Fibroepithelial Polyp Of Vulva- An Uncommon Tumour Of Vulva

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INTRODUCTION

Fibroepithelial polyps of the vulva are rare, locally infiltrative tumors that are characterized by markedly hypercellular stoma with overlying squamous epithelium. These are very common benign tumors located mainly neck and axilla and have a predilection for the vulvovaginal region. Infrequently they are found on cervix. These polyp are hormone sensitive and are most commonly found in pregnancy. But they can also be seen in premenopausal women who are on hormonal replacement therapy. They are usually less in 5 cm in diameter and are found incidentally during routine gynecological examination. They can be polypoidal, sessile or pedunculated and are usually solitary in location. They usually present with symptoms of general discomfort with sensation of mass, discharge or bleeding. Biopsy is often necessary to make a definitive diagnosis as their clinical features may overlap with those of malignant neoplasms.

CASE REPORT

A 50 year multiparous female presented in gynae outpatient department with complaints of recurrent swelling in her genital region since one year. The swelling gradually increased in size and there was discharge and bleeding from swelling. The patient had attained her menopause 3 years back and there was no significant menstrual history present. She had no history of sexually transmitted disease and was non smoker, non alcoholic and denied any drug or hormone use. No significant medical or surgical history was present. Physical examination of swelling revealed a swelling of 7x6x4 cm on her rt labia majora with a long pedicle of about 4 cm in size. The swelling had ulceration on its most dependent part with hypopigmented areas on its surface. The swelling didn’t increase with valsalvamanoeuvre. Surgery being the only treatment option, surgical removal of the swelling under local anesthesia was done with informed consent of the patient and with the procedure details. Perilesional incision on tumor pedicle base was given keeping away from labia minora and primary closure of wound was done and specimen was sent for Histopathological examination. A histopathological confirmation of diagnosis of

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I. INTRODUCTION

Fibroepithelial polyp of the vulval region are uncommon tumours that are characterized by markedly hypercellular stroma with overlying squamous epithelium. Histologically, FEPs may be of two types: one that is predominantly epithelial and the other that is primarily stromal. They typically arise in reproductive age women. The most common site of these lesions is the vagina, but fibroepithelial polyps can occur on the vulva or cervix. These tumors vary in their clinical appearance from small fleshy coloured or pigmented papillomatous growths resembling condylomata to large pedunculated tumors that are often hypopigmented. Fibroepithelial polyps can occur as a single lesion or can be multiple, an occurrence particularly associated with pregnancy. The importance of hormonal influence is also raised by the fact that fibroepithelial polyps are extremely rare before puberty and usually occur as multiple lesions during pregnancy and spontaneously regress after delivery. Surgical removal of the mass is the only treatment option. Although rare, fibroepithelial polyps can recur, especially if they are not completely excised. There are reported cases of such recurrence. As a result, all patients with this diagnosis should be followed long term and managed appropriately after initial treatment. Infection is an unknown entity in FEP. The inflammation found in our case may be secondary to infection at the site of traumatic surface erosion. Below is the picture of polyp of our case showing a long pedicle with hypopigmented area and signs of inflammation may be secondary to infection at the site erosion due to surface trauma.

CONCLUSION

Fibroepithelial polyps are benign lesions that typically occur in women of childbearing age. These polyps have a predilection for the vulvovaginal region that can be misinterpreted as malignant owing to its wide range of morphological appearances. As a result, microscopic evaluation of the polyp is critical in the exclusion of malignancy. The prognosis for Fibroepithelial Polyp of Vulva is considered excellent. Currently, no risk factors are known for a woman developing Fibroepithelial Polyp of Vulva. Although no causative factor is reported for this condition, a link between FEP and human papilloma virus (HPV) infection has not been established nor is fibroepithelial polyp sexually-transmitted.

REFERENCES