

Giant fibroepithelial stroma polyp of vulva: A rare case

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Abstract

Introduction: Fibroepithelial polyp or acrochordon is a benign mesenchymal tumor which seen as pedunculated or non-pedunculated papilloma, with variation in size, red or brown colored and usually presented in reproductive female in the vulvovaginal region. Few conditions which associated with fibroepithelial polyp are diabetes, obesity, dyslipidemia, pregnancy and genetics. Fibroepithelial polyp of the vulva shown clinical manifestation as pedunculated polyp, solitary, wrinkled and could be solid or cystic. **Case report:** 21 years old woman presented with a mass hanging from labia majora sinistra with pain since 3 years ago. Examination revealed single, skin coloured, pedunculated, tender, wrinkled mass with stem diameter 1 cm and dimension 12x4 cm. The lesion was excised and treated with cream containing *Solanum lycopersicum*. Histopathological examination found fibroepithelial polyp stroma without malignancies. **Discussion:** Fibroepithelial polyp associated with obesity, dyslipidemias, and genetic. Proliferation of mesenchymal cells within the subepithelial stromal layer could cause giant lesions. The presence of a pedunculated, soft, flesh colored mass was pathognomonic, then confirmed by histopathology. Surgical excision with histopathological examination serves as diagnostic and therapeutic modality. *Solanum lycopersicum* hasten wound healing with anti-inflammatory effect. **Conclusion:** Giant fibroepithelial polyps are rare mesenchymal tumor of the vulva.

Key words

Giant fibroepithelial polyps, *Solanum lycopersicum*.

Introduction

Fibroepithelial polyp is a benign epithelial tumor which seen as pedunculated or non-pedunculated papilloma, with variation in size, red or brown colored and usually located at intertriginous area such as neck, armpit, genital and groin.¹ Few conditions which associated with fibroepithelial polyp are diabetes, obesity, dyslipidemia, pregnancy and genetics.² Fibroepithelial polyp of the vulva shown clinical manifestation as

pedunculated polyp, solitary, wrinkled and could be solid or cystic. Fibroepithelial polyp size varies between 2–30 cm and bigger ones could be accompanied by wound, infection and inflammation.³

Fibroepithelial polyp of the vulva could give pruritus, affecting sexual intercourse, walking and wound because of the friction to the polyp.⁴ Malignancy must be excluded in every case of fibroepithelial polyp, thereafter histopathologic examination could serve as a diagnostic and therapeutic modality for the lesion.⁵

In this case we will discuss about a 21 years old woman with giant fibroepithelial polyp of the vulva which treated with tumor excision as diagnostic and therapeutic management.

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Case Illustration

A 21 years old female came with chief complaint of a pedunculated nodule at the vulva since 3 years ago. In the beginning it was small as corn seed then gradually enlarge. She felt pain when walking because of the friction of the nodule. The nodule was itchy at first, but it has resolved now. She felt uncomfortable because of the nodule during sexual intercourse. From physical examination she was overweight and general condition within normal limits. In the vulva region (labia mayor sinistra) we found a solitary pedunculated tumor, skin-colored, with the stalk diameter 1 cm, tumor length 12 cm, width 4 cm, wrinkled and no ulcers were seen. From the palpation, it was firm, non-pulsatile and no changes when she cough/ does Valsalva maneuver. There was no sound from auscultation. There was no abnormality in her genital (**Figure 1**). Management in this patient were surgical excision and topical therapy using fucidic acid cream 2% two times a day at the wound site (**Figure 2**). There was no sign of malignancy from histopathological examination. One weeks after excision, she was given topical cream which contained *Solanum lycopersicum* two times a day for 1 month with satisfactory results (**Figure 3**).

Discussion

Genital fibroepithelial polyp was one type of mesenchymal tumor which commonly found in 20-40 years old woman, at the vulva, vagina or cervix. The clinical manifestations could be asymptomatic or unspecific symptoms such as itchy or irritation. As the lesion enlarged, symptoms such as walking discomfort, swelling and bleeding ulcers could appear.^{4,6} Few conditions which associated with fibroepithelial polyp are diabetes, obesity, dyslipidemia, pregnancy and genetic conditions.² The pathogenesis for fibroepithelial polyp was uncertain but recurrent irritation at the same area in obese female was thought to be the main factor for fibroepithelial polyp.⁷

Fibroepithelial polyp usually appear in hairy skin area such as labia mayor, solitary, wrinkled and pedunculated.⁸ Fibroepithelial polyp of the vulva may varies in size, where the bigger ones could be accompanied with wound, inflammation and/ or infection. Big lesion was caused by mesenchymal cells proliferation in the subepithelial stromal layer.³ This tumor has varied clinical manifestations from reddish small-sized nodule, papillomatous hyperpigmentation to hypopigmented pedunculated tumor.⁹ Some of the fibroepithelial polyp could be an early stage of basal cell carcinoma, so pathological examination become significant to rule out malignancy.⁷



Figure 1 Pedunculated solitary tumour in labia mayor sinistra.



