Clitoral Elephantiasis

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Elephantiasis of vulva is a condition of chronic lymphatic oedema with associated hypertrophy of epithelial tissue of vulva. True elephantiasis is caused by infestation with filarial worm but rare in temperate zone where the more common cause is any chronic lymphatic obstruction which heals by fibrosis like tuberculosis, lymphogranuloma inguinale or syphilis.

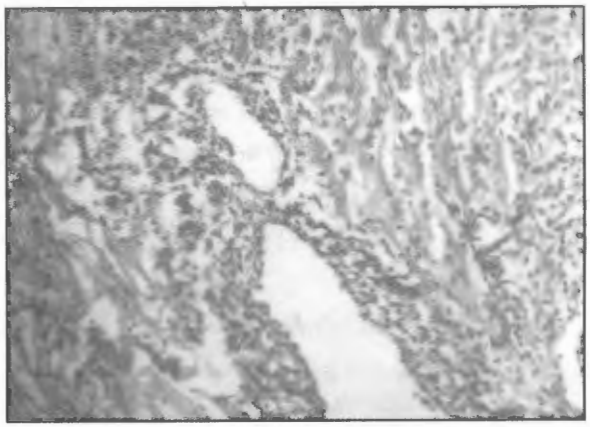
If this condition is severe enough to cause discomfort the affected tissue has to be excised. Inspite of this it may recur.

Elephantiasis affecting vulva is a rare condition but clitoral elephantiasis which leads to the problems of diagnosis extremely rare. The following report documents a case of clitoral elephantiasis.

A patient S.V. aged 12 years was admitted from OPD in gynaecological wards of Mahatma Gandhi Institute of Medical Sciences, Sevagram on 12.08.1995 with history of swelling over clitoral area, associated with burning sensation and pain of short duration. She was unmarried and had not attained menarche.

On examination her vitals were within normal limits. On local examination there was a growth on clitoris which was soft in consistency. Pus like discharge was coming from growth. She had similar complaints thrice during past 5 years when every time diagnosis of clitoral abscess was made and treated with antibiotics and anti-inflammatory drugs and Filaria was never suspected.

On admission fourth time on 12.08.95 the clitoral swelling



Microphotograph showing dilated lymphatics with chronic inflammatory cells.

was 3 inches x 3 inches with multiple minute pus points over the growth. The growth was indurated and discharge was purulent. Urethral opening was normal, a provisional diagnosis of ? clitoral lipoma with secondary infection ? Clitoral sarcoma was made.

EUA was normal. Excisional biopsy was done.

Histopathology report showed the skin, epidermis normal with prominent melanin pigments in basal layer. Dermis showed fibrocollagenous tissue with infiltration of acute on chronic inflammatory cells. Aggregation of lymphocytes in focal areas and small areas of neutrophilic abscess. Some areas showed dilated lymphatics & vascular spaces. Features were suggestive of chronic nonspecific inflammatory lesion, no evidence of malignancy was present (Fig.1).

Final diagnosis of clitoral elephantiasis was made. She was treated with Hetrazan.