

Successful Surgical Treatment of Bilateral Fibroepithelial Polyps in the Labia Minora of an Adolescent Female: A Case Report

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Abstract

Background: Fibroepithelial polyp in the vulva is a rare disease mainly seen in female adolescents and young adults, and several reports were published in the past. Some cases showed large polyps that might be misinterpreted as malignant tumors such as aggressive angiomyxoma. **Aim:** We report a case of bilateral fibroepithelial polyps in the labia minora in an adolescent age girl. **Case Presentation:** A 16-year-old girl was referred to our department for the treatment of an enlarged skin-tag appearance lesion at the right sided labia minora. The lesion was resected and the microscopic finding was a fibroepithelial polyp. One year after the first operation the patient was again referred to our department for the treatment of a skin-tag lesion at the left sided labia minora. It was again resected and the pathological diagnosis was a fibroepithelial polyp. **Conclusion:** Fibroepithelial polyp of the labia minora is not common and it is often seen in adolescent girls and in young adults. Bilateral lesions and skin-tag appearance are especially rare. The lesion should be excised for obtaining the correct diagnosis.

Keywords

Fibroepithelial Polyp, Labia Minora, Skin Tag

1. Introduction

Fibroepithelial polyp in the vulva is a rare disease mainly seen in female adolescents and young adults. Several single case reports [1]-[9] and a few case series have been published [10] [11] [12] [13]. Some cases showed large polyps that might be misinterpreted as malignant tumors such as aggressive angiomyxoma

[4] [5] [6]. The polyps were seen in the labia minora or vagina and were usually detected as a mass lesion. The pathological diagnosis is important to differentiate the lesion from malignant tumors, and for that reason, the treatment strategy is surgical excision. The prognosis of the disease is good enough after complete resection of the lesion.

We report a case of bilateral fibroepithelial polyps in the labia minora that appeared in a metachronous manner one year apart. Both polyps had a skin tag appearance, which is a rare form among this disease entity.

2. Case Report

A 16-year-old girl was referred to our department for the treatment of a skin tag lesion in the right labia minora that had gradually enlarged (**Figure 1(a)**). The patient had mild mental retardation. Her mother reported that the patient often palpated the lesion, and her mother worried that she could injure the enlarged labia minora. The left sided labia minora was a normal appearance at that time. We decided to excise the lesion according to her mother's request. The lesion was resected at the base of its skin level under general anesthesia, and the post-operative course was uneventful. Microscopic findings showed that the keratinizing stratified squamous epithelium that covers the lesion shows papillary growth and the subepithelial stroma is hypocellular, with prominent vessels within the central stalk. The pathological diagnosis was fibroepithelial polyp

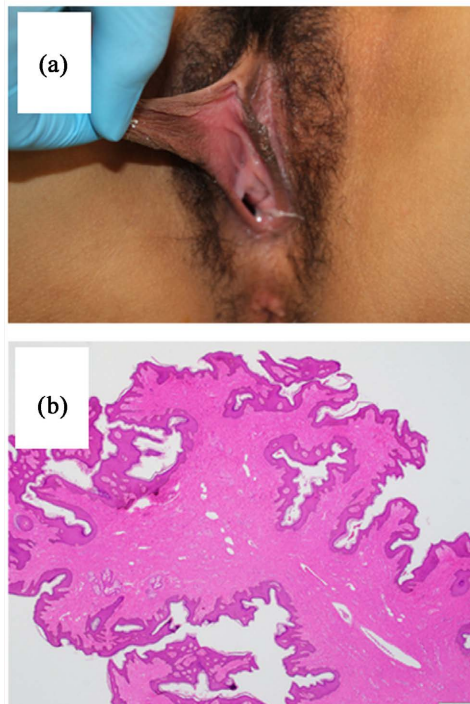


Figure 1. (a) Gross appearance of the enlarged skin tag in the right labia minora; (b) Microscopic view of the resected specimen (100×). The keratinizing stratified squamous epithelium that covers the lesion shows papillary growth. The subepithelial stroma is hypocellular, with prominent vessels within the central stalk.

