IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 19, Issue 1 Ser.20 (January. 2020), PP 13-16
www.iosrjournals.org

Acrochordon: A Giant Fibroepithelial Polyp of Vulva

DR.R.Mahalakshmi[1], Dr.P.Prem kamal[2], Dr.K.Srikanth[3]
(1) PROFESSOR AND HEAD OF THE DEPARTMENT,DEPARTMENT OF GENERAL SURGERY, RANGARAYA MEDICAL COLLEGE ,KAKINADA,ANDHRA PRADESH,INDIA
(2) POSTGRADUATE, RANGARAYA MEDICAL COLLEGE ,KAKINADA,ANDHRA PRADESH,INDIA
(3) POSTGRADUATE, RANGARAYA MEDICAL COLLEGE ,KAKINADA,ANDHRA PRADESH,INDIA.
Department of General Surgery , Government General Hospital , Kakinada , Andhra Pradesh , Pin – 533001 , INDIA .

Abstract: *Acrochordon is a rare benign condition of the vulva occurring in women of reproductive age group during pregnancy . A case of huge vulval mass presented to the department of general surgery for which excision was done.Histopathological report confirmed the diagnosis .*
Keywords: *Acrochordons, Fibroepithelial polyp of vulva.*

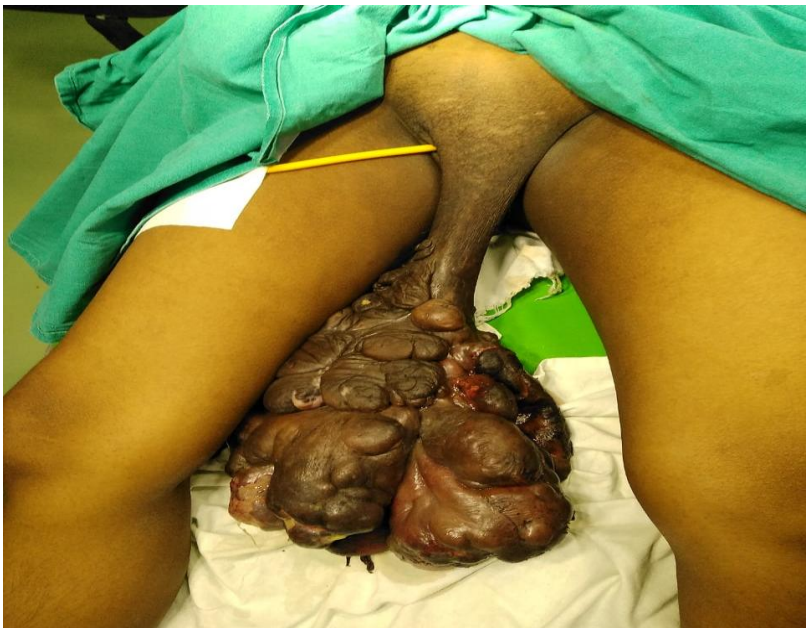
Date of Submission: 17-01-2020 Date of Acceptance: 04-02-2020

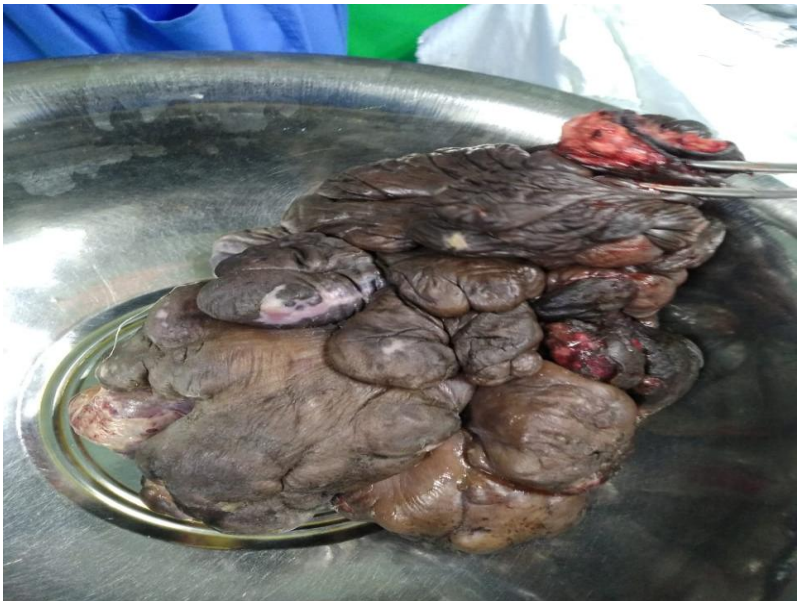
I. Introduction :

