FIBROMA OF VULVA

(A Case Report)

by

H. N. SARMAH*, M.O., M.D., D.R.C.O.G.

K. S. SRIDHARA**, B.Sc., M.B.B.S.

Introduction

The benign neoplasms of the vulva are quite interesting for the fact that it (vulva) contains different variety of tissues. Vulva includes labia majora, labia minora, mons pubis, clitoris and the glands of Bartholin. A study of 13,927 cases of gynaecologic disorders admitted in the Assam Medical College Hospital since 1955 upto 1967 (both the years inclusive) reveals 46 cases of vulval tumours.

Fibroma of vulva is supposed to be the commonest of all the benign vulval tumors. After a careful perusal of the literature it has been found that Leonard in 1917 reported 6 cases of fibroma of vulva among 23,000 gynaecologic cases at John Hopkins Hospital and reviewed 103 cases which had been reported in literature by that time. Leonard expressed the opinion that these tumors originated either from the connective tissues of the vulva or from the round ligament. Sarcomatous changes were found in 19 of the 103 cases. In 1919 Brady collected 175 cases of fibroma of vulva from the literature. Lovelady *et al* (1941) have studied 34 cases of benign neoplasms of vulva at the Mayo Clinic from 1906-1936. Out of these 34 neoplasms, 16 were fibromas, 7 lipomas, 5 haemangiomas 2 neurofibromas, 2 leiomyomas, 1 ganglioneuroma, and 1 lymphangioma. Endometriosis, accessory breast tissue, condylomas, epidermoid cysts and moles were not included because none of these except the last are true neoplasms.

*Prof. of Obst. and Gynec. Unit. II.

**Rotating House Surgeon, Obst. & Gynec. Unit II, Assam Medical College, Dibrugarh, Assam.

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Case Report

Mrs. S. P., 31 years old, attended the O.P.D. of Assam Medical College Hospital on 4-3-68, with chief complaints of a huge swelling in the left labium majus for 14 years, swelling of both the legs and irregular fever for 7 days.

The labial swelling was of 14 years' duration with a gradual increase in size, but showing rapidity of growth during the last two months. It has been painless all along, except for a feeling of dragging and heavy sensation for the past few months. The swelling of the legs increases on standing or walking and decreases on lying down. The fever is moderate, usually at night.

The patient was a multigravida.

M. H. $\frac{4\text{-}5 \text{ days, regular, painless}}{28\text{-}30}$ moderate flow.

Examination

A general survey of the patient revealed

that she was severely anaemic, poor in nutrition with oedema of both the lower limbs; no other abnormality detected. Systemic examination of respiratory, cardiovascular, central nervous and gastrointestinal systems had no abnormality.

On local examination was found a large pedunculated ovoid growth, 6″ x 5″, with a circumference of 20 inches hanging from the left labium. Skin smooth, glossy, not adherent to the growth. The tumour mass was firm in consistency, non-pulsatile with no impulse on coughing. Regional lymph nodes slightly palpable (Fig. 1).

Vaginal examination revealed no abnormality except for the above growth in the left labium.

Blood showed a picture of microcytic, hypochromic type of anaemia with Hb 20%. Total and differential leucocyte counts within normal range. Bleeding and coagulation time, prothrombin time, fasting blood sugar level, blood urea level—all within normal range.

V.D.R.L. and Kahn test negative, Mantoux test—moderately positive. Urine and stool-revealed no abnormality.

Skiagrams of the chest and abdomen revealed no pathological changes. Endometrial curettage did not show any pathological lesion.

Treatment: With conservative treatment the general condition of the patient was improved.

On 16-4-68, the pedunculated growth was excised under general anaesthesia. The growth was not attached to the round ligament. The tumour was a firm, encapsulated, pale rounded mass. The cut surface showed flat and intersecting, glistening, grey white, fibrous stroma. Microscopically the structure of the tumour mass was of fibroma—that is intersecting bundles of fibres between which were a varying number of fusiform cells (Fig. 2).

The patient was discharged on the 5th May, 1968, in good health. She had no complaints on a follow-up after 6 weeks.

Discussion

Benign connective tissue tumours of the vulva are rare. These tumours may arise from any of the structures that are included in the vulva. The tumour may arise from the fibrous tissue, fat, smooth muscle, blood vessels or nerves.

As in any other part of the body, benign tumours of the vulva are symptomless. The patient comes for the treatment only when it attains a huge size and produces a dragging sensation. Or, she will come when the growth undergoes an ulceration when there may be bleeding, pain or discharge.

The rarity of vulval fibroma is apparent when it is realised that only one case could be found out of 13,927 cases since 1955. Fibroma and fibromyoma are not common, but their incidence is greater than that of lipoma. Fibromas often contain some muscle tissue but the amount is small. In others, specially those of smaller size, the fibrous tissue is very edematous and myxomatous. This type of tumour does not always arise from the fibrous tissues of the vulva itself. Many such tumours merely present at the vulva, having their original source in the connective tissue surrounding the round ligament or even from the intrapelvic connective tissue. They may attain a huge size and there are reports where a vulval fibroma has weighed 268 lbs.

The microscopic picture is that of fibrous tissue which is light or dense textured, more often the former. Not infrequently, as Novak mentions, these tumours show extensive hyaline or cystic degeneration. Leonard, from his study of a large series of vulval tumours, found that as many as 22.5% of the fibromas undergo a sarcomatous change. But there may also occur sarcomas with no preceding history of a benign tumour. Clinically, it is not possible to differentiate

between a fibroma and a fibromyoma. The final diagnosis is only made by excision of the growth and histopathological examination. Because of the abundant blood supply to the vulva these growths attain a huge size and become pedunculated. Rapidity of growth is suspicious of a sarcomatous change.

Conclusion

A case of fibroma of vulva with a case report is presented.

A perusal of the records has been made.

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See Figs. on Art Paper VII