

CASE REPORT

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Vulvar adenofibroma and pregnancy: A case study, at the regional hospital of Thiès

Lamine Gueye, M Thiam, O Thiam, TL Bentefouet, O Gassama, PA Ba, N Dabo, ML Cissé

ABSTRACT

Introduction: Benign vulvar epithelial tumors developing from glandular structures are rare. Given the resemblance of vulvar fibroadenomas to those of mammary locations, some authors have put forward the hypothesis of development from accessory mammary glands.

Case Report: We report a case of hyperalgesic giant vulvar fibroadenoma occurring in a 22-year-old female patient at 28 weeks, 3 days gestation. She was admitted for a painful mass on the right labia majora that had been present for two years, with a remarkable increase in volume during pregnancy. Faced with the acute vulvar pain and the discomfort caused by the mass, the decision to perform a vulvar lumpectomy was made and carried out semi-urgently, leading to the excision of a mass weighing 1103 grams. Microscopic examination revealed an adenofibroma. The patient gave birth vaginally at 38 weeks of gestation to a male baby weighing 3115 grams, 10 weeks after lumpectomy.

Conclusion: Fibroadenoma is a benign tumor located in most cases in the breast, its location in the vulva is rare

and can lead to a diagnostic delay. Surgical treatment by complete excision allows healing.

Keywords: Pregnancy, Senegal, Thiès, Vulvar fibroadenoma

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INTRODUCTION

Benign vulvar epithelial tumors developing from glandular structures are rare [1]. Given the resemblance of vulvar fibroadenomas to those of mammary location, some authors [2, 3] have put forward the hypothesis of development from accessory mammary glands based on topographical arguments and due to the presence of glands resembling mammary acini in the periphery. We report a case of hyperalgesic giant vulvar fibroadenoma occurring in a 22-year-old female patient carrying a pregnancy of 28 weeks, 3 days of gestation. The objective was to describe the clinical, pathological characteristics and prognosis of this association.

CASE REPORT

This was a 22-year-old female patient, primigravida, with no significant medical or surgical history, admitted for a painful mass on the right labia majora that had been present for two years, with an increase in volume during

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pregnancy. The examination revealed a mass on the right major lip, measuring 17 cm × 15 cm. This mass was firm in consistency, painful on mobilization with an orange peel appearance and a wide pedicle (Figure 1). There was no ulceration or inguinal lymphadenopathy. The obstetric examination revealed a uterine height of 27 cm, regular fetal heart sounds, and normal breasts without palpable masses. On vaginal examination the cervix was posterior, long, softened, closed, presentation was cephalic and not engaged.

The ultrasound showed a viable, single intrauterine pregnancy of 28 weeks and 3 days of gestation associated with a vulvar mass estimated at 1166 cc of tissue appearance without significant vascularization (Figure 2). A biopsy could not be performed. We highlighted the need for a biopsy first; however, only we would have to wait 8 weeks before obtaining the definitive anatomopathological results, and given the disabling nature and the pain caused by the mass, we decided after evaluating the avascular nature of the mass to perform surgery 3 days after hospitalization.

The decision to perform a vulvar lumpectomy was made (Figure 3) semi-urgently, allowing the excision of a mass weighing 1103 grams (Figure 4). The anatomopathological study showed on macroscopy of the specimen weighing 1103 grams and measuring 14×14×9. When cut, the slices showed a well-defined, non-encapsulated nodular formation measuring 12 cm long axis with a firm, elastic consistency, grayish white in color, and a fleshy appearance.

This appearance was suggestive of a fibroadenoma of the vulva (Figure 5). The evolution was favorable without recurrence (Figure 6). The patient gave birth vaginally at 38 weeks of gestation to a male baby weighing 3115 grams, 10 weeks after lumpectomy. A preventive episiotomy contralateral to the scar was performed during delivery.

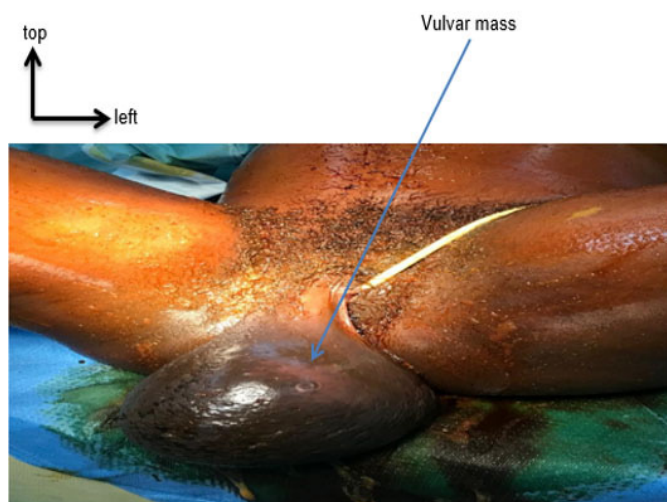


Figure 1: Tumor of the right lip major.



