



Rare presentation of fibroma of the vulva in pregnancy and its outcome

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Abstract

Background-Tumors of the vulva are not common. Among the benign tumors, the most common tumor of the vulva is vulval fibroma. Presence of this tumor for a long duration can lead to complications like ulceration and bleeding. These can occur in the labia majora, labia minora, clitoris, vestibule and the posterior commissure. We are reporting a case of a middle aged woman, Gravida 2 para 1 living 1 with 26 weeks period of gestation who came with complaints of mass per vagina from 2 months, and pain over the mass region from 1 week. On examination, a pedunculated firm mass was seen in the right labia majora measuring 5 * 5 cm with no impulse on cough. A differential diagnosis of fibroma of the vulva and angiomyxoma of the vulva was done and planned for excision under anesthesia. Excision of the mass was done under spinal anesthesia and sent for histopathology. The histopathology report revealed fibroma of the vulva. Post-operative period was uneventful. The patient was followed up till term, she went into spontaneous labor and delivered male baby vaginally. Right mediolateral episiotomy was given and sutured in layers and healed well. Patient was discharged on post natal day 4.

Keywords: pregnancy, vulva, spinal anesthesia, fibroma, excision

Introduction

Tumors of the vulva are not common. Benign tumors of the vulva include fibromas, lipomas, neurofibromas, papillomas, angiomas, neuromas, adenomas, ganglioneuromas, leiomyomas and lymphangiomas¹. Among these benign tumors, the most common variety is the fibroma and usually occurring in the labia majora. Other locations of fibroma include labia minora, prepuce of the clitoris, periurethral area, vestibule and posterior fourchette. These are connective tissue benign tumors usually starting as a small painless pedunculated mass, but grows rapidly causing emotional and social disturbance in the patient. The treatment of fibroma is by excision. If left untreated for long duration, these can cause superficial bleeding due to ulcerations as a result of repeated trauma.

Case report

A 26 year old Gravida 2 para 1 living 1 with 26 weeks period of gestation complains of mass per vagina from 2 months, associated with pain from 1 week. On examination, pulse was 82 bpm, BP was 110/80 mm Hg, cardiovascular and respiratory system examination was normal. Per abdomen examination was normal, with no mass or tenderness. On local examination, a pedunculated firm mass was seen in the right labia majora measuring 5 * 5 cm with no impulse on cough (Fig 1). The swelling was not inflamed. The swelling did not communicate with the vagina or labia minora. Mons and contralateral labia was normal. There was no inguinal lymphadenopathy. A differential diagnosis of fibroma of the vulva and angiomyxoma of the vulva

was done and planned for excision under anesthesia. Excision of the mass was done under spinal anesthesia and sent for histopathology. The histopathology report revealed fibroma of the vulva characterized by hypertrophic squamous epithelium with underlying fibrocollagenous tissue (Fig 2). Post-operative period was uneventful. The patient was followed up till term, she went into spontaneous labor and delivered male baby vaginally. Right mediolateral episiotomy was given and sutured in layers and healed well. Patient was discharged on post natal day 4.

Discussion

Fibroma of the vulva originate from mesenchymal tissue – the external genitalia's dermal connective tissue. Sometimes when these originate from the conjunctive tissue of the extraperitoneal portion of the terminal portion of the round ligament they grow towards the abdominal wall, but those arising in the pelvis' subperitoneal ligament are usually multiple despite having pedicles originating from the same point^[2]. The peak age at incidence is 20 – 40 years and is rare in children, breastfeeding, pregnant women and in the elderly^[3]. However estrogen and progesterone receptors being absent in these tumors, suggest that this tumor can occur in any age group irrespective of the ovarian functional status^[4]. Initially these tumors are asymptomatic, start as a small sessile nodule, but grow over a period of time to large sizes, becomes pedunculated and cause symptoms like difficulty in ambulation and sexual relations and extreme emotional upheaval and social withdrawal^[5]. If untreated, this can undergo

superficial ulceration leading to bleeding and pus discharge from the ulcer. Treatment of these tumors is by surgical excision with repair of the labium. Differential diagnosis include angiomyxoma of the vulva, leiomyoma of the vulva, Bartholin duct cyst. Histologically fibromas can be either pure or mixed. Pure variant consists of fibrous and hard conjunctive tissue within a seromucous substance. The mixed variant consists of conjunctive tissue combined with other tissues like fat and muscle.

- Rachna Chaudhary, *et al.* Vulvar fibroma with coexisting uterine fibroma in a postmenopausal patient: A Case Report. Indian Journal of Obstetrics and Gynecology Research. 2016; 3(2):187-18.



Fig 1: Pre operative image showing pedunculated tumor arising from the right vulva



Fig 2: Histopathology image showing hypertrophic squamous epithelium with underlying fibrocollagenous tissue.

Conclusion

It is important to consider fibroma of the vulva in case of a vulval swelling. Timely excision of the tumor reduces the complications and improves the social life of the woman.

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