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Case Report

Recurrent vulval fibroepithelial polyp with pregnancy: a rare presentation

Meena Armo*, Sarita Agrawal, Manoj Minj, Kavita Babbar

Department of Obstetrics & Gynecology, Govt. Chhattisgarh Institute of Medical Sciences (CIMS), Bilaspur, Chhattisgarh-495001, India

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***Correspondence:**
Dr. Meena Armo,
E-mail: drmeenaarmo@gmail.com, priya_d143@yahoo.com

ABSTRACT

A fibroepithelial polyp (FEP) is a relatively uncommon benign condition of vulva, mainly of reactive origin, occurs in women of reproductive age, mostly during pregnancy. Here is a case which presented with bilateral vulval mass, for that she underwent surgical excision. Histopathological examination revealed bilateral fibroepithelial vulval polyp. After 4 years of uneventful interval same female came with term pregnancy with a huge vulval mass on left side, having similar characteristic features as previous one. Emergency cesarean section followed by excision of polyp in the same sitting done. Histopathological report confirmed the finding of fibroepithelial polyp this time also. Only few cases of recurrent fibroepithelial polyp of vulva associated with pregnancy have been reported till date.

Keywords: Fibroepithelial polyp (FEP), Vulva, Pregnancy

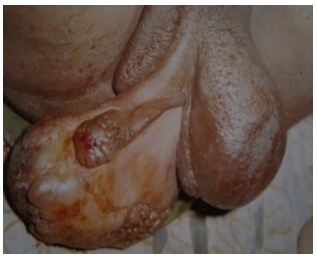
INTRODUCTION

A fibroepithelial polyp (FEP), which is also referred to as skin tag or acrochordon, described originally by Norris and Taylor in 1966.[1] It is a relatively uncommon benign condition of vulva. It is mainly of reactive origin occurs in women of reproductive age, mostly during pregnancy. Majority are single and small in size, remain asymptomatic, however multiple or atypical forms are particularly associated with pregnancy, may produce cosmetic problems and can be misinterpreted as malignancy.[2,3] We present a case of a bilateral vulval fibroepithelial polyp and recurred lesion with a brief review of literature.

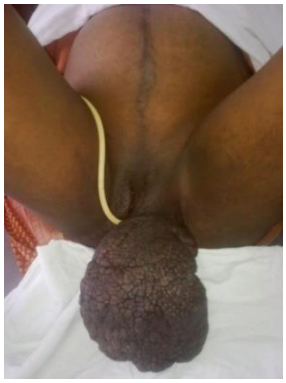
CASE REPORT

A 24 year old married nulliparous woman presented on September 2008 with huge bilateral vulval mass for 3 years. Examination confirmed soft to firm, nontender, rubbery polypoidal mass measuring 15cmx9cmx5cm involving whole of the right labia minora (Figure 1a). The left majora was also appearing as mass of 8cmx5cmx3cm size with firm consistency. There was no other associated abnormalities or dermatoses detected. She had not given any history of hormonal intake. After thorough investigation, bilateral surgical excision of mass done under spinal anesthesia without significant blood loss. Histopathological examination revealed hypocellular stroma composed of spindle cells firmly set within a loose collagenous mixoid background with capillary proliferation thus confirmed benign fibroepithelial vulval polyp. Her postoperative period was uneventful. After 4 years of interval on April 2012 she came with complain of labour pain with vulval mass for 1 year. She had a history of delivery of male child by caesarian section 2 years back. Her previous pregnancy was uneventful (without such lesion). On examination she was found to have a huge vulval mass 16cmx12cmx10cm in size involving lower half of the left labia majora (Figure 1b), having similar characteristic features as previous one. Emergency Cesarean section followed by excision of the polyp done in the same sitting under spinal anesthesia. She was discharged after

removal of stitches on 10th day. Histopathological report confirmed the finding of fibroepithelial polyp this time also.

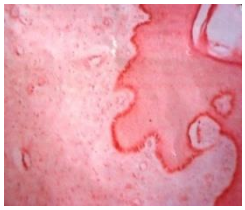


(a)

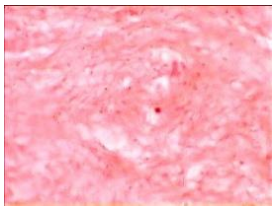


(b)

Figure 1: Fibroepithelial vulval polyps.



(a)



(b)

Figure 2: Hypocellular stroma composed of spindle cells firmly set within a loose collagenous mixoid background with capillary proliferation.

DISCUSSION

The fibroepithelial stromal polyp was described originally by Norris and Taylor in 1966 like a benign injury.[1] It arises from proliferation of mesenchymal cells within the hormonally sensitive subepithelial stromal layer of the lower female genital tract of mostly reproductive age group.[3] Apart from the pregnancy it has also been reported in postmenopausal females following HRT[2] and females having dermatosis.[5] The clinical presentation may vary from small flesh colored, hypo or hyperpigmented sessile growth to large pedunculated polypoid formation or finger like projections, it is more frequent in the vagina followed of vulva and cervix. The size varies between 1-2cm to 15-20cm.[2,4] Histologically the most characteristic feature of FEP is presence of multinucleated stromal cells which are most commonly seen near the epithelial-stromal interface or adjacent to the prominent central vasculature. FEPs may be of two types: one that is predominantly epithelial and another is primarily stromal, the stromal cellularity of polyp can be variable. The hypocellular variant is composed of spindle cells set with in a loose collagenous myxoid like stroma. The hypercellular form exhibits nuclear pleomorphism and mitotic activity, thereby mimicking a malignant process.[4] The pathogenesis has not been clarified yet; however evidences suggest that influx hormone plays a role, therefore small FEP associated with pregnancy regress spontaneously after delivery.[5] Immunohistochemically FEPs are often positive for desmin, vimentin, estrogen, and progesterone receptors and less frequent for actin.[2] The treatment of choice is surgical excision. Local recurrence may occur if incompletely excised or if there is continuous hormonal stimulation (e.g. pregnancy, tamoxifen).[2,6] Thus wide range of morphological appearance of FEP needs expert pathological interpretation to exclude other site specific lesions such as deep aggressive angiomyxoma, angiomyofibroblastoma, cellular angiofibroma, sarcomas.[2,4]

CONCLUSION

FEPs of vulva have been reported by various authors previously, however the largest size reported was 28x27x12cm in a 16 year old women.[7] In our case, size of polyp which recurred in pregnancy was 16x12x10cm and of hypocellular variant without atypia. Our case is a unique as FEPs are rarely bilateral[8] and only few cases of recurrent fibroepithelial polyp of vulva associated with pregnancy have been reported till date.

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