Figure 2 Wound after excision.



Figure 3 Wound after topical treatment with *Solanum lycopersicum*.

Management of fibroepithelial polyp could be done with surgical excision, cautery, laser or cryosurgery with liquid nitrogen.² In big fibroepithelial polyp, surgical excision could be done as therapy. Surgical excision with histopathological examination could serve as diagnostic and therapeutic modalities.^{4,10} Recurrence could occur after the excision if the excision was incomplete, but it was very rare.⁶

Solanum lycopersicum or tomatoes could play a role in wound healing because it has antioxidants effects. These effects were important and could shorten wound closure time also enhanced epithelialization. Superoxide dismutase (SOD) were anti-inflammatory and anti-fibrosis enzyme which found in *Solanum lycopersicum* that could help in reducing inflammation and nodule size.^{11,12}

Conclusion

Fibroepithelial polyp of the vulva usually found in productive age female. Surgical excision with histopathological examination could serve as diagnostic and therapeutic modalities. *Solanum lycopersicum* serve as a wound healing agent because of the antioxidant's effects.

References

1. Neuhaus IM, Micheletti RG. Andrew's Diseases of Skin: Clinical Dermatology. 12th edition. Philadelphia.Elsevier.2016.p 605- 6.
2. Schachtel A, Kalus A. Diabetes and Other Endocrine Disease.In: Kang S, Amagai M, Bruckner A, Enk A, Margolis D, McMichael A, et al (Editor). Fitzpatrick's Dermatology. 9th edition. United States. McGraw-Hill Education.2019. p 2495 - 2503.
3. Garg Shilpa, Baveja Sukriti.Giant Acrochordon of Labia Majora: An Uncommon Manifestation of a Common Disease. *J Cutan Aesth Surg*. 2015;**8(2)**:119.
4. Mwampagatwa IH, Ernest A.Bilateral Giant Mysterious Vulva Tumor in an Adolescent: A Rare Clinical Condition and its Diagnostic Challenges in Resource Constrained Facilities. *Sch J Appl Med Sci*. 2015;**3(1C)**:148-52.
5. Peña AK, Zertuche AC, Candiani JO.Giant fibroepithelial polyp of the vulva.Australasian *J Dermatol*. 2018;**60(1)**:70-1.
6. Chawla S, Jain S, Kaur L, Gupta B, Rajaram S, Goel N.Giant Fibroepithelial Polyp: A Rare Tumour of Vulva. *Indian J Gynecol Oncol*.2017;**15(2)**:1-2.
7. Rexhepi M, Trajkovska E, Besimi F, Rufati N.Giant fibroepithelial polyp of vulva: a case report and review of literature. *Turkiye Klin Ginekoloji Obstetery*.2015;**25(4)**:268.
8. Bunker CB, Neill SM.The Genital, Perianal and Umbilical Regions.In: Burns Tony, Breathnach Stephen, Cox Neil, Griffiths C (editor). Rook's Textbook of Dermatology. 8th edition. United Kingdom. Wiley-Blackwell. 2010.p 3776.
9. Wilkinson E, Massoll N. Benign Diseases of the Vulva. In: Kurman Robert, Ellenson Lora, Ronnett B (editor). Blaustein's Pathology of The Female Genital Tract.6th edition. United States of America. Springer.2011.p38-9.
10. Lee MH, Hwang JY, Lee JH, Kim DH, Song SH.Fibroepithelial polyp of the vulva accompanied by lymphangioma circumscriptum. *Obstet Gynecol Sci*. 2017;**60(4)**:401-4.
11. Quéré S, Lacan D, Lemaire B, Carillon J, Schmitt K.The role of superoxide dismutase (SOD) in skin disorders: A review. *Nutrafoods*.2014;13-27.
12. Ezon Ebidor, Innocent E, Wokpeogu P, Sudor W, Nwolim P.The Effect of Ethanolic Seed Extract of Solanum Lycopersicum on Wound Healing. *Eur J Pharm Med Res*. 2018;**5(1)**:356-61.