Unusual Growths of Vulva - Elephantiasis Lymphangiectatica

Madhuri Chandra, Bina Chaturvedi

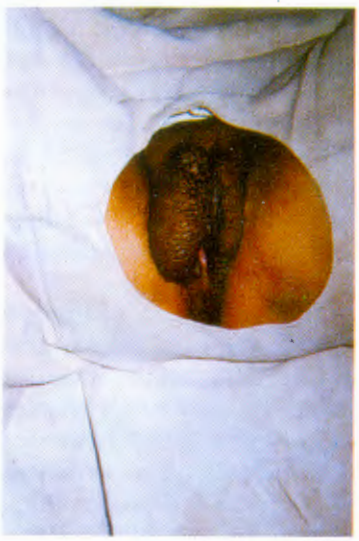
Dept. of Obstetrics & Gynaecology, Gandhi Medical College & Sultania Zanana Hospital, Bhopal

Lymphagiectasis Vulva arise following damage to deeper lymphatic vessels. The damage may be caused by chronic granulomatous diseases like tuberculosis, filaria, recurrent cellulitus or following treatment of vulvar cancer. An interesting case of elephantiasis lymphagiectatica vulva arising after tuberculosis in childhood is reported here.

Patient S w/o HS aged 22 years, married, with one child aged 2 years, was admitted at Sultania Zanana Hospital, Bhopal in November '98 with complaints of swelling over private parts 3 years, pain and discomfort over vulva 3 years. She had past history of right inguinal lymphadenectomy at age 10 years for ? Tubercular adenitis, following which she had been given antitubercular drugs for 1 year.

On examination her general condition was stable, systemic examination revealed no abnormality. On local examination her general condition was stable, systemic examination revealed no abnormality. On local examination the labia majora was hypertrophied, irregular with thickened papillomatous skin outgrowths. The labial enlargement was more obvious on right side, the skin was firm to hard, rubbery and moist to touch. Pervaginal examination – uterus normal size, anteverted, no adenexal masses.

Her investigation revealed hypochromic microcytic anaemia, no haemoparasite seen. Blood sugar, Blood urea, Serum creatinine were within normal range. Tests of VDRL, HIV-1&II, were negative. She was subjected to vulval biopsy. HP report revealed "dilated lymph vessels with chronic inflammation – well differentiated stratified squamous epithelium of labia seen, subepidermal tissue presence of oedematous fibrous tissue with chronic inflammation and infiltration by lymphocytes, some dilated vessels containing lymphocytes seen".



Pre-operative photograph: Elephantiasis lymphangiectatica Vulva

The patient found the growth intolerable, with repeated infection in crypts of skin. Therefore, after consultation with Dermatologist and Plastic Surgeon and a provisional diagnosis of labial lymphangiectasis with papillomatosis labia majora, the patient was taken for excision of both labia majora with labioplasty under spinal anaesthesia.

Post operative period was uneventful, followup visits at 1,3 & 6 months did not show any recurrence of labial hypertrophy.