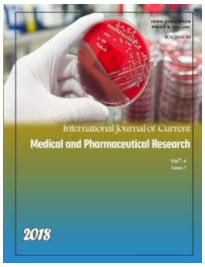
REVIEW Article

INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

ISSN: 2395-6429, Impact Factor: SJIF: 4.656
Available Online at www.journalcmpr.com
Volume 4; Issue 7(A); July 2018; Page No. 3488-3490
DOI: http://dx.doi.org/10.24327/23956429.ijcmpr20180492



GIANT FIBROEPITHELIAL POLYP OF VULVA, A CASE REPORT AND REVIEW OF LITERATURE

Meral Rexhepi[1, 3]., Elizabeta Trajkovska[2]., Florin Besimi[1,3] and Nagip Rufati[1, 3]

[1]Department of Gynecology and Obstetrics, Clinical Hospital, Tetovo
[2]Department of Pathology, Clinical Hospital, Tetovo
[3]Faculty of Medical Sciences, University of Tetovo

ARTICLE INFO

Article History:
Received 2nd April, 2018
Received in revised form 10th May, 2018
Accepted 25th June, 2018
Published online 28th July, 2018

Key words:
Fibroepithelial polyp, vulvar diseases, benign lesion

ABSTRACT

Fibroepithelial stromal polyps of vulva are the type of mesenchymal lesion that typically occurs in women of reproductive period. They are common, usually small and hystologically benign. Larger lesions are rare and likely arise from proliferation of mesenchymall cells within the hormonally sensitive subepithelial stromal layer of the lower genital tract. We present a case of 16 year old female with a giant polypoid lesion of the vulva localized on the right labium. The mass measure was 18x12x3 cm. Total surgical resection of the lesion was performed. Histopathological examination reported a fibroepithelial stromal polyp of the vulva. The patient showed no evidence of recurrence four years after the resection. Fibroepithelial polyps of the vulvar region are benign lesions that have a wide range of morphologic appearances and may be misinterpreted as malignant. Total excision is the best treatment options and histopathological examination is strongly recommended to rule out a malignant neoplasm.

INTRODUCTION

The fibroepithelial polyps, which are also referred to as acrochordons or skin tags, are common lesions that typically occur in adults, especially in obese women with an average of 46% incidence in the general population [1]. These polyps are site-specific and have a predilection for the vulvovaginal region. They are hormone sensitive and occur in female in reproductive period, in pregnancy or in premenopausal females who are on hormone replacement therapy [2]. They are very rare in prepubertal and postmenomenopausal female. They display a wide range of morphologic appearances and mostly the size of lesions is 1x2cm but rarely it can reach an extremely large size up to 15-20 cm [3, 4]. In this study, we present a case of a giant vulvar fibroepithelial polyp in a young girl.

Case Report

A 16 year old girl presented in the gynecological department of our hospital with a large, soft, painless, pedunculated mass measuring 18x12x3 cm on the right labium majus. (Fig.1). The mass was nonpulsatile, nonreducibile, with no impulse on coughing. There was no increase in the size of the mass with valsalvamanoeuvre. The skin over the mass was normal with no signs of inflammation or ulceration. The lesion was first noticed 2 years before and has gradually enlarged. The growth grew rapidly in size for the past last year. She doesn't have an intercourse yet and she was not sexually active. Her menstrual history was normal. She was a non-smoker and denied alcohol or drug use. The patient had not consulted a doctor since so many time because of personal reasons being the site of its presentation. She had difficulty in walking and due to ensuing embarrassement stopped participating in social events. She was changed her wear steel to cover the mass with wide trousers. Physical examination revealed a skin-colored, non-tender, pedunculated mass extending from the right labium majus. There was no signs and evidence of ulceration and inflammation. Transabdominal ultrasound showed normal anatomy of the uterus and ovaries. Medical history and laboratory results were unremarkable. Surgical removal of the polyp under local anesthesia was done with informed consent of the patient and with the procedure details. The base of the polyp was infiltrated with Xylocaine, 2 Kelly clamps were placed across the base and the mass was excised. The pedicle was ligated with 1 Vicryl suture and hemostasis was obtained, as illustrated in figure 2.

