A case of giant fibroepithelial polyp of the vulva

Min Jung Oh, M.D., Min Jee Kee, M.D., Woo Dae Kang, M.D., Seok Mo Kim, M.D., Ho Sun Choi, M.D.

Department of Obstetrics and Gynecology, Chonnam National University Medical School, Gwangju, Korea

Fibroepithelial polyps are benign soft tissue tumors that occur in a wide variety of sites, including the lower female genital tract. They exhibit a wide range of morphologic appearances and can be misinterpreted as malignant. A 16-year-old woman presented with a 28×27 cm polypoid lesion localized on the right labium. The labial lesion was resected and recurred 6 years following the initial treatment. The histologic findings of the initial and recurrent lesions were consistent with fibroepithelial polyps. We present a case of a fibroepithelial polyp that is larger than any previously described lesion and recurred lesion with a brief review of the literature.

Key Words: Giant fibroepithelial polyp, Vulva

Case Report

A 16-year-old nulligravida presented to our institute with a large, soft, asymptomatic, pedunculated mass on the right labium majus (Fig. 1A). The lesion had first been noticed 3 years previously and had gradually enlarged. There was no bleeding or pain associated with the growth. The pelvic examination revealed a fleshy, non-reducible, multiple-ulcerated, irregularly-shaped mass originating from the right labium and extending to the inguinal area (Fig. 1B). Neither the medical history nor the family history was remarkable, There was no
Fig. 1. The clinical finding of (A) The mass arising in the right labium. (B) The large mass with multiple ulcerations.

Fig. 2. Focal hyperplastic myxoid areas and abundant loose perivascular connective tissue stroma traversed by irregular, dilated blood vessels in recurred lesion (Hematoxylin and eosin stain, Original magnification ×20).

Six years after excision, a 3 cm raised ridge of skin was noted in the same area and was resected again under local anesthesia. No ulcerations or nodules were noted. The histopathologic examination revealed a fibroepithelial polyp. The patient has been followed for 3 years and is free of recurrence.

Discussion

Lesions localized in the vulvovaginal region range in biologic behavior from indolent to aggressive. These lesions show striking histologic similarities and the correct diagnosis is important.

Fibroepithelial polyps of the vulva are rare, locally infiltrative tumors that are characterized by markedly hypercellular stoma with overlying squamous epithelium. They typically arise in young-to-middle aged women in their reproductive years. The most common site of these lesions is the vagina, but fibroepithelial polyps occur on the vulva or on the
Fibroepithelial polyps can occur as a single lesion or can be multiple, an occurrence particularly associated with pregnancy. When occurring during pregnancy, fibroepithelial polyps tend to exhibit a greater degree of cellularity and nuclear pleomorphisms and atypia. Patients usually present with a small asymptomatic lesion, but some patients may present with bleeding, discharge, or discomfort depending on the size and localization. Histologically, fibroepithelial polyps are generally polypoid and contain a conspicuous fibrovascular core. The stromal cellularity of fibroepithelial polyps can be variable. The hypocellular type is composed of spindle cells set within a loose collagenous myxoid-like stroma. On the other hand, the hypercellular variant exhibits marked nuclear pleomorphism and shows frequent mitoses, including atypical forms.

The pathogenesis of fibroepithelial polyps is not clearly understood. Nevertheless, these lesions are benign and may represent a reactive hyperplastic process involving the distinct subepithelial myxoid stroma of the lower female genital tract rather than a true neoplasm. These lesions have no clearly defined margin and the characteristic polygonal and multinucleate stromal cells can also occur in the normal vagina, vulva, and cervix. The stromal cells of the lesions present a variable immunophenotype, but they are generally positive for vimentin, desmin, and estrogen and progesterone receptors: the stromal cells of the lesions are less commonly positive for actin, and negative for S100-protein and cytokeratins. Estrogen and progesterone receptor positivity suggests that hormones may potentially influence the pathogenesis of these lesions. The potential role of hormonal influence is also raised by the fact that fibroepithelial polyps are extremely rare before puberty and usually occur as multiple lesions during pregnancy and spontaneously regress after delivery.

The treatment of choice is surgical excision. Recurrences may occur when they had been associated with incomplete resection, pregnancy, or tamoxifen. In present case, hormonal influences may have been predisposing factor for development and recurrence of fibroepithelial polyp.

In summary, fibroepithelial polyps of the lower female genital tract may present as bizarre stromal cells, which can be confused with a malignant tumor.

참고문헌

섬유상피성 용종은 여러 부위에 생기는 양성 종양으로 여성 생식기계에서는 주로 질과 음문에 발생한다. 대부분의 경우 조직학적으로 양성이나 다양한 조직학적, 형태학적 소견을 보이기 때문에 악성 종양으로 오진될 가능성이 있다. 16세의 여자 환자가 3년 전부터 천천히 자란 우측 외음순에 28×27 cm 크기의 용종성 종물을 주소로 내원하였다. 외과적 단순 절제술을 시행하였으며 아무런 합병증 없이 퇴원하여 추적 관찰하던 중 6년 후에 재발되어 다시 절제술을 시행하였다. 초기 병변과 재발한 병변 모두 조직학적으로 섬유상피성 용종으로 진단되었다. 저자들은 16세 여자 우측 음문에 생긴 지금까지 보고된 증례 중에서 크기가 예외적으로 매우 큰 거대 섬유상피성 용종 및 이의 재발을 경험하였기에 간단한 문헌고찰과 함께 보고하는 바이다.

중심단어: 거대 섬유상피성 용종, 음문