

A Rare Case of Recurrent Fibroepithelial Stromal Polyp of The Minora Labia

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Abstract:

Objective: We presented a rare case of recurrent fibroepithelial stromal polyp of the minora labia.

Design: Case report

Setting: Department of Obstetrics and Gynecology, Faculty of Medicine, University of Indonesia

Patient: Mrs S, 39 yo came to a urogynecology polyclinic with a major complaint of recurrent mass in the right minora labia after the patient got pregnant 8 months ago. The patient went to polyclinic on May, 2014, patient was referred from hospital Juliana with hypertrophy labia minora. On September 2014, mass excision was performed, and from anatomical pathology result was fibroepithelial polyp.

Result: Patient was performed excision and reconstruction with cauter on December 2017, with anatomical pathology result was fibroepithelial-stromal polyp.

Conclusion: The recurrent incidence of fibroepithelial stromal polyp is rare. The fibroepithelial stromal polyp may recur when excision is incomplete, so that all patients with this diagnosis require long-term follow-up and are treated appropriately.

Keywords: fibroepithelial, polyp, minora labia

1. INTRODUCTION

Fibroepithelial stromal polyp is a type of mesenchymal lesion that is generally benign and occurs in women of reproductive age, especially obesity. This stromal polyp is common in the vulva, vaginal and cervical regions, there is rarely found outside the genital area.¹⁻⁴ Tumors are formed by continuous cell proliferation. When the body is under the influence of various factors, such as hormonal, granulation disorder, traumatic tissue. The vulva cells lose normal control at the level of the gene, resulting in abnormal clonal proliferation, thus forming

the vulva fibers. This tumor infiltration is characterized by hyperselular stroma above the squamous epithelium. This stromal polyp is sensitive to hormones and often occurs during pregnancy. The recurrent occurrence of fibroepithelial stromal polyp is rare.^{2,5} However, they can also be seen in premenopausal women who are on hormone replacement therapy. These lesions typically do not grow larger than 5 cm in diameter and are found incidentally during routine gynecologic exams. These lesions are usually polypoid or pedunculated and solitary derived from fibrovascular tissue of the epidermis and dermis. The symptoms in general are bleeding, discomfort due to mass, but can also be asymptomatic, painless despite irritation and inflammation. The recurrent occurrence of fibroepithelial stromal polyp in the vulva is a rare case.^{1-3,6}

We presented a case of recurrent occurrence of fibroepithelial stromal polyp, this may be suspected of hormonal influences.^{4,5}

2. CASE

Mrs. S, 39 year old patient came to a urogynecology polyclinic with a major complaint of recurrent mass in the right minora labia. The patient to polyclinic on May 6, 2014, patient referred from hospital Juliana with hypertrophy minora labia. On 2 September 2014 mass excision was performed, and from anatomical pathology results obtained fibroepithelial stromal polyp (Figure 1). The mass started to grow at her 8th month pregnancy and enlarged since breastfeeding. There are no complaints of pain when urinating, defecating and dyspareunia. There are no history of vaginal bleeding and sexually transmitted diseases.

On physical examination looked moderate pain, compost mentis, with stable hemodynamics and found no abnormalities in generalist status. In the gynecological examination on inspection, there was a

solid mass of polyp in the right minora labia, size 7x4x3 cm and 3,5x3x2 cm (Figure 2), with firm border, normal external urethral orifice, left minora labia within normal limits but scars on both minora labia (previous mass excision) (Figure 3), no signs of inflammation. At the time of palpation, there is no tenderness on polyp in the right minora labia. On inspeculo smooth porcio, closed ostium, no fluor and no fluxus. On examination uterine within normal limits, no palpable adnexal mass, soft parametrium, no rectal mass, good sphincter ani tone, ampulla does not collapse. From laboratory examination within normal limits. Patients are planned for excission cauter and reconstruction minora labia (Figure 4).

The new anatomical pathology result was polypoid-shaped tissue, coated epidermis that was partially acanthosis, hyperkeratosis and parakeratosis. The underside of the fibrotic stromal contains many partially congestive blood vessels, visible multinucleus data cells and the mild-hard powder of chronic inflammatory cells and plasma cells, especially perivascular. No sign of malignancy with conclusion fibroepithelial-stromal polyp.

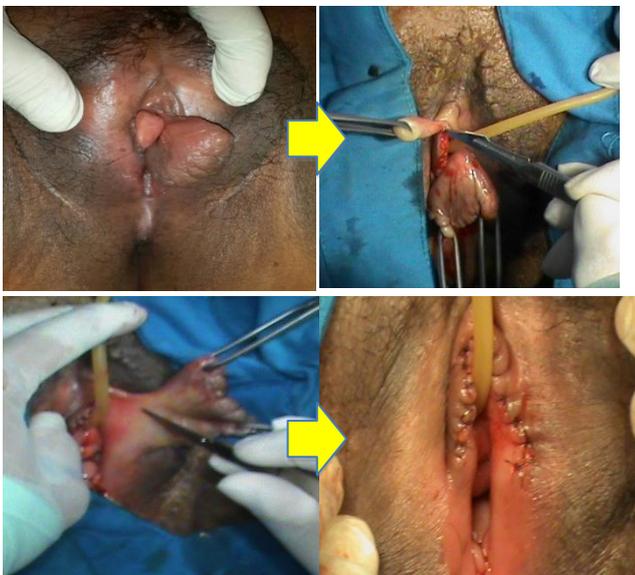


Figure 1. Previous Operation (September 2014)

Patient in lithotomy position. Bilateral minora labia tumor were identified, size 40 x 20 x 5 mm (left) and 20 x 10 x 5 mm (right). Mucocutan line was identified, excision was made on that border. Interrupted sutured were made along the excision margin.