Microscopically, the most characteristic feature of the fibroepithelial polyp is present. The histopathologic examination revealed a fibrocollagenous tissue in the stroma, thickened blood vessels, fibroblasts and chronic inflammatory perivascular infiltrate covered with stratified squamous epithelium of the vulva. The patient showed no evidence of recurrence 4 years after the resection.

Corresponding author:* **Meral Rexhepi
Department of Gynecology and Obstetrics, Clinical Hospital, Tetovo

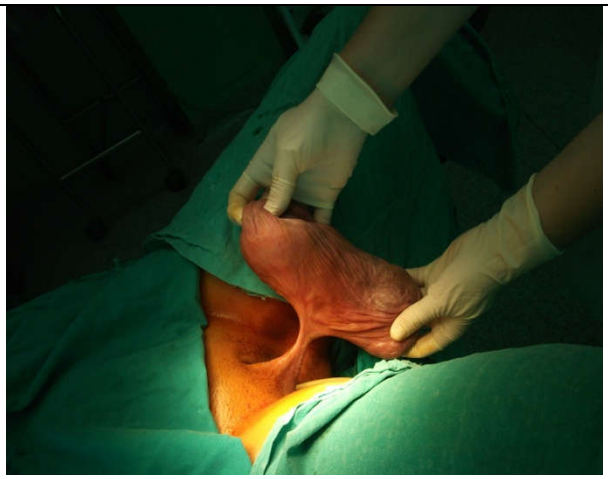


Figure 1 The Macroscopic view of the giant fibroepithelial polyp of right labium majus

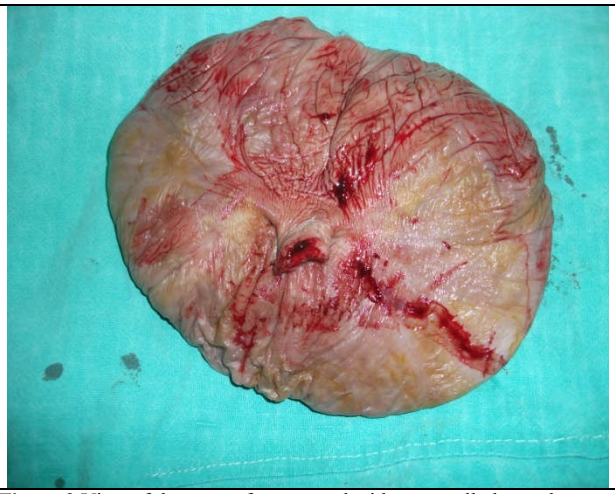


Figure 2 View of the mass after removal with a centrally located stump of amputated stalk

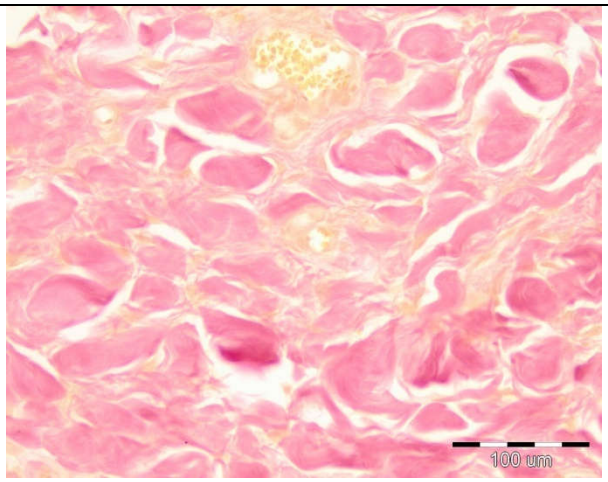


Figure 3 The Microscopic view of fibroepithelial stromal polyp (Van Gieson stain, magnification x 20)

