

Fibroma of the Vulva: Report of a Case

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Abstract

A rare case of vulva fibroma in a 35 year-old woman is presented. She had a non-tender, firm mass arising from the superior aspect of the left vulva. It was about 24cm long, with fleshy pedicle that had a club-like ending with a crater-like area of ulceration. She also had uterine fibroids. Histological examination of the tissue following excision confirmed its benign nature.

Key Words: Vulva, Fibroma, Ulceration, Fibroid. [Trop J Obstet Gynaecol, 2001, 18: 93-94]

Introduction

Fibroma of the vulva is a very rare benign tumor that arises from the fibrous tissue of the vulva¹. Few cases have been reported in the literature^{2, 3, 4}. It usually starts as a small painless semi-solid mass, but with a great potential for rapid growth if treatment is delayed. A case is reported from a general hospital with limited resources in Kano, Northern Nigeria.

Case Report

Mrs. M. A, a 35-year old woman, Para 1+⁰, Muslim, who had her last delivery about six years before presentation, came to the clinic complaining of a fleshy club-like growth on the left side of her external genitalia. She first noticed the mass four years before the time of presentation. The growth was of sudden onset and was not associated with pain. However, she observed that during the past two years, her menstruation had become heavier and prolonged. Furthermore, she noticed that the growth had become larger and had become very elongated to the extent that, in the six months preceding her coming to hospital, it now dangled between her lower thighs. The presence of the mass was so embarrassing to her, that she avoided coitus entirely in the three years before presentation.

She consulted a traditional healer who gave her some drugs to drink and for topical application to the mass. She was too shy to consult orthodox physicians because the lesion was in her genital area. Since the topical application of the drugs provided by the traditional healer, she noticed some soreness, later ulceration with an offensive discharge from the mass. There were no other abnormal findings at review of systems.

She did not know the age she attained menarche, but menstruated for 4 days, in a regular 28-day cycle. In the two previous years, she had experienced severe lower back and lower abdominal aches, usually a few days before the flow became established and lasting almost till the end of the period. She did not practice any method of family planning. She did not suffer of

any debilitating or chronic disease. There was no history of allergy. Her only pregnancy, about six years earlier, was apparently uncomplicated. She had an uneventful labour and puerperium. The child was said to be in good health. She was the only child of her mother who died during her early childhood. Her father was alive and well. She was the second of three wives of a trader and she was also engaged in petty trading.

On examination, she appeared generally well. She was not pale. The only abnormal findings were noted at pelvic examination. There was, arising from the superior aspect of the left vulva, a non tender, pedunculated, club-like mass measuring about 24 cm long. It had a fleshy pedicle and a semi-solid distal end (Figures 1). There was a crater-like area of ulceration at the distal end, from where an offensive smelling creamy discharge exuded. Her vagina was warm, elastic and non-tender. Her cervix looked and felt grossly normal. There was no tenderness on motion of the cervix. Her uterus was enlarged to a size compatible with that of a gravid uterus at about eight weeks of gestation. It was irregular in form and freely mobile. The adnexa were normal. A working diagnosis of vulva fibroma and uterine fibroids was made.

She was counselled and prepared for surgery. She had an excision biopsy of the mass under general anaesthesia (Figure 2). The mass weighed 500gm (Figure 3) and histological examination confirmed the diagnosis of vulva fibroma. She was discharged from the hospital three days afterward, following an uneventful postoperative period. She was very happy at her clinic visit four weeks after discharge. Her surgical wound had healed completely and the scar was barely visible. She had resumed coitus and was ready to have another baby.

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Discussion

This case appears to be the first vulval fibroma, ever reported from the hospital, which ranks as one of the busiest in the sub region. The fibroma happened to be associated with uterine fibroids in this patient and such an association should always be sought by careful clinical examination³.



Figure 1: The fibroma before excision



Figure 2: The vulva after excision of fibroma

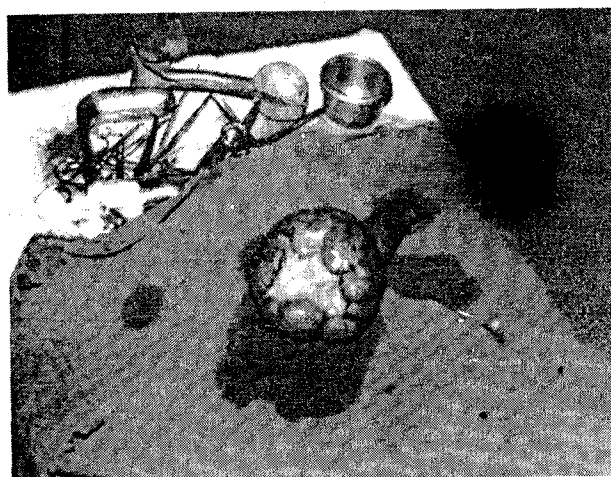


Figure 3: The excised fibroma

One of the major lessons of this case is the need to educate women to seek medical help early. All the embarrassment this woman had could have been avoided if she had sought proper medical help earlier and the mass had been excised. It is interesting that when she decided to seek help, her first port of call was at the traditional healer's. This is not unusual in Nigeria. Her choice may have been determined by her having more confidence in the traditional healer who is often elderly and easily accessible within the community and, perhaps, by the view that the orthodox physicians available at that time were too young to view her privacy. Religion probably plays a significant role in this regard too.

One cannot be too sure if the crater-like ulceration on the distal end of the mass developed as a result of the drugs concocted by the traditional healer. Sometimes, such concoctions contain caustic substances. The ulceration could also be due to the rapid growth of the mass, overwhelming its vascular supply with consequent ischaemia, necrosis and ulceration. The excision biopsy was curative but there is still the need to follow her up on account of her uterine fibroids. Health education of our women will need to be intensified at least to improve on the promptness of visits.

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