



## VULVAL FIBROADENOMA A RARE CASE PRESENTATION- CASE REPORT WITH LITERATURE REVIEW

### Histopathology

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### ABSTRACT

Fibroadenoma is a most common benign tumor of breast seen in young females but fibroadenoma in an accessory vulval breast tissue is very rare. Reporting a case of 44 year old multiparous female with vulval fibroadenoma.

### KEYWORDS

Vulva, fibroadenoma, accessory mammary tissue

### INTRODUCTION

Vulval lesions are infrequently found in women, and fibroadenoma is one of the rare benign fibroepithelial neoplasms which can occur in vulva [1]. Accessory breast lesions are rare in vulval region. Hartung was the first person who described fully formed mammary gland in the vulva in 1872 [2,3]. Accessory breast tissue can be found along the milk line that extends from axilla to the groin which later involutes and is seen only in the thoracic region [3]. Two theories have been proposed regarding development of this neoplasm [1]. The first theory suggests during embryogenic development there is incomplete involution of milk line giving rise to ectopic breast tissue. The second theory suggests that this lesion is derived from mammary-like anogenital glands. Ectopic breast tissue has been most frequently found in the axillary region followed by the vulva [2]. Only less than 50 cases of fibroadenoma occurring in an accessory mammary tissue have been reported so far [3]. Incidence of accessory mammary tissue was found to be 2- 6% of females and 1- 3% of males [4]. According to literature the age group of fibroadenomas in accessory breast tissue varied from 20-80 years [3].

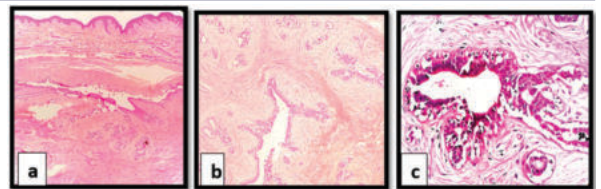
### CASE REPORT

A 44 year old multiparous woman presented with a painful perimenstrual swelling in the vulva since 3 months which was gradually increasing in size. On examination there was a non tender swelling in the labia majora of size 2x1.5 cm. Clinical diagnosis was angiofibroma. Excision was done and tissue was sent for histopathology examination. Gross examination showed a skin covered mass measuring 2x1.5x1 cm in dimension (Fig 1). Cut section was solid white with yellowish areas.



**Fig 1:** Gross Examination : A) External Surface Is Skin Covered B) Cut Surface Is Solid White With Yellowish Areas.

Microscopy showed a tissue with overlying skin. Subepithelium showed a biphasic tumor composed of proliferating glands and stroma. The glands were lined by bilayered epithelium with inner cuboidal cells and outer flattened cells (Fig 2). Few of the ducts appear compressed and have secretions within them. Stroma is fibromyxoid with areas of hyalinization. Taking into consideration clinical finding, gross and histopathology findings the case was reported as vulval fibroadenoma



**Fig 2:** Microscopy a) Subepithelial biphasic tumor with overlying skin b) Proliferated ducts in a myxoid stroma c) Ducts are lined by dual epithelium.

### DISCUSSION

Most common location of accessory breast tissue was found in axilla according to the literature. Others sites include face, nape of neck, chest, back, buttock, vulva, flank, hip, shoulder, upper extremities, and posterior and lateral thigh have also been reported [4]. According to kajava Accessory mammary tissue can show variations in presentation [3]. On clinical and gross examination differential diagnosis of vulval fibroadenoma can be leiomyoma, angiofibroma, solitary fibrous tumour, lipoma ;which can be distinguished by their histopathological features. On microscopy, phyllodes tumor can be a differential diagnosis which can be distinguished by stromal hypercellularity and stromal overgrowth which was not seen in our case. Vulval fibroadenoma cases reported in literature were mostly diagnosed clinically as bartholin's cyst and one as fibrolipoma and they were seen in age group 18-44 yrs [3,4,6-9]. Various studies reported size of fibroadenoma ranging from 2.5- 8cms [Table 1]. Vulval Fibroadenoma has an association with lactation and pregnancy in literature[8] which was not seen in our case. No association was seen with parity in present case study.

**Table 1 : Comparison Of Clinical Findings With Various Studies**

Year	Article	Age (yrs)	Size (cm)	Parity	Site	Clinical diagnoses
2009	Cantú de Leon D et al [8]	18	7 × 4 × 4	Nulligravida	Vulva	-
2014	R Kalyani et al [3]	26, 45	4.5 × 2.4 × 1.2, 12 × 8 × 6.5	-	Vulva	Fibrolipoma
2017	Av CR et al [2]	39	2.5 x 1.5 x 0.7	Multipara	Vulva	Bartholin's cyst
2021	Recep bedir et al [7]	21	5.4 × 4.8 × 3.9	Nulligravida	Vulva	-
2021	M Amritha et al [9]	33	2.5 x 2.5	Nulligravida	Vulva	-
2022	Ilayappan SS et al [6]	44	4 × 2	Multipara	Vulva	Bartholin's cyst

2023	Our present case	44	2 x 1.5 x 1	Multipara	Vulva	Angiofibroma
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### CONCLUSION

Fibroadenomas in accessory breast tissue is a rare presentation. Vulvar fibroadenoma though rare in site, is usually benign and prognosis remains same as that of fibroadenomas of normal breast and excision is curative. Hence fibroadenoma should be considered among one of the differentials in vulval tumors.

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