Large Vulvar Lipoma Following Episiotomy A Case Report

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ABSTRACT
Vulvar lipomas are rare and few cases have been reported in the world literature. We document a case of large soft vulvar mass following episiotomy in a 23-year-old primipara. The mass was excised and histologic examination confirmed lipoma.
KEYWORDS: vulvar, tumour, lipoma,

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INTRODUCTION

Lipomas are the most common benign soft tissue tumours derived from mesenchymal cells and are commonly found at the upper back and neck, shoulder, abdomen and proximal portion of the extremities[1,2]. They occur in 1% of population with peak age incidence between 40 and 60 years[1], and consist of mature fat cells often interspersed with strands of connective tissue.

Vulvar lipomas are rare and they arise from the vulvar fatty pads and present as soft multi-lobulated subcutaneous tumours[2,3]. They are usually painless but may cause some discomfort depending on the size[2]. The differential diagnoses include Bartholin's cyst, epidermal cyst, angiofibroma, and solitary fibrous tumours[4]. Sonographic findings of vulvar lipoma often demonstrate the lobular structural features characteristic of a soft tissue tumour[4]. Diagnosis is confirmed by immunohistochemical staining patterns and characteristic mature fat cells often interspersed with strands of fibrous connective tissue[3,5].

We present a rare case of vulvar lipoma following episiotomy which was excised and diagnosis confirmed histologically.

CASE HISTORY

A 23-year-old primipara presented with painless swelling involving the right side of vulva. This, she admitted started two months following delivery. The swelling developed from the area she was given an episiotomy during delivery and slowly but progressively increased in size over twelve months period. Though, the mass was not painful, it caused her some discomfort while walking. There was no vaginal discharge, urinary symptoms or history of any other similar swelling. Her last and only confinement was one and half years prior to presentation, during which she was given episiotomy on the right side of the vulva. This was repaired immediately after delivery and healing was uneventful. Her past medical and surgical histories were unremarkable.

Examination revealed a soft lobulated and pendulous mass involving the posterior part of the right labium majus (pix 1)

Pix 1

Mass measured 20cm x 16cm, and was mobile and non-tender with intact overlying skin. Ultrasonography using high frequency trans-vaginal transducer revealed whorl-shaped lobular structures within the right side of vulva in keeping with soft tissue tumour.
An excision of the mass was carried out under spinal anesthesia. Intraoperative findings included a circumscribed lobulated yellow mass which posed little difficulty in excision. The excised mass measured 22 cm x 18 cm. Following excision, the redundant vulvar skin was excised and wound closed primarily and dressed. (pix 2)

Pix 2

Histological examination of the mass revealed an encapsulated mass with lobular proliferation of mature fat cells suggestive of lipoma. She did well postoperatively. She was followed up to 6 months and there was no problem.

DISCUSSION

Although lipomas are the most common tumours of soft tissue, their occurrence in the vulva is rare and the few reported cases occurred at age 35 and above with only

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two cases in infancy[2,4,6]. Our case presented in a 23-year-old primipara.

The exact aetiology of lipoma is unknown but hereditary and minor trauma have been speculated[7,8]. Trauma is alleged to trigger some irritation leading to proliferation of lipocytes[8]. Vulvar lipoma following episiotomy is extremely rare and to the best of knowledge of the authors, this is the first of such case reported in the literature. The growth of the lipoma may have been induced by the injury inflicted in the process of episiotomy and repair.

Clinically, vulvar lipoma may resemble Bartholin's gland cyst or cyst of the canal of Nuck which should be differentiated by using ultrasound or computerized tomographic (CT) scan[4,5]. The high frequency trans-vaginal transducer used for our patient suggested a whorl-shaped lobular soft tissue tumour.

Vulvar lipoma is not usually associated with pain but the cosmetic challenges and discomfort caused by the mass can be distressing. Removal of such mass would therefore offer some relief to the patient. It also provides tissue for extensive histologic sampling of the mass to exclude liposarcoma. Our patient had a successful excision with histological confirmation of lipoma.

CONCLUSION

vulvar lipomas are rare and to our knowledge this is the first reported case following episiotomy. Surgical excision with histological confirmation offers adequate treatment.

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