ACROCHORDON is a fibroepithelial polyp described originally by Norris and Taylor in 1966. It is a rare benign condition occurring in the vulva in women of reproductive age group .They are hormone sensitive and occur in females in the reproductive period, in pregnancy or in premenopausal females who are on hormone replacement therapy(1).Skin, oral cavity, urinary tract, breast and genital area are common areas of presentation of which genital presentation is much more common with greater predilection for vulvovaginal region and rarely the cervix.These are hormone sensitive lesions . Majority of the cases are single and small in size and remain asymptomatic however multiple or atypical forms are particularly associated with pregnancy .Large lesions which may produce inconvenience and cosmetic problems and can be misinterpreted as malignancy due to rapiditiy of growth .we present a case of giant acrochordon which was treated by simple excision.

II. Case Report :

A year old married woman presented to surgery O.P.D with huge vulval mass for duration of 4 months duration .It started initially as small mass during the 7^{th} month of gestation and gradually progressed to the size of 42x21 cms over the period of 4 months.Caesarian section was done after the completion of pregnancy and patient was referred to surgery department for the management of acrochordon .Physical examination revealed a large, non-tender, skin colored, 42x21cmssized broad based pedunculated mass extending from the left labium majus .There were ulcerations in various stages of healing over the mass proper.Excision with primary closure of the wound was done under spinal anaesthesia and specimen was sent for histopathological examination . Post operative period was uneventful . She was discharged after 5 days of hospital stay and was kept on regular follow up . Suture removal was done on 10^{th} day.The first line of treatment for fibroepithelial polyp is surgical excision which was done for our patient under spinal anaesthesia (2).





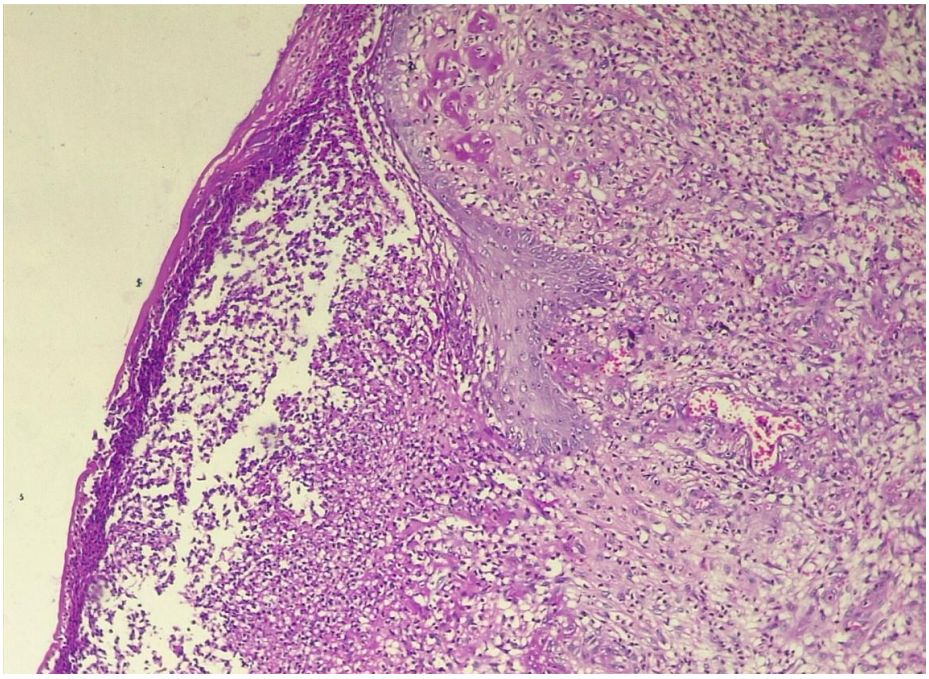
III. Discussion :

