Large pedunculated vulval fibroepithelial polyp

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DESCRIPTION

A 19 year-old woman presented to a regional emergency department with an 18-month history of a slowly enlarging and painless 20 cm right-sided vulval mass (figure 1). The location and size of the mass had severely impacted her daily living and self-confidence, resulting in deferral of her university studies and social isolation.

Further history revealed no associated symptoms including fever, weight loss or anorexia. She described a regular 28-day cycle since menses, aged 13, and had no risk factors for sexually transmitted infections. She had a past medical history of anxiety, well managed with fluoxetine and had no prior surgical procedures.

On examination, the patient was systemically well with no lymphadenopathy. There was vulval asymmetry due to the overwhelming size of the mass, measuring 205×165×47 mm, with a broad vascular pedunculated stalk. There was an ulcerated area measuring 135×140 mm.

After a multidisciplinary discussion with the tertiary gynaec-oncology team, the patient was taken to theatre for examination under anaesthesia and excision. Two straight clamps were placed at the proximal margin of the polyp and it was excised using sharp dissection between the clamps. Due to the significant vessels in the stalk, interrupted haemostatic sutures were placed superiorly to the remaining clamp. Once haemostasis was confirmed the skin was closed using interrupted mattress sutures with 2.0 vicryl rapide.

The specimen was sent to a tertiary centre for histopathology examination, which confirmed a fibroepithelial polyp (figure 2) weighing 818 g. The patient had an uncomplicated postoperative course. Haemostatic sutures were removed at day 5, and the skin sutures at day 10. Excellent wound healing was observed during the 6th and 12th week gynaecology reviews, and the patient was pleased with cosmesis before being discharged from the team's care. A polyp of this size and location is rare and no similar cases were found on the PubMed database.¹

Figure 2 Cross-section of vulval fibroepithelial polyp.

Learning points

- ▶ Anatomical examinations of the genital tract need to be undertaken in a sensitive and culturally appropriate manner.
- ▶ A multidisciplinary approach to unusual or uncommon presentations is important to ensure diagnoses are not missed and appropriate management plans are enacted.
- ▶ Fibroepithelial polyps are usually less than a centimetre in size but should be included as a differential diagnosis for larger vulval masses.

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Figure 1 Pedunculated vulval fibroepithelial polyp.

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