

Letter to the Editor

Letter to: Leiomyosarcoma of the Vulva Mimicking as Chronic Bartholin Cyst: A Case Report

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

¹General Surgeon, Universiti Malaysia Sabah, Surgery, Malaysia

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

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

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

Received: 31 August 2020

Accepted: 28 September 2020

**Corresponding author: firdaushayati@gmail.com*

DOI 10.5001/omj.2021.68

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 issue 4, volume 35, 2020 [1]. Firstly, we would like to congratulate the authors who have nicely described an unfortunate event of asymptomatic leiomyosarcoma of the vulva mimicking chronic Bartholin cyst. However, as a reader we believe it will add a great benefit if additional information could be included such as the pre-, intraoperative and macroscopic figures as they will be of great help to describe clearly the clinical procedures or findings [2]. Knowing that this article was written by a gynaecology team, it is deemed possible to provide such figures. As the lesion is found in post-menopausal woman, regardless of the location, duration and asymptomatic clinical situation, suspicion of malignancy is highly considered. The appearance of the surrounding epithelium needs to be observed to exclude other pre-malignant skin changes of the affected vulva and to compare with the contralateral vulva. Since the case is a rare clinical diagnosis, we would be very much grateful if we are given a great chance to see how the lesion looks, to be able to compare with the Bartholin gland cyst. In addition, it is benefited 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-gynaecology personnel. At any rate, we congratulate the primary team for managing the case well. Proper action was undertaken in which she was subjected for 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 to do a complete surgical excision with negative margins histologically and followed by radiotherapy [4]. In the absence of metastasis, the prognosis for a completely excised tumour 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.

References

1. Saquib S, Cherawala M, Abdel Rahman O, Keloth TE. Leiomyosarcoma of the Vulva Mimicking as Chronic Bartholin Cyst: A Case Report. *Oman Med J.* 2020;35(4):e153.
2. Green BN, Johnson CD. How to write a case report for publication. *J Chiropr Med.* 2006;5(2):72-82
3. Schnürch HG, Ackermann S, Alt CD, et al. Diagnosis, Therapy and Follow-up Care of Vulvar Cancer and its Precursors. Guideline of the DGGG and DKG (S2k-Level, AWMF Registry Number 015/059, November 2015. *Geburtshilfe Frauenheilkd.* 2016;76(10):1035-49.
4. Chokoeva AA, Tchernev G, Cardoso JC, et al. Vulvar sarcomas: Short guideline for histopathological recognition and clinical management. Part 1. *Int J Immunopathol Pharmacol.* 2015;28(2):168-77