Multiple Vaginal Polyp: A rare Presentation of Endometriosis

INTRODUCTION
Vagina is an uncommon location of endometriosis. Limited awareness on this may be a cause for decreased incidence of diagnosed cases. The presentation of vaginal endometriosis may vary from completely asymptomatic to profuse vaginal bleeding. Although cervical endometriosis presenting as polypoid mass has been reported in literature, here we have a case with multiple vaginal polyps, mass per abdomen and hydroureteronephrosis simulating malignancy.

CASE REPORT
43 year old para 2, living 2, previous 2 full term normal deliveries presented with complaints of irregular bleeding per vagina and progressive congestive dysmenorrhea since last 3 years. Previously her cycles were regular with normal flow. She was on irregular treatment & follow up for the same.

On admission her vitals were stable, pallor ++, no lymphadenopathy. Per abdomen a midline cystic mass of 14-16 week size with restricted mobility was felt. Per speculum examination showed multiple fleshy polyps completely filling vagina. Cervix not visualized properly due to the same. On pervaginal examination uterine size could not be made out & parametrium was thick. Posterior fornix was obliterated & was firm to hard in consistency. Cervix could not be assessed.

Histopathology report came as endometriosis, and rectal mucosal biopsy showed normal study.

Digital rectal examination showed rectal wall thickening. Her lab reports were normal except for low Hb of 5.8gm/dl & corrected with blood transfusion. USG abdomen showed a cystic mass (15x7x13cm) arising from pelvis. CECT abdomen report showed a multiloculated cystic lesion 19x16x9 cm in pelvis, supra-lateral to uterus and bladder dome. Cyst wall shows adhesion to uterus, proximal rectum, ileal loop and pelvic wall. Ovaries not visualized. Associated right sided gross hydroureteronephrosis also present.

Post op period was uneventful and discharged on 7th post operative day.

Histopathology report was endometriosis of ovaries, cervix, vagina with involvement of rectovaginal septum.
DISCUSSION
Endometriosis is one of the most commonly observed gynecologic pathology among reproductive age group. Although most commonly affected sites are pelvic organs & peritoneum, it is also observed in bowel, bladder, lung, cervix & vagina. The incidence of cervical endometriosis was reported to be between 0.11-2.4%\(^1\) Incidence of vaginal endometriosis is not known. Literature reviews are available on cervical endometriosis presenting as polyp\(^2\) which causes profuse bleeding. In the presence of cervical endometriosis, pap smear report may be inconclusive & often misleading as endometriosis undergo cytomorphological changes during menstrual cycle due to hormonal influence\(^3\).

Only few case reports\(^4\) are available about vaginal endometriosis presenting as polyps. No literature review is available about the same.

CONCLUSION
Awareness on endometriosis can minimize misinterpretation, misdiagnosis and unnecessary operative procedures. Cervical and vaginal polyps can occur in endometriosis which may mimic malignancy.

REFERENCES