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GIANT FIBRO EPITHELIAL POLYP OF THE VULVA: A CASE REPORT

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ABSTRACT

Fibroepithelial polyps of the vulva are rare. These lesions are benign; with a rare risk of recurrence. The aspect has similarities with malignant lesions. A complete resection with a surveillance are recommended. We report this case to discuss the characteristics of those lesions especially of giant fibro epithelial polyps. It's a case of a 34 years old female patient. She presented a large mass of the left labia majora measuring 20 cm in diameter. The lesion was excised, and the histopathological diagnosis was about a fibroepithelial polyp.

Keywords:

Fibroepithelial Polyp,
Vulva,
Excision,
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INTRODUCTION

The Fibroepithelial polyp (FEP) is a benign lesion classed in soft tissue tumours. The location in the vulvovaginal region is rare. FEP of the lower genital tract often develop in young to middle-aged women and present commonly in the vagina. They are less common in the vulva and are rarely present in the cervix (Sharma, 2006; Carter, 1992). Malignancy must be excluded because of their wide range of morphological appearances and their clinical features (Mahesha *et al.*, 2011). These lesions typically do not grow larger than 5 cm in diameter. There are a few reported cases of giant ones (Obianuju Sandra Madueke-Laveaux, 2013). We present a case of a giant FEP of the vulva measuring 20 cm.

Case report

A 34 years old woman presented a mass in the left labia majora with a swelling and a history of pain.

The mass increased quickly in over the last 7 months. Her menstrual history was normal. She had 5 gravida with vaginal deliveries. There was no history of previous sexually transmitted disease or local surgery. The examination revealed a giant mass arising from the left labia majora covered by a normal skin (Figure a). It measured 20 × 8 cm. General and systemic examinations were normal. Total surgical excision of the mass was performed (Figure b). The histopathological examination reported a fibro epithelial polyp of 580g. In macroscopy, the lesion was tan-white. In microscopy, it corresponds to a defined proliferation of spindle shaped cells in oedematous stroma. The cells doesn't showed any nuclear pleomorphism or mitotic activity (Figure c and d). The light microscopic findings were of a loose acellular myxoid stroma, traversed by thin walled dilated vascular spaces and covered by stratified squamous epithelium and with sparse fibroblast-like cells dispersed throughout.

In immunohistochemistry, the tumor cells expressed AML (Figure e), was negative for anti cd34 and poorly positive for Ki67 (Figure f). The patient was well during her follow-up visit after one, three and six months.



Fig a: mass covered by skin in the left labia majora measuring 20 cm



Fig b: excision of a polyp measuring 20 cm

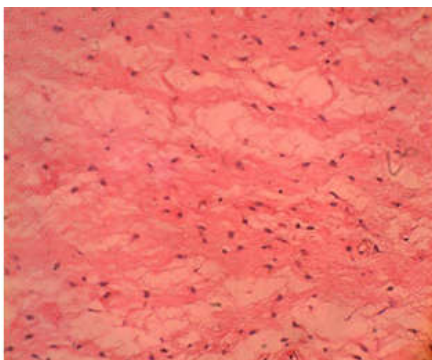


Fig. c. Spindle cells without Atypies or mitosis

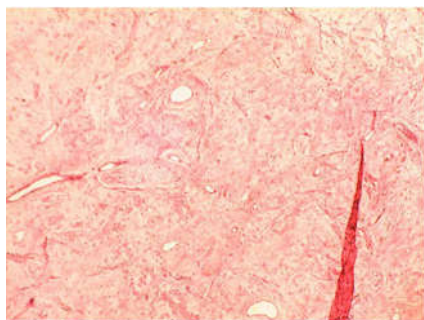


Fig. d. a stroma with oedematous focus and enlarged vessels



Fig e : stromal cells expressing actine muscular lisse AML



Fig f : Rare expression of Ki67

DISCUSSION

Fibroepithelial polyps of the vulva are uncommon tumors (Obianuju Sandra Madueke-Laveaux, 2013). The origin is most probably from a regressing nevus. They usually arise in hair bearing skin; but also on the labia minora. They are hormonesensitive and occur in the reproductive women age. Mostly in pregnancy, but also with hormone replacement therapy. Larger lesions arise from the proliferation of mesenchymal cells within the hormonally sensitive stromal layer of the lower genital tract. They can be misinterpreted as a sarcoma because their size increase quickly, the risk of recurrence and the presence of atypia and mitosis. For this, the diagnosis is easier in small sizes when they are found incidentally during routine gynecologic exams. Bigger, they are symptomatic. And the Symptoms include bleeding, discharge and general discomfort with a sensation of a mass. The clinical appearance vary from small fleshy colored or pigmented papillomatous growths resembling condylomata to large pedunculated tumors that are often hypopigmented and grossly similar to Sarcomas.

So Expert pathological interpretation is necessary to exclude atypical tumors and malignant neoplasms (Mahesha *et al.*, 2011). FEP correspond to a polypoid growth of the subepithelial stroma covered by squamous epithelium. The most characteristic feature is the presence of stellate and multinucleate stromal cells usually identified near the epithelial-stromal interface. The cells may also be positive for desmin, actin, vimentin, estrogen and progesterone receptors. Rarely, these stromal cells show marked atypia (Mahesha *et al.*, 2011).

In our case, there wasn't any mitoses or atypia and the stromal cells expressed rarely the Ki67 (Obianuju Sandra Madueke-

Laveaux, 2013). Imaging is also important in the diagnostic of fibroepithelial polyps. Ultrasound examination may be a more suitable first line diagnostic approach in terms of cost-effectiveness, wide availability, speed and the capacity for dynamic exploration. Computed tomographic (CT) and MRI may be used too (Kurman, 2011; Bozgeyik, 2007). The treatment is a large excision; and all patients should be followed and managed appropriately after initial treatment (Kurman, 2011). Especially because they can recur if there is a continued hormonal stimulation. They wouldn't transform to a sarcoma; However, one case of a giant cell fibroblastoma at the site of a previously excised stromal polyp has been reported (Han *et al.*, 2007).

Conclusion

The diagnosis of FEP requires a careful histological interpretation and a radical treatment. More studies are necessary to predict the evolution of those large polyps.

Conflict of interest

No conflict of interest was declared by the authors Consent: Written informed consent was obtained from the patient for publication of this Case report.

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