

## Aggressive Angiomyxoema of Vulva – A Rare Among the Rarest Tumour of Vulva.

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Mrs. S.D.S., 35 years. G<sub>4</sub>P<sub>4</sub> was referred from skin OPD on 17-3-98 with C/o a mass and painless blisters on genitalia for 3 months. The blisters were recurrent in nature – developing and subsiding on their own. No H/O urinary problem, abnormal vaginal discharge, itching in local parts or medication. M/H – 3-4/30 days, regular, moderate and painless.

O/E – T – 98.6°F : P-90/min ; BP – 110/70 mmHg. Abdominal Examination – NAD. Local examination, A 5x5cm nontender, dark coloured soft wart like peduncular growth was seen arising from Lt. labia minora. (Fig. 1) Vesicles filled with clear fluid were visible on the swelling. Inguino – femoral lymph nodes- NAD. P/S – vagina and cervix – NAD ; P/V – uterus – A/V, N/S, firm, mobile, fornices – clear.

**Investigations :-** Hb-10gm%; urine – Alb-trace, sugar-nil, Microscopically-Trichomonas vaginalis and few pus cells; Blood group – A+Ve; VDRL-NR; Chest x-ray (for h/o cough) – NAD. **Prov. Diag :** ? Elephantiasis vulva or? lymphangiectasis with elephantiasis of vulva.

Advice excisional biopsy. Tetracyclin 500 mg O/D was prescribed. Patient reported on 17-4-98 again for undergoing treatment. There was no improvement in her condition. S. HIV&Hbs AG – negative on 17-4-98. Frei's test was advised but the patient refused.

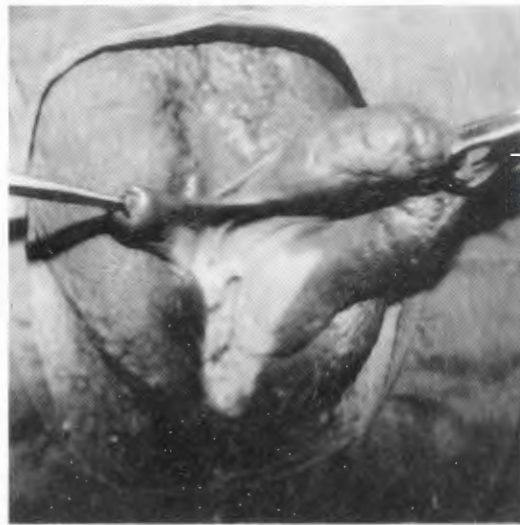


Fig. 1: Dark Coloured Soft wartlike peduncular growth arising from Lt. Labia Minora

The growth was excised completely on 17-4-98 under G.A. and primary closure of the wound was performed. Hot sitz bath, local framycetin application and systemic tetracycline were advised.

**H/P** – All sections consist of hypocellular myxomatous stroma intermingled with blood vessels having dilated luminae with focal aggregations of mononuclear cells. **Diag :** Aggressive angiomyxoema of vulva. Patient was discharged on 25-4-98