

Myxofibroma Polyp of Labia Majora- A Case Report

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ABSTRACT

Vulvar lesions vary from benign to cancerous forms. Here a 40 yr old lady presented with pedunculated vulval lesion, arising from the labia majora (12 cm x 3 cm). Ultrasonography showed it as a pedunculated heterogenous lesion, with no evidence of bowel herniation, advised histopathological correlation. The mass was excised. Histopathological examination revealed it to be benign soft tissue tumor; most likely a myxofibroma.

Myxofibroma presents here as a rare benign vulvar tumor.

Key words: vulvar tumor, benign vulvar tumor, mixofibroma, fibroma.

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INTRODUCTION

The varied manifestations of benign vulvar tumors are reviewed to re-acquaint physicians with the disease, since less than 200 cases have been reported in the literature.¹. A classical case is presented in detail, clinically and pictorially.

Vulval growths though rare, may be a cause of social withdrawal and emotional trauma along with causing physical signs and symptoms. Initially these growths are smaller but due to social embarrassment patients tend to report very late when these tumors grow into pedunculated mass large enough to interfere with daily life. Treatment is excision and removal, recurrence is rare. We present an interesting case of a large pedunculated, fibroma of the right labia majora in a middle aged woman. The tumor was excised and subjected to histopathological examination which revealed it to be a myxofibroma.

CASE REPORT

A 40 years female married since 25 years para 2 live 2 with tubal ligation done 20 years back came with complaints of mass arising from right labia majora since 5 years, the mass was

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small in size to begin with, but it gradually increased over 5 years to the present size. (The peduncle was 12cm in length and 3cm wide, the mass within was 6cm x 5cm)

figure 1, painless, soft to firm in consistency, pedunculated growth with no cough impulse. Patient complained of difficulty in sitting and walking due to which she would avoid going to social functions. No lymph nodes were palpable in the vulval or inguinal regions. Her uterus and adnexa were normal as demonstrated by clinical and radiological examination.

Ultrasonography of the mass suggested 6cm x 4.4cm x 8cm sized pedunculated heterogenous lesion seen arising from right labia majora, with no evidence of bowel herniation, advised histopathological correlation.

With a provisional diagnosis of vulval fibroma, the mass was excised (figure-2) along with the stalk, under spinal anesthesia with a good cosmetic result.

Histopathological examination revealed it to be benign soft tissue tumor; most likely a myxofibroma.

**Figure 1-peduncle was 12cm in length and 3cm wide, the mass within was 6cmx5cm.
Figure 2-excision of the mass intra-operatively .**



Figure1



Figure2

DISCUSSION

Vulval fibroma is a rare benign tumour that is predominantly found in women of reproductive age group, though they have been reported in infants, post menopausal and pregnant women². The tumor may arise from either the deep connective tissue of introitus, labia majora, perineal body or round ligament^{3,4}. To start with, the tumor may be asymptomatic but has the potential to grow to huge sizes. Despite being benign in nature, it leads to dyspareunia due to its huge size and location. These tumors can originate from any of the three germinal layers that constitute the anogenital region. Degenerative changes and necrosis often occur in the

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larger tumors and should not be confused with malignancy. The boundaries of such mesodermal tumors are difficult to delineate, but most of the tumors are benign. Even recurrence does not signify malignant alteration. Though recurrences are rare, vulval fibroma can recur after incomplete removal⁵. Important differential diagnosis include lipoma, Inguinal hernia, vulvovaginal cysts, vulval elephantiasis, angiofibroma, hemangiomas, endometriomas, neurofibromas and fibro epitheloid tumour³.

CONCLUSION

Vulvar lesions are a great distress to the patient. Benign lesions can be excised with a good cosmetic result. Early treatment prevents it from assuming large sizes and a difficult excision. Recurrence is rare. Histopathological co-relation confirms the diagnosis.

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