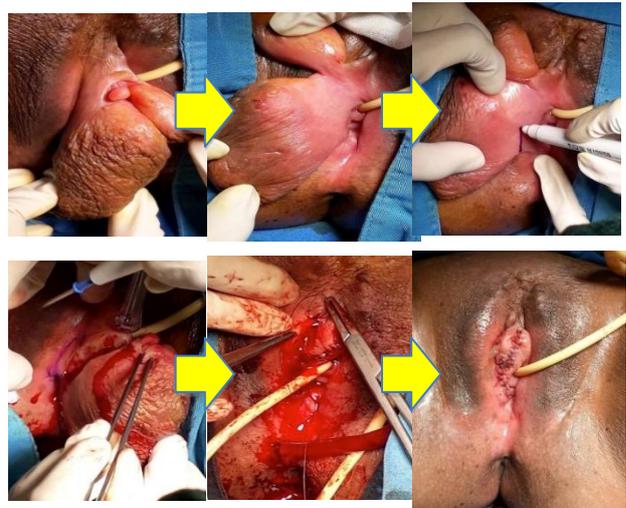


Figure 2. Recurrent Operation (December 2017)

Patient in lithotomy position. Recurrent mass in the right minora labia were identified, size 70 x 40 x 30 mm (above) and 35 x 30 x 20 mm (below).

Performed excission and reconstruction with cauter. Interrupted sutured were made along the excision margin.



Figure 3. Pre Operative & Follow up 3rd month (2014)



Figure 4. Pre Operative & Follow up 3rd month (2018)

3. DISCUSSION

Fibroepithelial stromal polyp usually occurs in women of reproductive age. The recurrent incidence of fibroepithelial stromal polyp is rare. These masses vary in size but are generally polypoid and exophytic. There are 2 types histologic examination of fibroepithelial, they

are epithelial and stromal type.^{2,5} Fibroepithelial stromal polyp can have single or multiple lesions. At first, vulvar tumors have no symptoms (asymptomatic), or only cause pruritus, interfere with sexual intercourse, discomfort while walking due to mass effects and with increasing tumor size can have symptoms such as superficial ulcers in tumors due to friction. Malignancies can be excluded from the type of fibroepithelial stromal polyp, but sarcomas resemble to these polyp. Thus microscopic examination which is characteristic of fibroepithelial stromal polyp the presence of many stellate cells and nuclei of stromal cells commonly present on the surface of the stromal epithelium. In addition, botryoid embryonal rhabdomyosarcoma is one of the differential diagnoses that can be considered, but this type of tumor is diagnosed at pre-puberty, with a rare characteristics of the subepithelial hypercellular layer. The fibroepithelial stromal polyp may recur when excision is incomplete, so that all patients with this diagnosis require long-term follow-up and are treated appropriately.^{1,2,5}

Fibroepithelial stromal polyp describe subepithelial hyperplasia of myxoid stroma rather than neoplasm, this is supported by multiple lesions during pregnancy. Large lesions are derived from the proliferation of mesenchymal cells with hormonal sensitivity to the subepithelial stromal layer. It can be due to hormonal, granulation disorder, traumatic tissue factors. In this case, we suspected due to hormonal factor because the mass started to grow at her 8th month pregnancy and enlarged since breastfeeding.

Multinuclei and spindle stromal cells in normal tissue show that stromal cells in fibroepithelial have estrogen and progesterone receptors. In addition, the normal vulva also contains estrogen receptor which consists of multinucleus, atypical subepithelial cells.^{5,7,8}

Based on pathology anatomy, it was obtained fibroepithelial polyp. Based on the literature, it usually shows fibroma (the most common benign vulva tumor). On the immunostaining examination, a positive picture of vimentin and desmin in mono and multinucleus stromal cells in the fibroepithelial and estrogen receptor are positive in the nucleus.⁴ It can be interpreted that the hormonal imbalance factor has a role, but it can also be seen that before puberty this incidence is rare, multiple lesions were obtained during pregnancy (estrogen and progesterone increased) and continued regression after delivery. The other factors that play a role are family history and diabetes mellitus.

Surgical action is an appropriate treatment, in addition other treatments may use aluminum chloride for small lesions, cryotherapy, and ligation with stitches.^{2,3,8-10}

4. CONCLUSION

The recurrent incidence of fibroepithelial stromal polyp is rare. Fibroepithelial stromal polyp is a rare mesenchymal benign lesion, that typically occur in women of reproductive age and associated with hormonal. This polyp is common in the vulvovaginal area. Although benign, but the possibility of malignancies can not be excluded as long as there is no result of anatomical pathology evaluation to rule out atypical and malignant neoplasm tumors. The histopathologic results play an important role, so that all patients with this diagnosis require long-term follow-up and are treated appropriately.

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