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Case Report

Vulvar hamartoma in pregnancy: a case report

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ABSTRACT

Hamartoma is a benign lesion composed of various native tissues, but growing in a disorganized manner. It is not considered to be a malignant growth. It may be a diagnostic dilemma and challenge treatment options during pregnancy. We present the case of a rare vulvar hamartoma in a young pregnant woman.

Keywords: Vulvar hamartoma, Hamartoma in pregnancy

INTRODUCTION

The vulva is an organ composed of squamous and glandular epithelium, and therefore presents several architectural benign lesions. Hamartoma is a benign lesion composed of various native tissues, but growing in a disorganized manner.[1] It is not considered a malignant growth. We present the case of a rare vulva hamartoma in a young pregnant woman.

CASE REPORT

A 27-year-old primigravida at 29 weeks of pregnancy presented for antenatal checkup with complaints of mass growing from right labia majora for six months which had slowly increased in size. She did not have any other symptoms. It was painless and non-tender with no signs of inflammation. There were no associated perineal or pelvic pathology. It appeared as a polypoidal mass arising from right labia majora measuring 6.5 x 3 x 2 cm mass which was skin colored, soft and cystic in consistency. Systemic examination was normal. Her basic investigations were also normal. Test for HIV was negative.

Perineal imaging to study the extent of disease revealed a superficial pedunculated well-defined cystic mass (4.7 x 2.5 x x1.8 cm) and a thin stalk arising from medial aspect of right labia majora in vulvar region with no extension into the deeper tissues.

The polyp was excised under regional anesthesia and specimen sent for histopathological examination. Histopathology revealed a keratinized stratified squamous epithelium with marked papillomatosis. The stroma comprised of variable sized thin walled blood vessels with fibro myxoid areas and few scattered mast and spindle cells. No atypia or increase in mitotic activity was seen. A final diagnosis of benign vulvar fibro angiomatous polyp (hamartoma) was made.

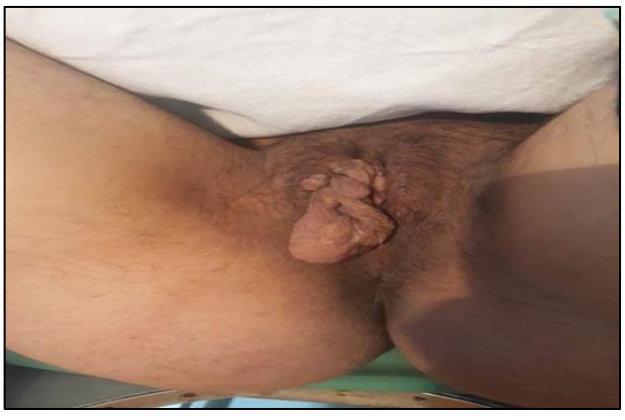

Figure 1: Polypoid growth right labia of vulva.

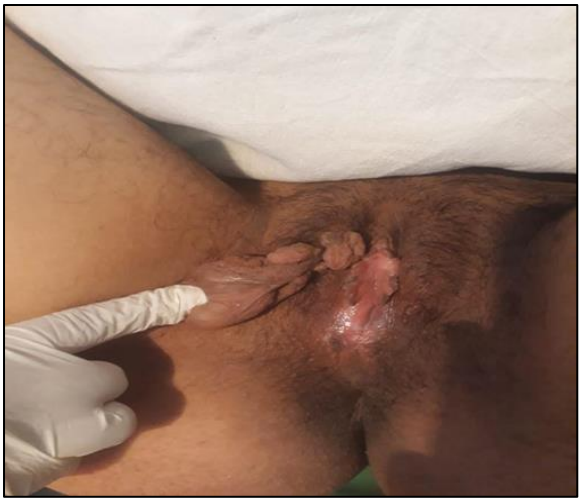

Figure 2: Pedunculated vulvar polyp at right labia majora.

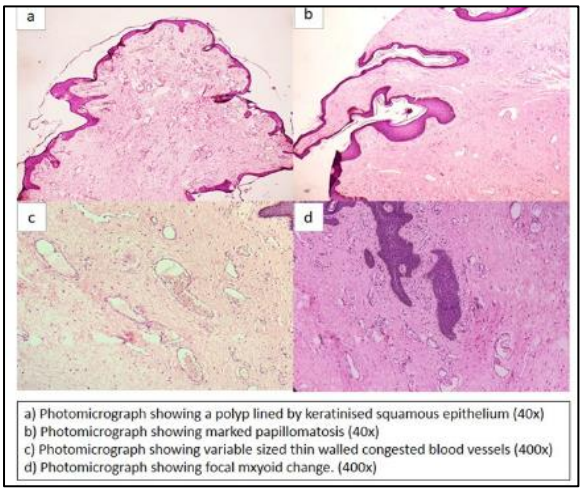

Figure 3: Histopathology showing a polyp lined by squamous epithelium, marked papillomatosis, blood vessels and focal myxoid change.

The patient had a normal vaginal delivery with left mediolateral episiotomy at term gestation and no immediate complications. The patient came for regular postpartum checkups till three months and there was no recurrence of the perineal lesion.

DISCUSSION

Hamartoma is a benign lesion composed of various native tissues, but growing in a disorganized manner.[1] Two types of hamartomas are distinguished: infantile and adult types. The infantile type is a true variety and the adult type is a mixed tumor.[2] Hamartoma may consist of a single type of tissue or a mixture of tissues. The normal elements are abnormally represented in quality, arrangement, or degree of differentiation or all of the three.[3] They occur in many different parts of the body and are most often asymptomatic. Differential diagnosis includes acrochordon which is often multiple and appear as soft, pedunculated, brown, tan, or skin-colored lesions (0.2-1.5 cm in diameter).[1] Treatment of hamartomas include surgical removal. Complications are pain, infection, poor scarring, recurrence and less than 1% chance of a malignant change.[4]

CONCLUSION

Vulvar hamartoma are rare and presentation during pregnancy adds to the dilemma of diagnosis and treatment. Simple surgical resection is a feasible treatment even during pregnancy and if carefully excised completely chances of recurrence and complications are negligible.

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