

A Large Fibroma Polyp of Labia Majora – A Case Report

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Abstract

Vulval growths though rare, may be a cause of social withdrawal and emotional drain, apart from causing physical signs and symptoms. Treatment is excision and removal, recurrence is rare. We present an interesting case of a large pedunculated, fibroma of the labia majora in a middle aged woman. The tumor was excised and subjected to histopathological examination which revealed it to be a Fibroma.

Introduction

Tumors of the vulva are rare. Apart from malignant tumours, fibromas are the most common benign tumour of vulva though these occur very rarely. They are a cause of great emotional and social disturbance in female patients. Different cases of vulval fibroma have been reported in literature and often lead to psychological upset in patients. This case report describes a unique case of huge fibroma of vulva in a middle aged woman.

Case Report

A 46 year old para one patient presented in the gynecological Out Patient Department of our hospital with a painless, soft to firm pedunculated mass with a wrinkled surface arising from her left labia majora which had been present for the past 7 years. The patient had dyspareunia, bleeding from the ulcer, difficulty in walking and due to ensuing embarrassment stopped participating in social events. On

examination the peduncle was 10 cm long and 2.5 cm thick and the mass was 18 cm long 15 cm wide and 8 cm thick. The swelling was nodular and a pressure sore was present (Figure 1). On per speculum examination vaginal candidiasis was present and pervaginum examination was normal.

No lymph nodes were palpable in the vulval and inguinal regions. Her investigation was normal. She was admitted with a provisional diagnosis of benign vulval fibroma. The mass was excised along with the stalk under regional anaesthesia. Histo pathological examination confirmed this to be a fibroma of vulva (Figure 2).

Discussion

Vulval fibroma is a rare benign tumour that is predominantly found in women of reproductive age group. Though they have been reported in infants, post menopausal and pregnant women [1], the tumor may arise from either the deep connective tissue of introitus, labia majora, perineal body or round ligament [2,3]. To start with, the tumor may be asymptomatic but has the potential to grow to huge sizes. Apart from causing physical signs due to its size and location, the tumor causes extreme emotional upheaval and social withdrawal, especially in a conservative society like ours. Important differential diagnosis includes Lipoma, Inguinal hernia, vulvovaginal cysts, vulval elephantiasis, and fibro epitheloid tumours [2]. Although different psychosocial problems have been reported, but patients in India, try to conceal it. This patient reported to us only because of bleeding from the ulcer and difficulty in walking due to the huge size of the tumor.

Despite being benign in nature, it leads to dyspareunia, difficulty in walking emotional and psychological disturbances. Vulval fibroma may recur after incomplete removal [4,5].

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Figure 1: Clinical photograph of the patient showing pedunculated growth from the labia majora.



Figure 2: Microphotograph showing hypercellularity of spindle cells.

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