



Primary vaginal sarcoma treated with upfront fertility-sparing surgery

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A 31-year-old nulliparous woman was referred for a 5 cm vaginal tumor diagnosed by physical examination. She complained of post-coital bleeding in the prior 2 months. Pelvic examination showed a suspicious 5 cm exophytic mass, located on the middle-upper third of the vagina. No lesions were visible in the lower third of the vagina or in the cervix. The tumor biopsy confirmed a vaginal leiomyosarcoma FIGO stage I. An abdominopelvic MRI scan showed a 5 cm heterogeneous vaginal tumor, without cervical extension. The absence of distant disease was confirmed with a positron emission tomography/CT scan.

After a multidisciplinary discussion, a laparotomic sub-total colectomy was recommended. Surgical time was 200 min, the estimated blood loss was 300 mL. The patient had an uneventful

post-operative period. Hospital stay was 4 days. The pathology results showed a 4 cm vaginal leiomyosarcoma (mitotic activity index: 10 mitosis/10 high power field) no lymphovascular space invasion, and the presence of necrosis. Immunohistochemistry showed positivity for smooth muscle actin and desmin, and negativity for myogenin. The surgical resection margins were negative. The multidisciplinary committee decided no adjuvant treatment. Currently, she is having regular menses and intercourse. After a follow-up time of 37 months, she has no evidence of disease.

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Video 1 Radical abdominal colectomy with uterovaginal anastomosis.



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