

*Case Report***Case Report of a Huge Vulval Fibroma Measuring 11×8 Centimeters**Kalapala Adarsha¹, G. C. Prabhakar², Prashanth. A. S¹¹Resident, ²Professor and HOD,

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*Received: 11/04/2015**Revised: 19/05/2015**Accepted: 25/05/2015***ABSTRACT**

Fibroma is benign mesenchymal tumor. Their occurrence as a labia majora mass measuring 11 x 8 centimeters is very rare. Differentiation from other benign masses like lipoma and malignant condition like fibro sarcoma is important. Surgical resection of the benign mass is curative and reconstruction of labia majora depending on the age of the patient may be considered.

Key Words: labia majora, fibroma, excisional biopsy.

INTRODUCTION

Fibroma is a benign tumour arising from mesenchymal tissue. It composed of fibroblasts with collagen tissue of variable composition. Variants of fibroma include hard, soft, chondromyxoid, angiomatous, ossifying fibromas. [1] They are usually present in oral cavities, tendon sheath, bone, axilla, inguinal region. In female genital tract they are usually present as ovarian fibroma; a sex cord stromal tumour is a common site. In such cases it may present as Meigs syndrome or an incidental mass. Labia majora is a rare site of presentation. Vulval region may lead to social withdrawal, delay in seeking treatment due to stigma associated with discussing a vulval mass.

CASE REPORT

A 53 year old multiparous lady attained menopause 6 years ago came with

complaints of mass at vulval region since 8 months. It started as a small swelling gradually increased in size to the present one. There is intermittent history of blood stained mucoid discharge from the mass. No history of coital activity after menopause.

Fig. 1: Dorsal position





Fig. 2: Left lateral position



Fig. 3: Specimen after excision

On examination a 11 x 7 centimeter mass seen on left labia majora occupying its whole length. A decubitus ulcer of 4 x 3 centimeter present on posteroinferior surface of the mass with partial keratinisation of the ulcer. The surface of the mass had variable pigmentation and no engorged veins. On palpation superior border of the mass could be felt. Mass had a doughy consistency. No palpable lymph nodes in the inguinal region. External genitals appeared normal. On per speculum examination cervix and vagina appeared normal. On bimanual examination uterus was retroverted, atrophic, mobile, fornices free. Excisional biopsy of the mass was done by clamping the mass at its base after leaving 1 centimeter of healthy tissue. The bleeding points on the base were ligated

and the base sutured with mattress sutures. On histopathological examination where it was given as fibroma, with no evidence of any malignant changes. Postoperative complications were encountered, and the sutures healed well.

DISCUSSION

After examination with a provisional diagnosis of a lipoma the mass was excised and sent for histopathological examination. Malignant entity was suspected hence 1 centimeter of extra tissue was excised. Fibroma of labia majora attaining a size of 11 x 8 centimeters is rare. A surgical excision of the mass is curative. [2,3] High degree of suspicion is required to diagnose a fibroma at vulval region clinically as it is a very rare presentation. Biopsy can be performed and CD markers of the tissue can be assessed when malignant entity of the tissue is suspected and to rule out the type of fibroma. [4] A benign mass can be treated by resection and the chances of recurrence are very rare. Social stigma to approach a doctor for a vulval mass is seen hence they present at later date with a huge mass.

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