Figure 2: Ultrasound image of the vulvar mass.

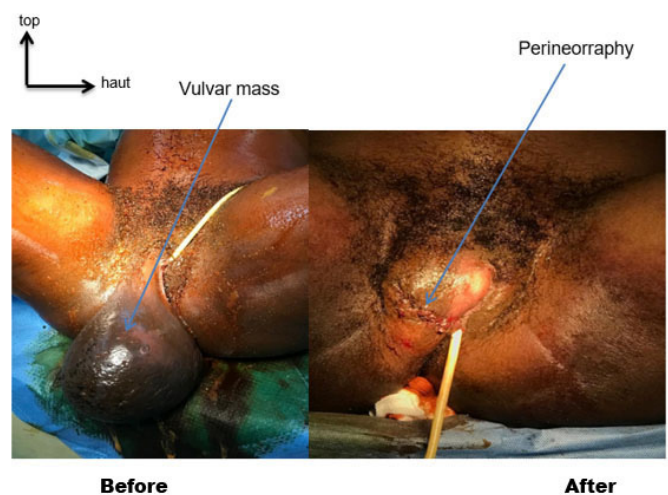


Figure 3: Photos before and after surgery.

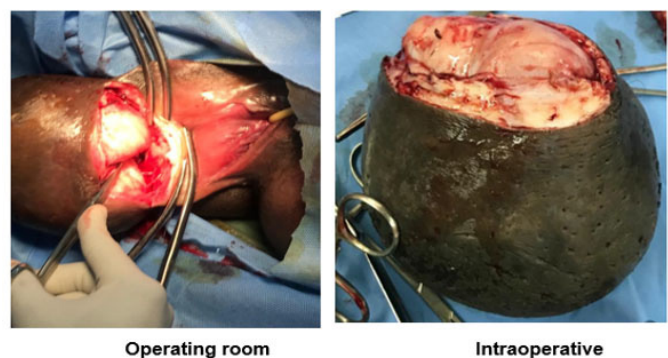


Figure 4: Intraoperative image and surgical specimen.

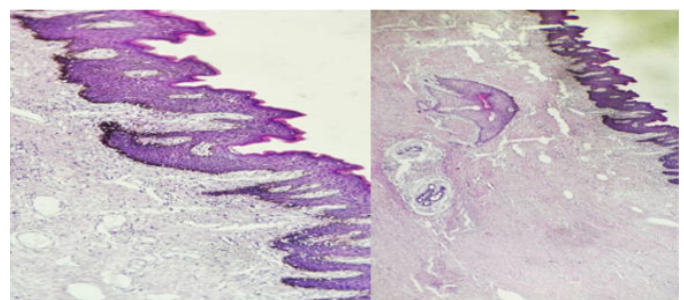


Figure 5: Microscopic appearance of the tumor.

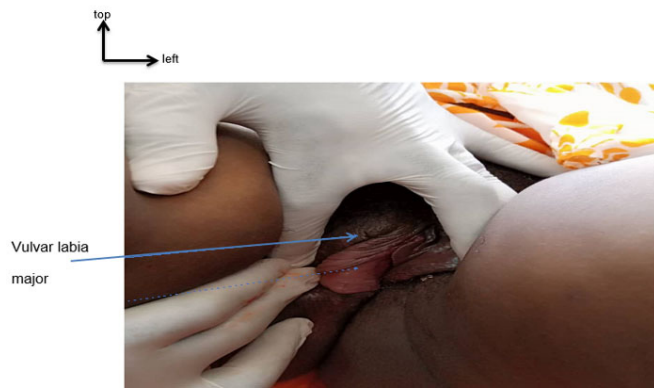


Figure 6: Appearance of the vulva two months after vulvar lumpectomy.

DISCUSSION

Adenofibromas located in the vulva are extremely rare [1]. Their origin remains debated and despite their macroscopic characteristics of a benign lesion, a histological study with relevant immunohistochemical techniques must be carried out to have a precise diagnosis and to rule out other vulvar tumors. The association of giant vulvar adenofibroma and pregnancy is exceptional. For this case we report, the patient was young, aged 22 years. Romero [1] published an unusual case of vulvar fibroadenoma in a 29-year-old woman who had presented for two years with a vulvar mass causing dyspareunia and post-coital bleeding.

The particularity in our context was the late diagnosis with limited means of exploration. While magnetic resonance imaging (MRI) can provide the best soft tissue resolution, ultrasound can also be used in the assessment to some extent [4]. It allowed us to appreciate the characteristics of the mass and the insignificant vascularization of the pedicle. Semi-emergency surgery during pregnancy due to the disabling nature of the vulvar mass was performed. The decision to perform a biopsy before excision of a vulvar mass should also be considered. A biopsy would be less invasive, although there may be sampling and interpretation errors [5]. It would delay timely management in our work context.

