

## Giant fibroepithelial stromal polyp in the vulvar region: case report

### *Pólipo fibroepitelial estromal gigante na região vulvar: relato de caso*

Natália Assolari da Silva<sup>1</sup>, Angel Adriany da Silva<sup>1</sup>, Anna Luísa Lipinski<sup>1</sup>, Fabiana Luiza Hornung<sup>1</sup>,  
Guilherme Osório Guimarães Ferreira<sup>1</sup>, Maiara Raíssa dos Santos<sup>1</sup>, Claudio Bednarczuk<sup>2</sup>

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**DESCRITORES:** Vulva. Pólipos. Neoplasias vulvares.

### INTRODUCTION

**S**tromal fibroepithelial polyps of the vulva and vagina are among the existing benign diseases of the female genital tract. These lesions are of uncommon presentation and usually occur mostly in women of reproductive age.<sup>1</sup> The overall incidence in the population is about 46%; however, few occur in the vulvovaginal region. In addition, they rarely reach sizes greater than 5 cm, when they are called giant fibroepithelial polyps of the vulvar region.<sup>2</sup>

The giant lesions probably originate from proliferations of mesenchymal cells of the hormone-sensitive subepithelial stromal layer of the lower genital tract.<sup>3,4</sup>

In cases of giant polyps, it is clinically difficult to distinguish it from stromal fibroepithelial from other diseases. Its differential diagnosis includes some malignant lesions of the vulva, and it is therefore necessary to investigate the histopathological diagnosis of the lesion.<sup>1,5</sup>

In view of the rarity of the presentation of the condition, its description is of important scientific interest, as it contributes to the arsenal of reports of similar cases in the literature, allowing a more precise definition of the incidence, epidemiology, evolution of the disease, histopathology, and treatment of the lesion. Thus, more accurate diagnoses and more coherent conducts are provided.

The objective of this study was to report the case of a patient with vulvar giant stromal fibroepithelial polyp.

### CASE REPORT

This study has CAAE: 69842823.3.0000.0020 and authorized by the institutional ethics committee.

A 46-year-old married woman was referred to the hospital's gynecology outpatient clinic for a giant vulvar injury. She reported spontaneous appearance of this lesion in 2019, with a nodular aspect, initially measuring 3 cm, without local hair, painless and located on the

left labrum majora, with progressive growth in the last 4 years. The topical association of neomycin sulfate and bacitracin was applied, without resolution. She reported difficulty in having sexual intercourse due to obstruction of the vaginal ostium by the mass. She reported regular menstrual cycles, lasting 28 days, and pregnancy for 12 years, which evolved to vaginal delivery, without interurrences. He denied the use of hormonal contraceptives. He denied bleeding, local trauma, sexually transmitted disease and any other medical and surgical history. He was not a smoker and did not use alcohol or drugs. No notable characteristics were found during the general physical examination, except for the obesity presented, with a body mass index of 34.89 kg/m<sup>2</sup>. Gynecological examination revealed a large volume of pedicled polyposis lesion measuring approximately 13 cm (including the pedicle), with an irregular surface, gelatinous appearance, and presence of hypochromia areas, without drainage of secretion and without local hair. In view of the complaint, it was decided to perform the excision of the lesion (Figure).

The procedure took place under local anesthesia. There was bleeding during the pedicle section, but without hemodynamic repercussions, and was quickly controlled with the use of electrocautery and suture. On the same day, after showing good evolution, the patient was discharged from the hospital.

The anatomopathological study concluded that it was a stromal fibroepithelial polyp, measuring 8.0 x 7.5 cm, with the presence of associated lymphatic ectasias and absence of dysplasia or signs of malignancy. Microscopically, it presented verrucous formation of grayish, anfractuous and opaque tissue, measuring 8.0 x 7.5 x 3.5 cm. To the cuts, whitish fabric, firm and elastic.

One month after the procedure, the patient reported good healing and resolution of the initial complaints (Figure).

<sup>1</sup>Pontifical Catholic University of Paraná, Curitiba, PR, Brazil;

<sup>2</sup>Alto Maracanã Maternity Hospital, Colombo, PR, Brazil.

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**FIGURE** — A) Fibroepithelial polyp occluding the ostium; B) 13-cm fibroepithelial polyp (including pedicle) pre-excision; C) vulvar appearance after excision of the giant polyp; D) surgical specimen: stromal fibroepithelial polyp measuring 8.0 x 7.5 x 3.5 cm

## DISCUSSION

Stromal fibroepithelial polyps are rare and benign skin tumors, which occur mainly in women of childbearing age, affecting mostly soft tissues of the pelvic region, especially in the vaginal region,<sup>3</sup> and less commonly in the vulva and cervix. In most cases, they are asymptomatic.<sup>6,7</sup> In the case described, the patient complained of a voluminous mass on the left side of the vulva, painless, which grew gradually, initially measuring 1 digital pulp up to its current size, and caused difficulty in sexual intercourse due to obstruction of the vaginal ostium.

In general, vulvar polyps do not exceed 5 mm, and are called giants when they are larger than 5 cm. The presence of an oversized vulvar mass is rare.<sup>3,6</sup> This case is noteworthy, because the mass measured 13 cm with the inclusion of the pedicle, and 8 cm isolated, in its largest diameter. The growth of fibroepithelial polyps is related to the sensitivity of stromal cells to the hormones estrogen and progesterone, highlighting that most of the polyps found in this location affect women of childbearing age.<sup>3,6-8</sup> In addition, there is a correlation between obesity, insulin resistance, and the growth of these lesions.<sup>2,6,9</sup> The patient did not use hormonal contraceptives and her pregnancy occurred more than 1 decade ago. However, her obesity (BMI 34.89kg/m<sup>2</sup>) was a factor that could have influenced tumor growth.

Although the risk of malignancy and recurrence of this type of lesion is very small, it is essential that malignancy be excluded by means of biopsy.<sup>6</sup> In addition, the variability of morphological appearance can make diagnosis difficult.<sup>3</sup> Differential diagnoses of vaginal masses include angiofibroblastoma, aggressive angiofibroma, and squamous cell carcinoma.<sup>7</sup> In this case, the definitive diagnosis was obtained by means of anatomopathological examination. Macroscopy showed verrucous formation of grayish, ampractuous and opaque tissue, and whitish, firm and elastic tissues were cut.

The most appropriate and curative treatment for fibroepithelial polyps is complete excision.<sup>7</sup> Although this is a benign tumor, it presents a risk of recurrence if the removal is not complete, and long-term follow-up is indicated for early identification of recurrence.<sup>3,6</sup> When its size is limited to millimeters, it is possible to treat it with cryotherapy or cauterization, and surgical removal

is reserved for giant polyps. There has been a previous description of surgical excision of giant polyps with good results.<sup>6,10</sup>

As a final message, the giant stromal fibroepithelial polyp is a rare and benign skin tumor, but it requires caution in its diagnosis so that it is not confused with a malignant lesion, considering the morphological variations it presents. Complete excision is the curative treatment and can be performed through cryotherapy or cauterization in small lesions, up to surgical removal in giant polyps.

### Authors' contributions

Conceptualization: Natália Assolari da Silva, Anna Luísa Lipinski

Methodology: Guilherme Osório Guimarães Ferreira

Written by: Fabiana Luiza Hornung, Maíara Raissa dos Santos

Proofreading and editing: Angel Adriano da Silva, Claudio Bednarczuk

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