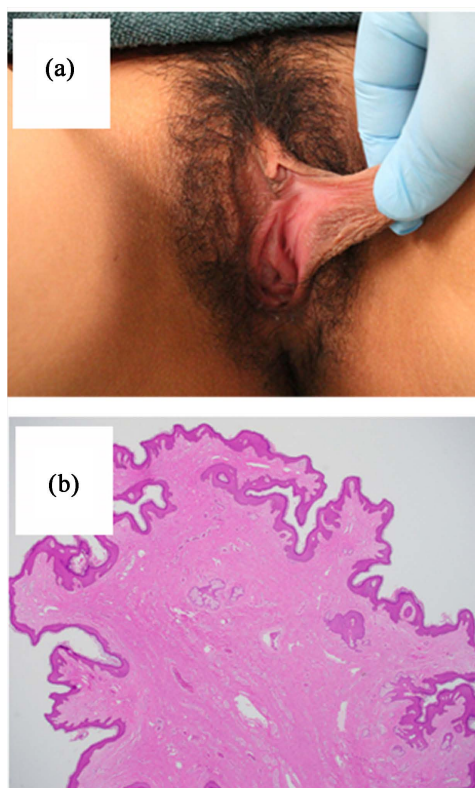


Figure 2. (a) Gross appearance of the enlarged skin tag in the left labia minora that appeared one year later; (b) Microscopic view of the resected specimen (100×). The features are similar to the features of the lesion in the right labia minora shown in (b).

(**Figure 1(b)**).

One year after the operation, the patient again visited our outpatient clinic because of the development of a skin tag in the left labia minora (**Figure 2(a)**). Her mother again requested excision of the lesion and the lesion was excised under general anesthesia. The pathological diagnosis was fibroepithelial polyp again, showing the same features as the lesion resected before (**Figure 2(b)**).

The prognosis of the patient was good and the recurrence of the lesion has not been seen 4 months after the last operation.

3. Discussion

Fibroepithelial polyp of the vulva is not common and there were several reports of the disease in the past [1]-[13]. It often occurs in female adolescents and young adults, and is rarely seen in infants [2] [10] and elderly females [3] [12]. In some cases, polyps were seen in a bilateral manner [1] [5], and in other cases, the lesions were huge enough to be suspected as being malignant tumors [4] [5] [6]. The differential diagnoses for these lesions were cellular angiofibroma, superficial cervicovaginal myofibroblastoma, angiofibroma and aggressive angiofibroma. Han *et al.* [14] reported a case of giant cell fibroblastoma of the vulva that occurred at the postoperative site of a resected fibroepithelial polyp, and this suggested that fibroepithelial polyps might have the potential of

undergoing malignant tumorigenesis in some cases.

In our case, the lesion resembled a skin tag. The skin tag appearance is very rare and only a few cases were reported in the past [1] [10] [11] [13].

The pathogenesis of fibroepithelial polyp of the vulva has not yet been elucidated. However, some hormonal effects or chronic inflammation may contribute to its development [7] [8].

The treatment strategy is complete resection and malignant diseases should be ruled out by pathological examination of the resected specimen. However, a recurrent case was reported [3] and careful follow-up may be necessary after surgical excision. The prognosis of fibroepithelial polyp of the vulva is satisfactory when the lesion is completely resected.

4. Conclusion

Fibroepithelial polyp in the vulva is rare and is often seen in female adolescents and young adults. It should be differentiated from malignant tumors by pathological examination of the resected specimen. This type of polyp is a benign lesion, and its curable treatment is complete surgical resection.

Availability of Data and Materials

All related data are included within the article.

Consent for Publication

Informed consent for publication was obtained from the parents of the patient.

Authorship

All authors attest that they meet the current ICMJE criteria for authorship.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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