



GIANT FIBROEPITHELIAL POLYP OF GENITAL REGION

KEYWORDS

Fibro epithelial polyp, Vulva

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ABSTRACT *Fibro epithelial polyp is a benign pedunculated lesion that occurs in the external genitalia of obese females and they may accentuate during pregnancy. [1] These lesions usually occur in young to middle aged women during reproductive years, presenting more commonly in the vagina than on the vulva and cervix.[2,3] Here is a case of a fibro epithelial polyp of vulva in a 26 year old female which presented as an arborizing, branching pedunculated tree like mass with multiple papillary projections for about two years duration. Physical examination revealed a skin covered polypoidal mass of size 8X7X5cm with multiple papillary projections ranging in size from 0.5 to 2cm. Excision was done and on cut section, grey white fibrocollagenous tissue identified with papillary excrescences. Histopathological examination was compatible with fibro epithelial polyp.*

Introduction

A fibro epithelial polyp (FEP), which is also referred to as skin tag or acrochordon, described originally by Norris and Taylor in 1966. [5] Fibro epithelial polyps are a type of mesenchymal lesions that typically occur in women of reproductive age. [4] They are more common in obese females, and they accentuate during pregnancy. Skin tags have a predilection for the axilla, neck, groin, eyelids and beneath pendulous breasts. [1] Vulvovaginal polyps are uncommon lesions of the female genital tract. [6] Most of the tumors are 1×2 cm in size, but rarely can reach a very large size up to 15×20 cm. [7] The largest acrochordon reported is of 48cm in greatest dimension. [8] Here with a case of a fibro epithelial polyp on the left labia majora measuring 8X7X5 cm is being reported.

Case report

A 26 year old obese multiparous female came with the complaints of swelling in the genital region and difficulty in walking due to the swelling for duration of two years after her second delivery. Initially it was small and gradually increased in size and attained the present size over a period of time. Physical examination revealed a large globular and firm mass. The proximal edge was connected to the left labia majora by a small pedicle. No significant adenopathy was present in the nearby anatomical site. The mass was excised at the base of the pedicle. Grossly, the specimen was a pedunculated globular mass of size 8x7x5 cm with multiple papillary projections. Size of the papillae varied from 0.5 to 2cms. On cut section, grey white fibrocollagenous area with multiple papillary excrescences was noticed.

PLATE -1 CLINICAL PICTURE



Figure 1: Fibroepithelial polyp
Pedunculated globular mass with multiple papillary projections

PLATE--II MACROSCOPY



Figure 2: Fibroepithelial polyp.
Excised mass showing papillary projections.



Figure 3: Fibroepithelial polyp.
C/S shows grey white fibrocollagenous tissue with papillary excrescences.

Microscopically, sections reveal a polypoidal mass lined by benign squamous epithelium which exhibit hyperkeratosis. Basal layer is hyperpigmented. The surface of the epithelium is convoluted with horn cysts. The stroma is Cellular made up of elongated spindle shaped fibrocollagenous tissue interspersed with smooth muscle bundles and blood vessels. Some of the blood vessels are dilated and have thickened walls. Scattered inflammatory cell infiltrate is present close to subepithelial region. The histological pattern was consistent with the diagnosis of Fibroepithelial polyp.(Figures 4- 7)

**PLATE –III-A
Microscopy**

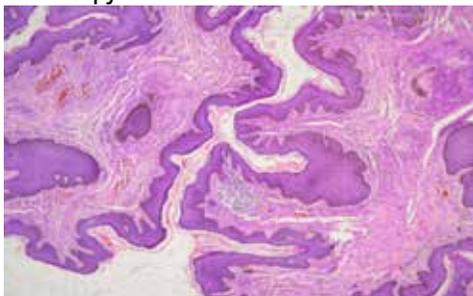


Figure 3:H&E, 10X, Fibroepithelial polyp.
Squamous epithelial lining showing hyperkeratosis with convolutions on the surface.

Spindle shaped cellular stroma with blood vessels.

**PLATE- III- B
Microscopy**

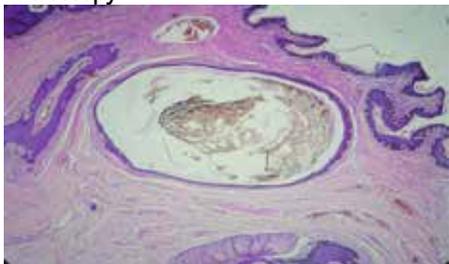


Figure 4: H&E, 10X, Fibroepithelial polyp with an epidermal cyst

**PLATE III - C
MICROSCOPY**



Figure 5: Fibroepithelial polyp
Sebaceous gland surrounds a cyst lined by benign squamous epithelium

(Dilated sebaceous gland duct – Sebaceous cyst)