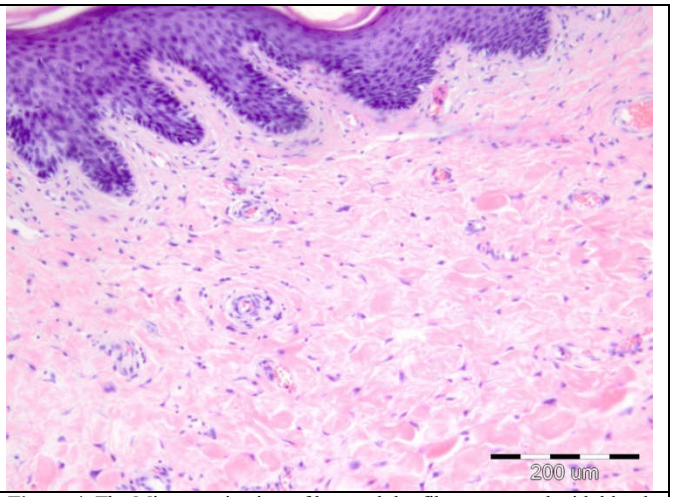


Figure 4 The Microscopic view of hypocelular fibrous stromal with blood vessels and chronic inflammatory cells (Hematoxylin and Eosin stain, magnification x 10)

DISCUSSION

A fibroepithelial polyp (FEP) described originally by Noris and Taylor in 1966 [5]. They are benign lesions and may represent a reactive hyperplastic process of subepithelial myxoid stroma and misdiagnosed as malignant. FEPs are usually small, skin colored and asymptomatic lesions. [6]. These polyps are hormone sensitive and predominantly is found in women of reproductive age group. Also they have been reported in infants, pregnant and postmenopausal women. They can be polypoid or pedunculated and are usually solitary [7]. Patients usually present with a small asymptomatic lesion, but some of them may present with bleeding, discharge or discomfort depending on the size and localization [8].

General discomfort with sensation of a mass was the only complaint of our patient. They mostly grow being less than 5 cm in diameter, but they can rarely reach extremely large size up to 15-20 cm 16 [9, 10]. Histologically, FEPs may be of two types: one that is predominantly epithelial and the other that is primarily stromal. The stromal cellularity of polyp will be in two variant. The hypocellular form is composed of spindle cells set with in a loose collagenous myxoid like stroma. The hypercellular variant exhibits marked nuclear pleomorphism and shows frequent mitoses, including atypical forms [11].

In current case report, we present the single FEPs in nonpregnant woman in whom FEP should appear as a solitary lesion. The pathogenesis of FEP is not clarified yet, however some theories could be addressed. An important causative factor seems to be frequent irritation especially in obese women [9]. Hormonal influence could be predisposing factor by the fact that FEP is very rare before menarche and after menopause [12]. Other evidences that hormonal changes may play a role in the formation of FEPs are the presence of estrogen and progesterone receptors in the stromall cells of FEPs, occurrence of these lesions in pregnancy, spontaneous regression after delivery and also in post-menopausal women its association with hormone replacement therapy [13].

In the presented case, hormonal changes associated with puberty may have been a predisposing factor for FEP. According to some authors, acrochordons of vulva are associated with type 2 diabetes mellitus, genital psoriasis, congenital lymphedema, Crohn's disease [14, 15, 16]. The treatment of choice is surgical excision. Recurrences may occur when they had been associated with incomplete resection, pregnancy or tamoxifen [17]. In our case there were no evidence of recurrence and no need further surgical intervention in 4 years follow-up.

CONCLUSION

Large FEP of the vulval region is a rare benign tumor can be misinterpreted as malignant. Thus wide range of morphological appearance of FEP needs expert pathological interpretation to exlude atypical tumors and malignant neoplasms. Our case is a very rare and only few cases of large FEP in that age have been reported in literature.

