

CASE REPORT

Necrotic Suburethral Mass neglected in the Shadow of COVID-19; Situation Report and Literature Review

Masa suburetral necrótica desatendida a la sombra de COVID-19; informe de situación y revisión bibliográfica

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Received: 21 - VII - 2023

Accepted: 28 - VIII - 2023

doi: 10.3306/AJHS.2023.38.06.159

Abstract

Etiology of suburethral masses can be acquired or congenital. Their incidence is challenging to estimate because of the low number of reported cases, but reported rates are under 1% in studies based on population. Vaginal leiomyomas occur most repeatedly in the midline anterior wall but less repeatedly in the posterior and lateral walls. Large tumors can ground urinary outflow obstruction. In this study, we presented a case of giant vaginal leiomyoma, which reached a diameter of 16 cm, was thought to be malignant due to its size and appearance, and was neglected due to the COVID-19 pandemic. In order to reveal the relationship with the urethra and bladder before the operation in anterior vaginal wall leiomyomas to distinguish whether there is invasion or not, to avoid possible complications; We think that magnetic resonance imaging is more useful than pelvic ultrasonography.

Key words: Leiomyoma, COVID-19, Suburethral mass.

Resumen

La etiología de las masas suburetrales puede ser adquirida o congénita. Su incidencia es difícil de estimar debido al escaso número de casos notificados, pero las tasas notificadas son inferiores al 1% en estudios basados en la población. Los leiomiomas vaginales aparecen con mayor frecuencia en la pared anterior de la línea media y con menor frecuencia en las paredes posterior y lateral. Los tumores grandes pueden provocar obstrucción del flujo urinario. En este estudio, presentamos un caso de leiomioma vaginal gigante, que alcanzó un diámetro de 16 cm, se pensó que era maligno debido a su tamaño y aspecto, y se descuidó debido a la pandemia de COVID-19. Con el fin de revelar la relación con la uretra y la vejiga antes de la operación en los leiomiomas de la pared vaginal anterior para distinguir si hay invasión o no, para evitar posibles complicaciones; Pensamos que la Resonancia Magnética es más útil que la ecografía pélvica.

Palabras clave: Leiomioma, COVID-19, Masa suburetral.

Cite as: Sağır S, Ergün M, Aydın DS. Necrotic Suburethral Mass neglected in the Shadow of COVID-19; Situation Report and Literature Review. *Academic Journal of Health Sciences* 2023; 38 (6):159-61 doi: 10.3306/AJHS.2023.38.06.159

Introduction

Suburethral masses can occur in any age group, but are most common in women between the ages of 30-60¹. A visible or palpable mass is usually the most common presenting symptom of patients. However, general symptoms such as frequent urination, sudden urgency, difficulty in urination, dysuria, dyspareunia, vaginal discharge, bleeding, pain, ulceration and itching may also be observed². When determining a differential diagnosis for a suburethral mass in women, several factors should

be taken into account; suburethral diverticulum, cystocele, ureterocele, ectopic ureterocele, vaginal epithelial inclusion cyst, mullerian cyst, leiomyoma, endometriosis like^{2,3}. The majority of suburethral masses are benign and are successfully treated with surgery. In most of the cases, the correct diagnosis is facilitated by clinical, radiological, endoscopic and urodynamic evaluations. Due to the Covid 19 pandemic, neglected suburethrally located vaginal We present a case of leiomyoma.

Case report

44-year-old female patient was admitted to our outpatient clinic with complaints of a painless mass growing in the vagina for about 3 years, difficulty in urination, inability to urinate completely, frequent urination, bad odor, frequent urinary tract infections, inability to walk due to the size of the mass and being confined to a wheelchair. When the

Figure 1: Image of the preoperative mass.

