Fibroepithelial Polyp of the Vagina with Fungal Infection - Case Report

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Abstract

A 35-year-old woman with itching and something coming out per vaginum was diagnosed as a case of polyp of the anterior vaginal wall. Excision biopsy was done and histopathology shows fibroepithelial polyp with fungal infection. Patient was given antibiotics and antifungal. She improved and is under regular follow up.

Keywords: Polyp; Vagina; Fungal infection

Case Report

A 35-year-old woman presented with complaints of itching in the perineal region and something coming out per vaginum. A general and systemic examination was unremarkable. On per speculum examination, a pedunculated polyp measuring 2.5×1.5×0.5 cm with a stalk of 0.8 cm was seen coming out from the anterior vaginal wall (Figure 1).

Multiple tiny projections were present on the surface of polyp. On per vaginal examination, uterus was of normal size and bilateral fornices were free. Ultrasound examination showed normal sized uterus with endometrial thickness of 5 mm. There was no adnexal mass seen. Under local anesthesia and full aseptic conditions, polyp was excised and submitted for histopathological examination. Microscopic examination showed a polyp lined by stratified squamous epithelium with underlying loosely arranged vascularized stroma and infiltrates of lymphocytes, plasma cells and mast cells (Figure 2A and B). Stratified squamous epithelium exhibited focal koilocytic changes (Figure 2C) and focal collection of neutrophils. Surface colonization of yeasts and pseudohyphae of Candida were present (Figure 2D). Mitotic figures were not seen. A diagnosis of fibroepithelial polyp of the vagina with fungal infection was given. Patient was prescribed postoperative doxycycline, metronidazole and fluconazole. She had an uneventful post-operative period and is under regular follow up.

Figure 1: Polyp coming from anterior vaginal wall with its stalk tied

Figure 2: Microscopic examination showing (A): Polyp covered by stratified squamous epithelium and underlying vascularized stroma (H&E stain, 40x), (B): Stromal chronic inflammatory infiltrate (H&E stain, 100x), (C): Koilocytic changes of stratified squamous epithelium (H&E stain, 100x) and (D): Yeasts and pseudohyphae of fungus (H&E stain, 400x).
pregnancy [3]. FEPV are treated by simple local excision and recurrence is extremely rare.

References