BENIGN NEUROLEMMOMA (SCHWANNOMA) OF THE VULVA

(A Case Report)

by

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Although vulva is a topographically limited area of the body, it is afflicted by many ailments which can cause considerable suffering and inconvenience. Many of us are not sufficiently familiar with all disease processes which affect this area. Benign tumours of the vulva are commonly encountered in gynaecological practice but neurolemmoma is a rarity and report on such occurrence does merit presentation.

CASE REPORT

A patient named G.D., aged about 30 years was admitted in the gynaecological ward of Bhagalpur Medical College and Hospital on 6-10-1976. Her main complaint at the time of admission was a big swelling arising from the valva for a period of 10 years. To start with the swelling was small, about the size of a lemon. Gradually it increased in size and attained the present size. Since last 6 months she developed blood stained discharge from the tumour with a dragging sensation in lower abdomen, pelvis and perineum.

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Accepted for Publication on 28-12-77.

Her periods were regular with normal flow previously. Since last 6 months she complained of intermenstrual bleeding with watery discharge in between from the tumour area. She had 2 full term normal deliveries at home, the last delivery was 5 years ago after the appearance of the tumour with no history of any difficulty during labour.

On Examination: The patient was of average built, poorly-nourished woman of a low socio-economic stratum. Her gait was noticeable as she was walking with a waddling gait, obviously due to the inconvenience caused by the tumour. Her pulse was 84 per minute and blood pressure 110/70 mms of mercury. Inguinal lymph nodes on the right side were enlarged and tender. Clinically abdominal examination as well as the examination of cardiovascular and respiratory systems revealed no abnormality.

There was a sessile growth arising from the right side of labia majora and minora, (Fig. 1) measuring about 10″ x 8″. A big ulcer covered with greyish slough was seen on the postero-medial aspect of the tumour extending to the mucocutaneous junction of the introitus (Fig. 2). The edges of the ulcer were moderately firm. The base of the tumour was mobile, soft and defined. The rest of the surface skin was normal and smooth. Consistency of the tumour was moderately firm, symmetrically all over.

On vaginal examination the uterus was of normal size, mobile and in anteverted position. Cervix was felt quite healthy. Fornices were free of any palpable pathology.

On speculum examination it was found that the cervix and vagina were absolutely normal.

Investigations: Total and Differential W.B.C., R.B.C., B.T., C.T., E.S.R. were all within the

normal limits. Haemoglobin was 11.2 Gms%. No abnormality was detected on routine examinations of urine and stool.

Treatment: Local sepsis was cleared with antiseptic dressing and a support to the tumour was given by applying vulval bandage. Systemic antibiotic was administered. General health of the patient was improved by haematinics supplemented with protein, B. complex and liver extract.

Because of the fibrous consistency of the tumour and its long duration, a provisional diagnosis of fibroma of the vulva was made and a local surgical excision of the tumour was done on 19-10-1976 under general anaesthesia. The postoperative period was uneventful. The patient was discharged from the hospital on tenth postoperative day.

Follow up: The patient could be followed up for about 2 months with no history of recurrence or any complication. A careful search for tumours of nerves in other parts of the body was made but none was found.

Examination of the excised tumour:

Macroscopically: The tumour was sharply circumscribed encapsulated and somewhat rounded measuring about 10" x 8". The tumour tissue was of uniform texture, moderately firm in consistency and the cut surface was greyish white in colour, at places looking pale pink.

Microscopically: The histological features were of typical neurolemmoma with all cells forming regular regimented groups (Fig. 3), and the fibres taking the usual stains for collagen. The tumour also showed some angiomatous changes as is shown in the lower and right part of Fig. 4.

Comments

Neurolemmoma of the vulva which is usually found in the labia majora is an extremely rare tumour so much so that the authors have not been able to get any literature reporting such incidence. The aetiology of vulval neurolemmoma is uncertain. Probably it arises from the immature neural cells or it is formed by the cells which originate from the nerve sheath. Females appear to be more liable to suffer than the males so far as the incidence of such tumours at other sites like accoustic tumours and peripheral tumours are concerned. The histogenesis of the tumour is complex. There are two distinct morphologic components to be distinguished. First Antoni type A which consists of compact interwoven bundles of bipolar cells with pale staining cytoplasm forming the so called "Hyaline Verocay Bodies". These cells are frequently arranged in a manner to show the nuclei in palisade pattern. The second type is Antoni type B consisting of loosely textured poorly defined stellate cells manifesting degenerative changes. The present case fell in the first group i.e. Antoni type A. Here the peculiar and particular palisading of the nuclei with pale staining cytoplasm can be easily appreciated. These cells are arranged in layered bundles.

Occasionally, the neurolemmoma presents marked central necrosis and such excessive telangiectasis is to be mistaken for an angioma. In the present case no necrosis was found but some angiomatous changes were observed but definitely not so excessive as to give a histological picture suggestive of angioma.

The tumour is a benign one and on clinical examination simulates the fibroma of the vulva except that the growth is sessile one while in fibroma it may develop a stalk or a pedicle. However, the diagnosis of neurolemmoma should be based primarily on the histological findings. There is still uncertainty regarding the histogenesis of the several components of the nerve-cells.

The benign neurolemmoma undergoes malignant change with extreme rarity. However, malignant neurolemmomas occur, but these are considered not to have developed from a benign neurolemmoma but to have been malignant from the very start. However, malignant

neurolemmomas are all the more, too, uncommon.

As far the management of neurolemmoma is concerned the treatment consists of surgical excision.

Summary

A case of benign neurolemmoma of the vulva is presented. The case is of interest due to its extreme rarity. Aetiology, clinical features, histological appearance and treatment have been discussed in brief.

Acknowledgement

The authors are grateful to Prof. (Miss) M. Quadros, F.R.C.O.G. (London), Head of the Department of Obstetrics and Gynaecology & Director, Post-Partum Programme, Bhagalpur Medical College Hospital, Bhagalpur for her proper guidance in preparing this article. Our sincere thanks are due to Dr. B. N. Jha, Superintendent, Bhagalpur Medical College Hospital for his kind permission to publish this case.

See Figs. on Art Paper X