

Vulvar Fibroma (Molluscum Pendulum): Case Report

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Abstract:- Vulvar fibromas are uncommon smooth muscle tumors of the vulva, they can cause significant discomfort for women. Since there are no specific clinical features, the diagnosis is usually made by histological examination after resection of the mass. We report the case of a 25 year old woman, admitted for consultation for a large vulvar mass that has been gradually developing over the last 4 years. Clinical examination found a 20x10 cm pedunculated mass, sitting in the lower third of the right labia majora., a surgical excision of the mass was performed at the base of its pedicle. Histological examination showed benign vulvar fibroma or a molluscum pendulum with low grade intraepithelial lesions (LSIL) on the surface. The cervico vaginal smear was normal.

Keywords:- Vulva, Fibroma, Molluscum Pendulum, Leiomyoma, Smooth Muscle Tumor.

I. INTRODUCTION

Fibromas representing 3.8 % of all benign soft tissue tumors [1], frequently occurring in the uterus [2], but rarely developing in the vulva, about 160 cases have been reported in the literature [2,3]. Clinical diagnosis is difficult because they are usually confused with Bartholin cysts, only histological examination after surgical resection can confirm the diagnosis [4].

It originates, in the vast majority of cases, in the subcutaneous connective tissue of the external genital organs, however, it can develop in the connective tissue of the extra-peritoneal (inguinal) part of the round ligament, or even in the sub-peritoneal connective tissue of the pelvis, from where, due to migration, it is secondarily located in the vulva [5].

II. CASE REPORT

Mrs. K.S., 25 years old, Gravida 1 Para 1, without pathological history, presenting for 4 years a small subcutaneous nodule at the level of the right labia majora, which progressively increases in volume. Clinical examination found a 20x10 cm pedunculated mass, sitting in the lower third of the right labia majora with ulceration on the surface of 1 cm (Figure 1). Surgical excision of the mass was performed at the base of its pedicle, under local anaesthesia (Figure 2). Histological examination showed a molluscum pendulum or benign fibroma of the vulva with

low grade intraepithelial lesions on the surface. The cervico vaginal smear was normal.

III. DISCUSSION

Vulvar fibromas are tumors of a mesodermal origin. Differential diagnosis is made with lipomas, inguinal hernias, vulvovaginal cysts and other benign tumors of the vulva [5,6,7]. The relative incidence of this lesion is 0.02% of total vulvar lesions, commonly occurs in young women between the ages of 20 and 40 years, with some cases reported in child, adolescent, and old patient [8].

The cause of the vulvar fibroma is still not understood, some authors suggested the implication of estrogen and progesterone in their proliferation, especially after detection of hormonal receptors on immunohistochemical testing [9, 10].

The tumor develops under the skin of the right or left labia majora. It is usually unique, starting with a small nodule, rounded or ovoid, of firm consistence, and mobile. Their diameter is generally less than 8 cm, if they exceed it, they tend to become pedunculated, forming a pendulum called molluscum, which can reach large dimensions.

These pedunculated forms are observed in cases of fibromas from the local connective tissue, especially the labia majora. On the contrary, when they originate from the extra-peritoneal part of the round ligament, they tend to be sessile and, if they grow towards an abdominal wall, by their cleavage planes, they simulate intraperitoneal tumors [5]. In contrast, when the fibroma originates from the subperitoneal connective tissue of the pelvis, it arrives at the external genital organs through the cleavage planes or points of weakness; in this variety, the tumors are usually multiple, although their pedicles have the same point of origin.

Vulvar fibroma is asymptomatic, especially when it is still small. Symptoms are an expression of the size, weight, topography and phenomena present in the tumor [5,6,11].

According to Nielsen et al. there are four histological criteria of malignancy in smooth muscle tumors of the vulva: largest diameter greater than 5 cm, infiltrating margins, presence of 5 or more of mitoses/10 high power field and the presence of cytologic atypia. The presence of three or all of these criteria is diagnosed as leiomyosarcomas. Atypical benign leiomyomas have two

features, and the presence of one or none of these criteria defines benign leiomyomas [12].

The surgical excision of the mass with margins of normal tissue is the first line treatment, safe margins impacts the prognosis by decreasing the rate of recurrence and increasing the survival rate at 5 years[12].In the case of recurrence or high-grade malignancy, radiotherapy and chemotherapy may be indicated [13]. Based on the estrogen-dependent nature of these tumors, some authors report a good therapeutic response obtained after hormonal treatment with selective estrogen receptor modulator, especially in case of recurrence [10]. A long term follow-up is recommended after treatment [1].

IV. CONCLUSION

Vulvar fibroma is uncommon benign tumor. Clinically it has no specific characteristics, only biopsy excision of the mass provides the diagnosis and is the treatment of first choice, an excision with healthy margins reduces the rate of recurrence. A close long term follow-up is recommended.

CONFLICTS OF INTEREST: The authors do not declare any conflict of interest.

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FIGURES



Figure1: pedunculated vulvar mass measuring 20x10 cm.



Figure 2: **A:** appearance of the vulva after excision of the mass, **B:** excised mass with ulceration in the surface.