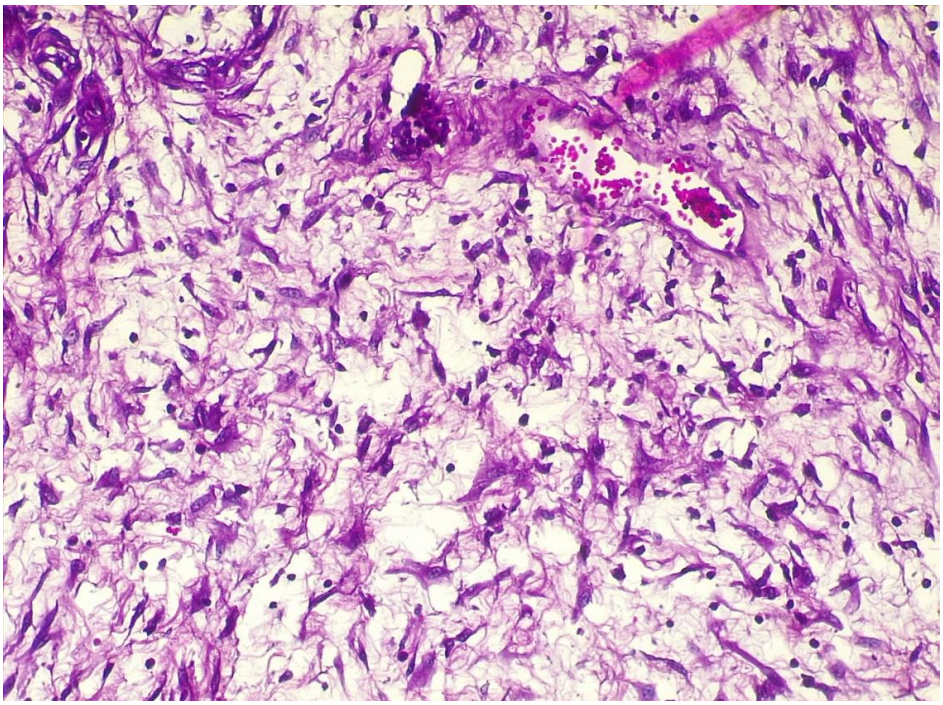
Fibroepithelial polyp (FEP)also called "cellular pseudoangiomatous fibroepithelial stromal polyps" was described originally by Noris and Taylor in 1966 as benign lesions they may represent a reactive hyperplastic process of subepithelial myxoid stroma and are often misdiagnosed as malignanttumors (3).These polyps are hormone sensitive and are not only found mainly in women of reproductive age group but also in infants, pregnant and postmenopausal women .These polypoid exophytic tumorsarises from proliferation of mesenchymal cells within the hormone sensitive sub epithelial stromal layer of the lower genital tract in females of reproductive age [4,5].They can be polypoidal or pedunculated and usually arise as a single swelling .The clinical presentation may vary from small asymptomatic mass to large mass causing discomfort,ulceration,bleeding. Histologically, FEPs may be of two types: one that is predominantly epithelial and the other that is primarily stromal. The stromal cellularity of polyp may be in two variants. The hypocellular form is composed of spindle cells set within a loose collagenous myxoid like stroma. The hypercellular variant exhibits marked nuclear pleomorphism and shows frequent mitoses, including atypical forms(6).vulvar fibroepithelial polyps are hypocellular with abundant loose connective tissue stroma and focal myxoid areas . The stromal cells may be reactive with desmin, vimentin, actin, and S-100 [7].Hormonal influence could be predisposing factor based on the fact that FEP is very rare before menarche and after menopause [8]. Other evidence that hormonal changes may play a role in the formation of FEPs is the presence of estrogen and progesterone receptors in the stromal cells of FEPs, occurrence of these lesions in pregnancy, spontaneous

regression after delivery and also in post-menopausal women in association with hormone replacement therapy [9]

