

Embryonal Rhabdomyosarcoma on Labia Majora in Adult: A Case report and review of Literature

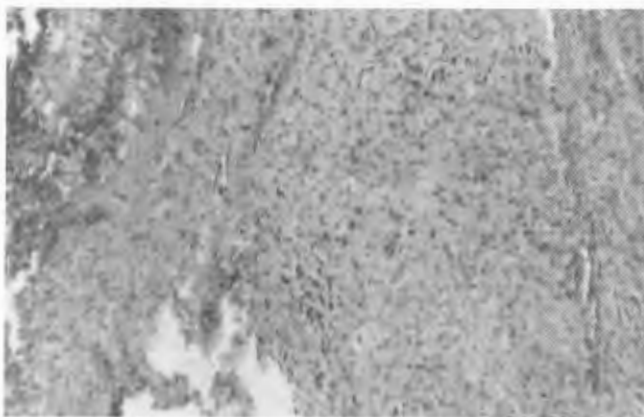
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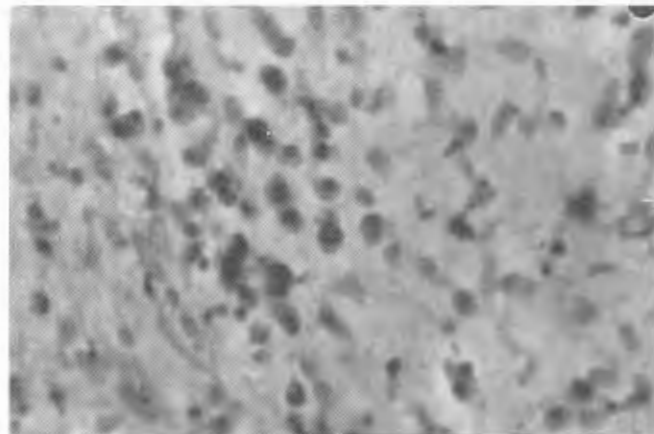
Case Report

A patient named Madhu, aged 47 years, resident of Hanumangarh, was admitted with complaints of swelling on vulva since one month. The swelling was associated with pain which aggravated on sitting. Previous obstetric history included Gravida-4, Para-1, Abortions-3, with only one male alive child of 14 years. There was history of 3 D&C. Previous menstrual history included 2-3 day's periods at irregular interval of 1-2 months and menopause one year back. There was history of treatment for utero-vaginal prolapse 10 years back. On investigation, her Hb was found to be 11.5 gm/dl, bleeding time 2 minutes, clotting time 3.5 minutes, urine analysis - NAD, Blood urea - 30mg/dl, FBS-105mg/dl and serum creatinine was 1.0 mg/dl. Her BP was 140/90 mm of Hg, pulse rate-72/minute and respiratory rate was normal. General condition was normal except for mild anaemia. On examination, a bluish swelling was present on right labia majora. Swelling was 3x 2 cm in size and was tender to touch. During its removal, a longitudinal

incision was given in the skin over the swelling and it was enucleated by blunt dissection. On per vaginal examination, all the walls of vagina were free and no growth could be palpated. So after clinical evaluation and enucleation of growth she was diagnosed as a probable case of fibrolipoma of labia majora. The swelling enblock was sent for histopathological examination. Grossly it was a polypoid, bluish, encapsulated mass of 5x4cm size and with soft grape like consistency. Cut surface showed grayish white areas with many blood clots. On microscopic examination it showed sheets of atypical round to oval embryonalrhabdomyoblasts (Photograph 1) having abundant eosinophilic granular cytoplasm showing extension at one end giving tadpole/strap cell/tennis racket appearance.(photograph 2) Nuclei were oval with irregularly distributed chromatin and prominent nucleolus. PTAH staining revealed cross striations in cytoplasm. There were prominent areas of haemorrhage.



Photograph 1: Shows sheets of round to oval atypical embryonal rhabdomyoblasts (H & E x 10)



Photograph 2: Shows tadpole shaped embryonal rhabdomyoblasts with abundant eosinophilic cytoplasm and oval nuclei (H & E x 45)