Vaginal Mass with Unusual Aetiology: A Diagnostic Challenge

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Introduction

Vaginal masses are often benign, but malignancies can present atypically. A high index of suspicion and thorough clinical assessment are essential, particularly when the diagnosis is unclear.

Case

Despite A 58-year-old woman first presented to her GP with vaginal discomfort and was prescribed topical oestrogen without an examination. As her symptoms progressed, she developed malaise, epigastric pain, vomiting, and urinary symptoms, prompting a presentation to the emergency department for further investigation.
A gastroscopy revealed multiple gastric ulcers, and she was discharged home while awaiting biopsy results, which later suggested a poorly differentiated malignancy. She subsequently presented to another emergency department with ongoing vaginal pain and urinary retention. A decision was made to proceed with ureteric stent placement for left hydronephrosis, still without a vaginal examination.

During the procedure, a vaginal lesion was incidentally noted. An intraoperative gynaecology consult identified a firm, circumferential vaginal mass involving the rectum and paravaginal tissues, prompting an urgent referral to gynaecological oncology.

Findings

A CT scan revealed lesions in the liver, lungs, and omentum. Pelvic MRI identified a 7 × 4.5 × 5.5 cm mid-to-distal vaginal mass with infiltration into the urethra, bladder, rectum, anal sphincter complex, and perivaginal soft tissues. The pattern of spread supported the suspicion of a primary vaginal malignancy. PET imaging confirmed widespread metastatic disease, including nodal, pulmonary, peritoneal, and osseous involvement. Despite initial concerns for a gynaecological primary, biopsies of both the vaginal mass and gastric ulcers ultimately diagnosed diffuse large B-cell lymphoma (DLBCL).

Discussion

This case highlights the diagnostic complexity of vaginal masses and the importance of a structured approach to investigation. It underscores the need for clinical examination in patients with persistent vaginal symptoms, as early detection can alter diagnostic and management pathways. Evidence suggests that thorough pelvic assessment improves early cancer detection and outcomes[1]. For gynaecologists, recognising that non-gynaecological malignancies, including lymphoma, can present as vaginal lesions is crucial. A multidisciplinary approach remains essential for timely and accurate diagnosis.

References

1. Williams, P., Murchie, P., Cruickshank, M. E., Bond, C. M., & Burton, C. D. (2019). The use, quality and effectiveness of pelvic examination in primary care for the detection of gynaecological cancer: a systematic review. *Family Practice*, 36(4), 378-386. https://doi.org/10.1093/fampra/cmy092

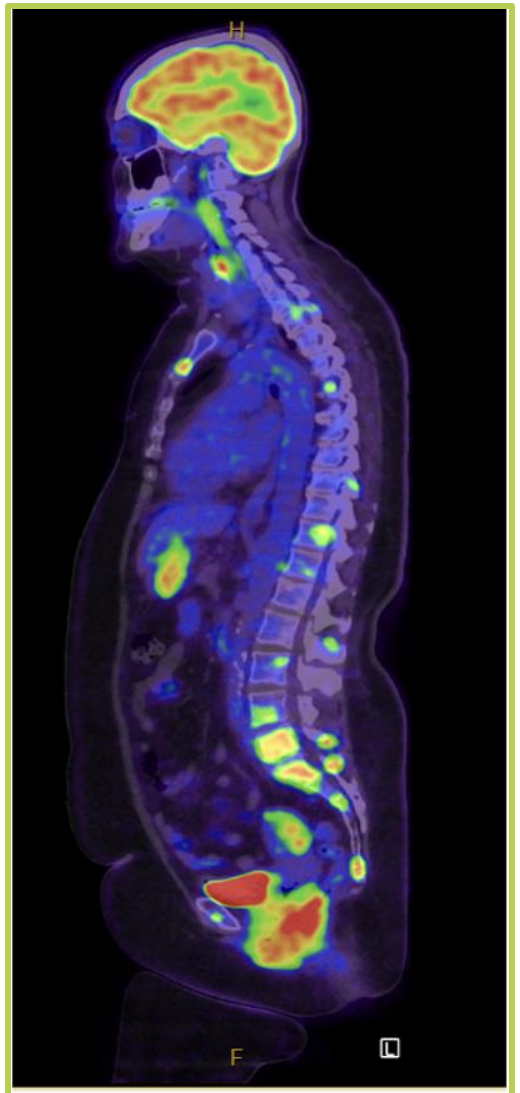

Figure 1: PET scan showing multiple FDG avid metastases