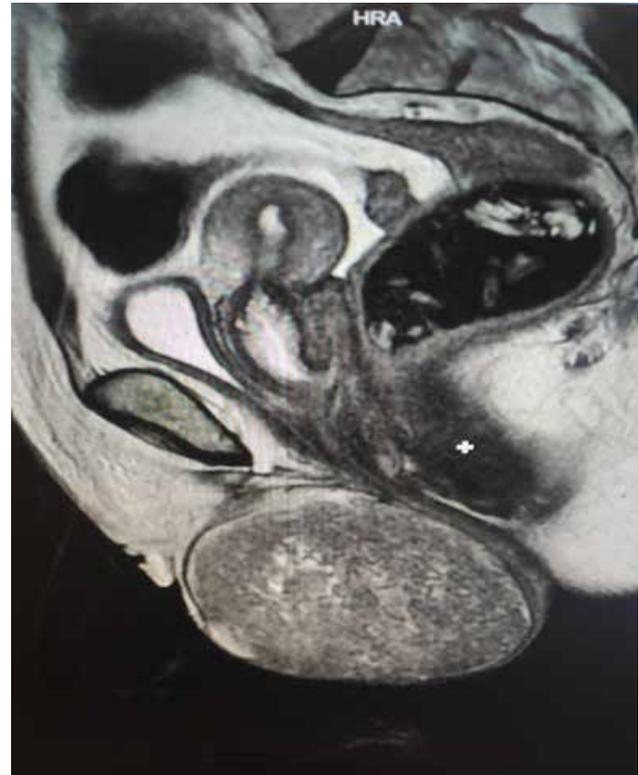


Figure 2: Subtracted mass image.



patient entered the examination room with a wheelchair, there was a bad odor. In the urogynecological examination, a suburethral mass of approximately 15-20 cm was observed, which is necrotic, eroded, watery, with a foul odor, with discharge and completely closing the vaginal entrance. In the urogynecological examination, it was observed that the mass was suburethral and originated from the anterior-middle part of the vagina (**Figure 1,2**). The patient's existing pelvic MRI examination (**Figure 3**) revealed that the mass was 16 x 17 cm on the anterior vaginal wall just below the urethra. The mass showed low signal intensity on T1 and T2 weighted images. Benign pathology was detected in the biopsy. Written and verbal informed consent of the patient was obtained. During the operation, a Foley catheter was placed in the bladder to prevent urethral injury in the lithotomy position with spinal anesthesia. The mass was cut all around with a scalpel 1-2 cm outside the necrotic vaginal tissue. The thickened vaginal tissue was separated from the mass by suturing the vessels. The mass was enucleated from the anterior vaginal wall. Excess vaginal tissues were removed and the dead space was closed with number 0 polyglactyl and thickened anterior vaginal wall with 2/0 polyglactyl. The bladder catheter was removed on the 1st postoperative day. Micturition was observed as normal. No complications were observed in the patient during the operation and in the postoperative period.

Figure 3: Pelvic MRI image of the mass.



Discussion

Etiology of suburethral masses can be acquired or congenital. Their incidence is hard to estimate because of the low number of reported cases, but reported rates are under 1% in studies based on population^{3,4}. Urethral diverticulum it constitutes approximately 80% of suburethral masses³. Suburethral localized vaginal leiomyomas Very few reports have been reported in the literature. They are most commonly seen in women between the ages of 35-50 and have an unusual clinical appearance and are solid tumors^{5,6}. Vaginal leiomyomas occur most repeatedly in the midline anterior wall and can be seen less frequently in the posterior and lateral walls⁷. Large tumors can root urinary outflow obstruction. Typically, leiomyomas are well-circumscribed, rounded lumps⁸. Vaginal leiomyomas they are monoclonal tumors originating from smooth muscle cells and fibroblasts. leiomyomas should be differentiated from leiomyosarcomas.

Leiomyosarcomas characteristically appear irregular on MRI and heterogeneous with bleeding or locally infiltrative areas of necrosis, and show significant signal intensity on T2 sequences⁹. Especially large necrotic vaginal leiomyomas difficult to distinguish from leiomyosarcomas.

Conclusion

In this study, we presented a case of giant vaginal leiomyoma, which reached a diameter of 16 cm, was thought to be malignant due to its size and appearance, and was neglected due to the COVID-19 pandemic. In order to reveal the relationship with the urethra and bladder before the operation in anterior vaginal wall leiomyomas, to distinguish whether there is invasion or not, to avoid possible complications; We think that MRI is more useful than pelvic ultrasonography.

Patients' consent

The study was performed in accordance with the Declaration of Helsinki and written informed consent was given from the patient.

Competing interest

The authors declared no competing interests.

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