Olgu Sunumu *Case Report*
Pamukkale Tıp Dergisi
Pamukkale Medical Journal
doi:https://dx.doi.org/10.31362/patd.460822

Giant fibroepithelial polyp of vulva in a pregnant woman

Gebe bir kadında vulvada dev fibroepitelyal polip

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Gönderilme tarihi:17.09.2018 Kabul tarihi:03.01.2019

Abstract
Vulvar fibroepithelial polyp in a pregnant woman is a rare clinical condition. In this study, a case of a giant fibroepithelial polyp of vulva in a pregnant woman is reported. A pregnant woman presented with a pedunculated mass over right labium majus that grew up during pregnancy period was surgically removed. Surgical excision of the tumour was performed and postoperative recovery and pregnancy follow-up were uneventful. Fibroepithelial polyps are common lesions of skin but unusual locations have been rarely reported in literature. To the best of our knowledge, the presented case is one of the largest fibroepithelial polyp of vulva in a pregnant woman.

Key Words: Fibroepithelial Polyp, vulva, pregnancy, skin tag.

Kabukcu C, Kılıç D, Çabuş Ü, Kuzular H, Fenkçi V. Giant fibroepithelial polyp of vulva in a pregnant woman. Pam Med J 2019;12:329-331.

Özet
Fibeoepitelyal polip (FEP), deri katlantılarında daha sık görülen, cilt renginde, pedünküle deri ekidir. Vulvada küçük boyutta polipler sık olsa da büyük olanları nadir olarak görülür. Mevcut olgu sunumunda, gebelik döneminde büyüme gösteren, vulvadan köken alarak çok büyük boyuta ulaşan FEP rapor edilmiştir. Kitle cerrahi olarak eksize edilerek, histopatolojik inceleme yapılmıştır. Yerleşim yeri ve boyut olarak nadir görülen, ayrıca gebelik döneminde hızla büyüyen vulvar FEP literatür eşliğinde sunulmuştur.

Anahtar Kelimeler: Fibroepitelyal polip, vulva, gebelik, akrokordon.

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Introduction

Fibroepithelial polyps (FEP), also known as acrochordons or skin tags are one of the most common skin lesions that are small, soft, and usually pedunculated [1]. Fibroepithelial polyps differ in size from several millimeters to centimeters, and sometimes unusual giant variants are also evident. They are most often found in intertriginous areas such as neck, axilla or groin. Unusual locations such as vulva, penis are also reported in the literature [2]. They are frequently seen in obese patients and patients with diabetes mellitus. Pregnancy is also a risk factor, with an increased frequency during the second trimester [3]. Herein, we present a pregnant woman at the 19th week of gestation with a giant fibroepithelial polyp grew up rapidly during pregnancy at labium majus; which is a rare site for fibroepithelial polyps.

Case Report

A 29-year-old pregnant woman at 18 weeks and 4 days, admitted to our outpatient clinic with the complaint of a soft pedunculated mass over right labium majus for two years. The lesion was small in size approximately 1-2 cm at the beginning of pregnancy but gradually increased to the current dimensions throughout four months. The lesion was asymptomatic. The physical and obstetric examinations

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were normal, consistent with a viable 19-week pregnancy. On gynecological examination; a large pedunculated, soft, fleshy mass measuring 7x6x5 cm. with an irregular and corrugated surface was hanging from the right labia majus. There was no sign of inflammation or ulceration. It was a non-tender mass without any lymph node enlargement. All the laboratory tests were normal. Clinically it was diagnosed as giant fibroepithelial polyp of the vulva. Surgical excision of the tumor with primary closure was performed under local anesthesia. Histopathological examination revealed a polypoid tumor with an overlying stratified squamous epithelium with underlying fibrovascular stroma (Fig.1). A hyperplastic epidermis was showing papillomatosis and acanthosis. The stroma showed stellate cells and thickened blood vessels. Focal increase Ki-67 proliferation index of atypical keratinocytes in the lower third of the fibroepithelial polyp epithelium was detected. P16 was negative. A histopathological diagnosis of fibroepithelial polyp with vulvar intraepithelial neoplasia was made.

Figure 1. (a) Large pedunculated mass arising from right labium majus.

(b) Superficial multilayered flat epithelium with fibroepithelial polyp(H&E, x40).

(c) Increased ki 67 proliferation index in the lower third of the focal epithelium of the fibroepithelial polyp (Ki67, x100)

Discussion

Fibroepithelial polyps (FEP) have an incidence of 46% in the general population [4]. Although half of the general population have FEP, vulvar giant FEPs are rarely reported in the literature [4]. Beside this, giant FEPs are exceptionally rare in pregnant women [5]. To the best of our knowledge, there are only a few reports of a giant FEP on the labium majus during pregnancy in the literature [1, 5].

FEPs are frequently seen in diabetes mellitus and obese patients. A relation to endocrine disorders, carbohydrate, lipid metabolism, insulin resistance, and genetic predisposition has been reported [6]. Pregnancy is a risk factor for FEP development and growth. Pregnant women with FEPs and acanthosis nigricans have an increased risk of gestational diabetes [3, 7]. Our patient did not have gestational diabetes and was not obese. But in our case, fibroepithelial polyp grew up rapidly during pregnancy. Pregnancy-related hormonal changes, such as high estrogen and progesterone levels may facilitate the growth of FEPs. During pregnancy, hyperinsulinemia and the increase in insulin-like growth factor-1 (IGF-1) may induce epithelial and fibroblastic growth, possibly explaining the growth of FEPs in pregnant women [8]. IGF-1, epidermal growth factor, and increased mast cell count are involved in the genesis and development of FEPs [9, 10].

FEPs are benign tumors. Neurofibroma, genital warts, premalignant fibroepithelial tumor, seborrheic keratosis, and angiomyxoma should be considered as a differential diagnosis [11, 12]. On rare occasions, squamous cell carcinoma may arise from a FEP [13]. Additionally, there are reported cases of basal cell carcinoma associated with these polyps [14]. In our case, there was the coexistence of vulvar intraepithelial neoplasia (VIN) with FEP. Coexistence of VIN and FEP may increase the cancer progression. 2-15% of VIN cases may progress to vulvar cancer [15]. In recurrent VIN cases, there is higher risk for cancer [16]. Despite the low malignancy potential of FEPs, surgical excision and histopathologic examination are necessary especially for giant FEPs.

In conclusion, giant fibroepithelial polyp of the vulva is rarely seen in pregnancy. According to our knowledge, there are only a few reports of this condition. Surgical excision and

histopathological examination are necessary to exclude any malignancy.

Conflict of Interest: The authors declare that there are no conflicts of interest.

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