This surgery is easy because these tumors are always well limited, not encapsulated, pedunculated, and easily enucleated [3, 6]. Some are solid [3] but most are cystic and have a papillary architecture, differentiating them from vulvar fibroadenomas.

The route of delivery was independent of the vulvar lumpectomy scar. In our case, the patient went into labor spontaneously at 38 weeks of gestation and gave birth vaginally to a child of normal weight.

CONCLUSION

Fibroadenoma is a benign tumor located in most cases in the breast, its location in the vulva is rare and

can lead to a diagnostic delay. The association of vulvar fibroadenoma and pregnancy is an exceptional situation. Pathology plays an important role in the positive diagnosis. Surgical treatment by complete excision allows healing.

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Author Contributions

Lamine Gueye – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

M Thiam – Conception of the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

O Thiam – Conception of the work, Design of the work, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

TL Bentefouet – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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ML Cissé – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all

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Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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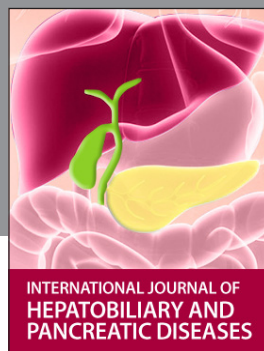
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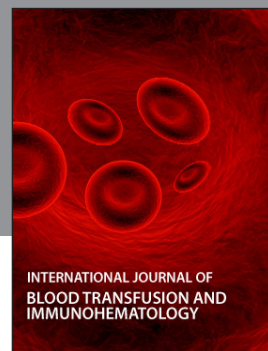
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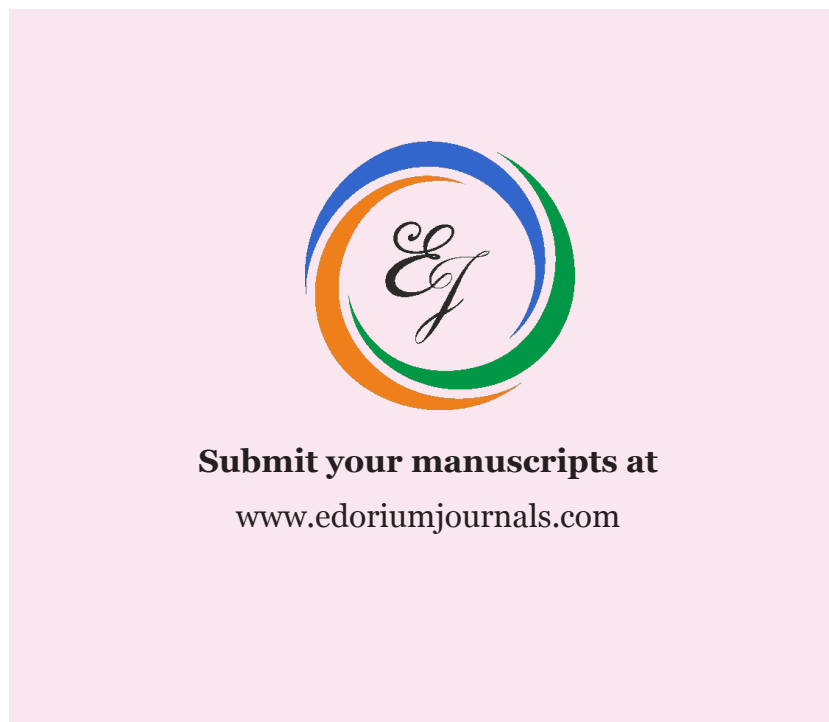
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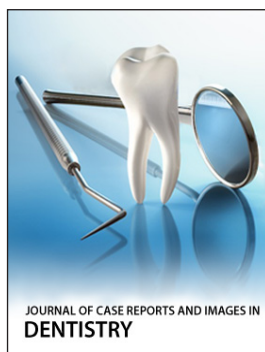
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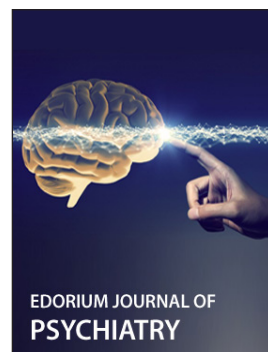
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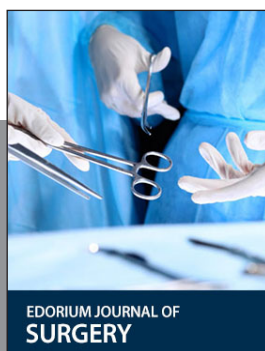
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