References

1. Ahmed S, Khan AK, Hasan M, *et al*. A huge acrochordon in labia majora — an unusual presentation. *Bangladesh Med Res Counc Bull*. 2011; 37:110–1. [PubMed].
2. Nucci MR, Olivia E. Gynecologic Pathology: A Volume in Foundations in Diagnostic Pathology Series. Elsevier/Churchill Livingstone, 2009; pp. 31–32.
3. BCShah, Sarang Degloorkar, Rao A. Giant Fibroepithelial Polyp of Vulva – A Rarest of its Occurrence, *Journal of case reports*, 2014, http://dx.doi.org/10.17659/01.2014.0066
4. Ebru Zülfikaroğlu, Sevtap Kılıç, Selen Taflan, *et al*. Vulvar Fibroepithelial Stromal Polyp in the Early Pregnancy, Van Tıp Dergisil 2013; 20(2): pp.88-90.
5. Norris HJ, Taylor HB. Polyps of the vagina. The benign injury resembling sarcoma botryoides. *Cancer* 1966; 19:227-32
6. Nucci MR, Young RH, Fletcher CD. Cellular pseudosarcomatous fibroepithelial stromal polyps of the lower female genital tract: an underrecognized lesion often misdiagnosed as sarcoma, *Am J Surg Pathol*. 2000 Feb; 24(2):231-40.
7. J. Carter, P. Elliott, and P. Russell. "Bilateral fibroepithelial polypi of labium minus with atypical stromal cells," *Pathology*, 1992; vol. 24, no. 1, pp. 37–39.
8. Raphael AA, Usman H. Bilateral Giant Fibroepithelial Labial Mass: A Case Report*, J Obstet Gynaecol Can*. 2017 Jul; 39(7):564-566. doi: 10.1016/j.jogc. 2017.02.008.
9. Navada M. H., Bhat P. R. B., Rao S. V., *et al*. Large fibroepithelial polyp of vulva. Case Reports in Dermatological Medicine. 2011; doi: 10.1155/2011/ 273181.273181 [PMC free article][PubMed]
10. Chan M. M. F., Yong T. T., Sittampalam K. Giant labial fibroepithelial stromal polyp. *Malaysian Journal of Pathology*. 2013; 35(1):91–94. [PubMed]
11. McCluggage GW. A review and update of morphologically bland vulvovaginal mesenchymal lesions. *Int J Gynecol Pathol* 2005; 24:26–38.
12. Dey M, Kumar R, Sriram R. Giant acrochordon of vulva. *Med Sci (Turkey)* 2014;3: 1299–304.
13. Sharma S, Albertazzi P, Richmond I. Vaginal polyps and hormones--is there a link? A case series. *Maturitas* 2006; 53(3):351-355.3
14. Meeuwis K. A. P., De Hullu J. A., Massuger L. F. A. G. Genital psoriasis: a systematic literature review on this hidden skin disease. *Acta Dermato-Venereologica*. 2011;91(1):5–11. doi: 10.2340/00015555-0988. [PubMed] [Cross Ref]
15. Orosz Z, Lehoczky O, Szoke J, Pulay T. Recurrent giant fibroepithelial stromal polyp of the vulva associated with congenital lymphedema. *Gynecol Oncol* 2005; 98(1):168- 171
16. Papiez J. S., Hassenein A., Wilkinson E., Meynen C. A. Recurrent atypical myxoid fibroepithelial polyp associated with vulvar Crohn's disease. *International Journal of Gynecological Pathology*. 2001;20(3):271–276. doi: 10.1097/00004347-200107000-00011. [PubMed]
17. Avila J, Nicol K, Hewitt GD *et al*.. Vulvar Fibroepithelial Polyps in a Female Adolescent: A Case Report. *J Pediatr Adolesc Gynecol*. 2017 May 17. pii: S1083-3188(17)30042-6. doi: 10.1016/j.jpag.2017. 04.004.

How to cite this article:

Meral Rexhepi *et al* (2018) 'Giant fibroepithelial polyp of vulva, a case report and Review of literature', *International Journal of Current Medical And Pharmaceutical Research,* 04(7), pp. 3488-3490.

****