

The Value of Preoperative Diagnosis in Leiomyosarcoma of the Vulva

Firdaus Hayati^{1*}, May Zaw Soe², Normazirah Azizan³ and Alvin Oliver Payus⁴

¹Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia

²Department of Reproductive Health, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia

³Department of Pathobiology and Medical Diagnostic, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia

⁴Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia

ARTICLE INFO

Article history:

Received: 31 August 2020

Accepted: 28 September 2020

ONLINE:

DOI 10.5001/omj.2021.68

Dear Editor,

We read with great interest the article by Saquib et al, entitled: "Leiomyosarcoma of the Vulva Mimicking as Chronic Bartholin Cyst: A Case Report", which was recently published in the *Oman Medical Journal*.¹ Firstly, we would like to congratulate the authors who have nicely described a case of asymptomatic leiomyosarcoma of the vulva mimicking chronic Bartholin gland cyst.

As a reader, we believe it will add a great benefit if additional information could be included such as the pre- and intraoperative, and macroscopic figures as they will be of great help to clearly describe the clinical procedures or findings.² Knowing that this article was written by a gynecology team, it is deemed possible to provide such figures. Since the lesion was diagnosed in postmenopausal woman, regardless of the location, duration, and asymptomatic clinical situation, suspicion of malignancy were highly considered. The surrounding epithelium's appearance needs to be observed to exclude other premalignant skin changes of the affected vulva and compare with the contralateral vulva. Since the case is a rare clinical diagnosis, we would be grateful if we were given a chance to see how the lesion looks, to be able to compare with the Bartholin gland cyst. In addition, it would be beneficial if the immunohistochemical figures could be added as well. We believe that such a nicely written article without complete figures

could be less educational, especially among the non-gynecology personnel.

We congratulate the primary team for managing the case well. Proper action was undertaken in which she was subjected to a second surgery by performing a modified left inguinal lymphadenectomy, hemivulvectomy, and bilateral inguinal lymph node biopsy.³ As highlighted in the literature, the best option is complete surgical excision with negative margins histologically and followed by radiotherapy.⁴ In the absence of metastasis, the prognosis for a completely excised tumor is good. Nevertheless, it is crucial for the patient to have continuous close follow-up following excision of tumor to diagnose late local recurrence promptly.

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