In the current case we present a pedunculated fibroepithelial polyp of size xcmsin a postpartum women which was started as small growth during the pregnancy and which rapidly increased in size .Hormonal changes associated with pregnancy seems to be the predisposing factor for FEP in our case.Acrochordons of vulva are associated with type 2 diabetes mellitus, genital psoriasis, congenital lymphedema and Crohn's disease [10]. The treatment of choice is surgical excision.

Confirmatory histopathology showed mature stratified squamous epithelium, increased fibrocollagenous tissue in the stroma, thickened blood vessels, stellate fibroblast, and sparse perivascular chronic mononuclear inflammatory infiltrate and focal ulceration of the overlying skin without any evidence of malignancy .Stellate and multinucleate stromal cells present near the epithelial–stromal interface are the most characteristic feature of acrochordon.





Recurrences may occur when there was incomplete resection,lesions occurred during pregnancy or in those associated with tamoxifen therapy .As a result, all patients with this diagnosis should be followed up on long term and managed appropriately after initial treatment.

IV. Conclusion :

FEPis a benign mesenchymal tumor affecting women of child bearing age group.it has a predilection for vulval region and are usually small but sometimes can grow to large size as seen in our case. Due to the rapidity of the growth and appearance it may mimic a malignant tumor and hence microscopic examination is necessary for exclusion of malignancy.

References :

[1]. Nucci MR, Olivia E. Gynecologic Pathology: A Volume in Foundations in Diagnostic Pathology Series. Elsevier/Churchill Livingstone, 2009; pp. 31–32.
[2]. Mohamed M, Korbi M, Hadhri R, Akkari H, Hajjaji A, Youssef M, Amri M, Belhadjali H, Zili J. A huge fibro epithelial polyp of the vulva with myxoid stroma in Tunisian nulliparous woman. Our Dermatol Online. 2014; 5(4): 409-411.
[3]. Norris HJ, Taylor HB. Polyps of the vagina. The benign injury resembling sarcoma botryoides. Cancer 1966; 19: 227–32.
[4]. Halvorsen TB, Johannesen E. Fibroepithelial polyps of the vagina: plows they old granulation tissue polyps? J Clin Pathol 1992;45:235-240.
[5]. Wani Y, Fujioka Y. A vulvar fibroepithelial stromal polyp appearing in infancy. Japan Am J Dermatopathol 2009;31:465-467.
[6]. McCluggage GW. A review and update of morphologically bland vulvovaginal mesenchymal lesions. Int J GynecolPathol 2005; 24: 26–38.
[7]. Khalil AM1, Nahhas DE, Shabb NS, Shammas FG, Aswad NK, Usta IM, et al. Vulvar fibroepithelial polyp with myxoid stroma: an unusual presentation. Gynecol Oncol. 1994;53:125-7.
[8]. Dey M, Kumar R, Sriram R. Giant acrochordon of vulva. Med Sci (Turkey) 2014; 3: 1299–304.
[9]. Sharma S, Albertazzi P, Richmond I. Vaginal polyps and hormones--is there a link? A case series. Maturitas 2006; 53(3): 351–355.
[10]. Meeuwis K. A. P., De Hullu J. A., Massuger L. F. A. G. Genital psoriasis: a systematic literature review on this hidden skin disease. Acta Dermato-Venereologica. 2011; 91(1): 5–11. doi: 10.2340/00015555-0988. [PubMed] [Cross Ref]

DR.R.Mahalakshmi, etal. "Acrochordon: A Giant Fibroepithelial Polyp of Vulva". *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 19(1), 2020, pp. 13-16.