D, Schectman JM. High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence. Am J Obstet Gynecol. 2003;188(1):100-7.
2. Ben-Baruch G, Schiff E, Menashe Y, Menczer J. Immediate and late outcome of vaginal myomectomy for prolapsed pedunculated submucous myoma. Obstet Gynecol. 1988;72(6):858-61.
3. Aydın S, Göksever Çelik H, Maraşlı M, Bakar RZ. Clinical predictors of successful vaginal myomectomy for prolapsed pedunculated uterine leiomyoma. J Turk Ger Gynecol Assoc. 2018;19(3):146-50.
4. Caglar GS, Tasci Y, Kayikcioglu F. Management of prolapsed pedunculated myomas. Int J Gynaecol Obstet. 2005;89(2):146-7.
5. Golan A, Zachalka N, Lurie S, Sagiv R, Glezerman M. Vaginal removal of prolapsed pedunculated submucous myoma: a short, simple, and definitive procedure with minimal morbidity. Arch Gynecol Obstet. 2005;271(1):11-3.
6. Munro MG, Critchley HO, Broder MS, Fraser IS. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. Int J Gynaecol Obstet. 2011;113(1):3-13.
7. Riley P. Treatment of prolapsed submucous fibroids. S Afr Med J. 1982;62(1):22-4.
8. Dicker D, Feldberg D, Dekel A, Yeshaya A, Samuel N, Goldman JA. The management of prolapsed submucous fibroids. Aust N Z J Obstet Gynaecol. 1986;26(4):308-11.
9. Lin JF, Slomovitz BM. Uterine sarcoma 2008. Curr Oncol Rep. 2008;10(6):512-8.
10. Chen I, Firth B, Hopkins L, Bougie O, Xie RH, Singh S. Clinical Characteristics Differentiating Uterine Sarcoma and Fibroids. Jsls. 2018;22(1).