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CHILDHOOD ASYMMETRY LABIUM MAJUS ENLARGEMENT (CALME): A CASE REPORT.

Paediatric Surgery

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ABSTRACT

Introduction: Childhood Asymmetry Labium Majus Enlargement (CALME) is an uncommon, benign condition occurring, in pre-pubertal period. It is characterized by painless, fluctuant, non-tender labial swelling with normal overlying skin. **Case Presentation:** We report a case of CALME in 2-month-old baby with a swelling over the right labia majora and rectal mucosal prolapse since birth. Different diagnostic approaches are used to rule out other conditions. In our case the diagnosis was confirmed by histopathological examination of the mass. Two years after the surgery, there is no recurrence. **Conclusion:** Our case is unique because to our best knowledge, this is the first case reported at 2 months of age.

KEYWORDS

Childhood Asymmetry Labium Majus Enlargement (CALME), Case Report

BACKGROUND:

Childhood Asymmetry Labium Majus Enlargement (CALME), first described by Vargas et al. in 2005[1], is defined as a site- and age-specific non-neoplastic physiologic growth in response to prepubertal hormone.[2] Recognition of this distinctive entity is important since it may clinically, radiographically, and histologically mimic an infiltrative neoplasm. Age of onset of CALME mainly coincide with the time of breast budding. Most of the literature showed mean age of onset of CALMES to be 3 to 14 years.[1,2]

Case Presentation:

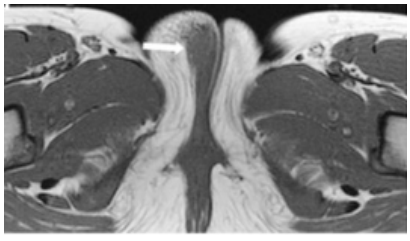
A 2-months girl presented to us with a swelling over the right labia majora and rectal mucosal prolapse since birth. On examination, the right labium majus showed a palpable, painless, soft and fleshy enlargement measuring approximately 3*6 cm. The vaginal introitus and external meatus were normal, with no evidence of clitoral hypertrophy.

[Fig 1 Clinical presentation of right labia majora swelling and rectal mucosal prolapse]

Laboratory blood investigation were normal. Serum level of FSH, LH, estradiol and thyroid hormones were also normal

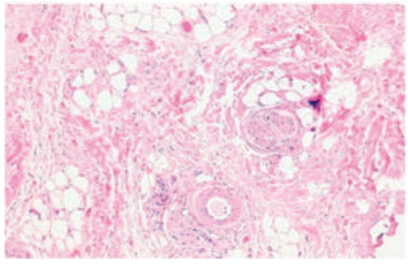
Ultrasonography showed a mass 43*28*12 mm in diameter characterized by an increased amount of soft tissue and increased vascularity on the affected side with similar echogenicity to the contralateral side.

MRI: perineum showed right labium with excessive tissue growth (44x21 mm) with dilated vessels within right labium majus.



([Fig 2. MRI- Perineum]

Surgical debulking of right labial mass with mucosectomy of prolapsed rectal mucosa was performed. Histopathological evaluation of the specimen showed haphazardly arranged vascular channels, adipose tissue and nervous elements that were compatible with the diagnosis of CALME.



[Fig 3}. Histopathology

Patient was followed-up every 3 months up to 2 years. No evidence of recurrence was found.

Fig 4. Follow- up image at 2 year of age with post op scare

DISCUSSION:

CALME is a clinical condition of unknown etiology, though most accepted hypothesis consider CALME to be an effect of a hormonal response which occurs during breast development.[6] The vulva is responsive to sex hormones and at puberty, it undergoes considerable changes. The labia gradually become larger, bulkier and wrinkled. It is also supported by the evidence that fibroblasts detected in the expansion of the labium majus are frequently immunohistochemically positive for estrogen and progesterone receptors.[1]

The case presented here has clinical, radiological, and histological findings that strongly support the diagnosis of CALME. Various differential diagnosis such as vascular malformations were excluded because of the lack of bluish discoloration of the skin and thrombosis. Lipoma and neurofibroma were excluded as it was an ill- defined mass on palpation.[6] As the mass is painless in this case, the diagnosis of Bartholin's duct cyst or abscess is ruled out.

CONCLUSION:

CALME diagnosis is usually based on clinical, radiological, and histological evaluation of the enlarged labial tissue. Surgical debulking is considered the best therapy for CALME. Conservative approach with close clinical and sonography follow-up can be considered.[4] Our case is unique because to our best knowledge, this is the first case reported at 2 months of age.

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