**PLATE III - D
MICROSCOPY**

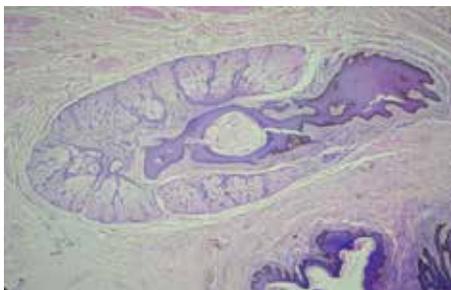


Figure 6: H&E, 40 X Fibroepithelial polyp

**PLATE III –E
MICROSCOPY**

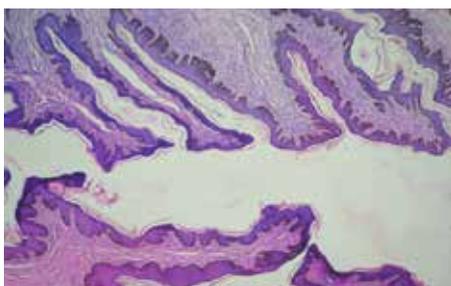


Figure 7: Fibroepithelial polyp
Surface showing convolutions

Basal layer show increased pigmentation

Discussion

Vulvar FEP is a benign tumour that is predominantly found in the women of reproductive age group. [9] However, they have been also reported in infants and in post menopausal women [9, 10]. The tumor may arise from either the deep connective tissue of introitus, labia majora, perineal body or round ligament. [11]It arises from proliferation of mesenchymal cells within the hormonally sensitive sub epithelial stromal layer of the lower female genital tract of mostly reproductive age group. [12]FEP are usually asymptomatic in the beginning, however they develop symptoms resulting because of their large size and also from their main complication namely foci of superficial ulceration [9]. There are three clinical types:-

1. furrowed papules approximately 2 mm in width and height;

2. filiform lesions approximately 2 mm in width and 5 mm in height;

3. large bag-like protuberances, usually on the lower trunk.

The term fibroepithelial polyp is sometimes used for this latter variant. [1] Histologically FEPs may be of two types: one that is predominantly epithelial and another is primarily stromal, the stromal cellularity of polyp can be variable. [14] Differential diagnosis that should be considered include Neurofibroma, premalignant fibroepithelial tumor, Seborrhic keratosis, Angiomyxoma and genital warts.[13] Immunohistochemically FEPs are often positive for desmin, vimentin, estrogen, and progesterone receptors and less frequent for actin. [14]

Conclusion

Giant fibroepithelial polyp is a benign lesion, sometimes it can be misinterpreted as malignant owing to its large size and rapidity of growth. Hence histological interpretation is important to exclude recurrent neoplasms like aggressive angiomyxoma.

References

1. David Weedon: Weedon's skin pathology, 3rd edition, Churchill Livingstone, Elsevier, 2010, P 814
2. Carter J, Elliott P, Russel P: Bilateral fibroepithelial polyp of labium minus with atypical stromal Cells. Pathology. Pubmed. 1992, 24(1):37-9
3. Halvorsen TB and Johannesen E: Fibroepithelial polyps of the vagina: are they old granulation tissue polyps? J Clin Pathol. 1992, 45(3):235-40.
4. Madueke-Laveaux OS, Gogoi R and Stoner G: Giant fibroepithelial stromal polyp of the vulva: Largest case reported. Ann Surg Innov Res. 2013, 10; 7:8.
5. Norris HJ and Taylor HB: Polyps of the vagina. The benign injury resembling sarcoma botryoid Cancer 1966; 19:227-32.
6. Khalil AM1, Nahhas DE, Shabb NS, Shammam FG, Aswad NK, Usta IM, et al: Vulvar fibroepithelial polyp with myxoid stroma: an unusual presentation. Gynecol Oncol. 1994,53:125-7.
7. Orosz Z, Lehoczy TO, Szoke J, Pulay T: Recurrent giant fibroepithelial stromal polyp of the Vulva. Associated with congenital lymphoma. Gynecol Oncol 2005, 98: 168-71
8. Wallach SJ: Approach to giant acrochordon. Female pelvic Medicine & Reconstructive surgery. 2010, 16:S34
9. Lopes Filho LL, Lopes IMRS, Ferreira Filho ES, Gonçalves Neto TR, Lopes LRS: Giant soft fibroma located in the vulva: a case report. Surg Cosmet Dermatol. 2012,4:200-2.
10. Najam R, Chowdhury HH, Awasthi S: A Large Fibroma Polyp of Labia Majora—A Case Report. J Clin Case Rep. 2013, 3:297-8.
11. Rober S, Agnieszka T, Wanda M. Acrochordon. Retrieved from. "accessed on January 2015"
12. Nucci MR, Fletcher CD: Vulvovaginal soft tissue tumors; updates and review. Histopathology 2000,36:97-108.
13. Nucci MR, Young RH, Fletcher CD: Cellular pseudosarcomatous fibroepithelial stromal polyps of the lower female genital tract: An under recognized injury often misdiagnosed as sarcoma. Am J Surg Pathol. 2000, 24:231-40.
14. Meena Armo*, Sarita Agrawal, Manoj Mini, Kavita Babbar: Recurrent vulvar fibroepithelial polyp with pregnancy: a rare presentation. Armo M et al. Int J Reprod Contracept Obstet Gynecol. 2013, 2(2):245-247