Vulvar Lipoma – A Rare Case Report

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Abstract

Lipomas are the most common benign tumours of soft tissues. However, conventional lipomas have been reported only rarely as presenting in the vulva. We present a case of vulvar lipoma in a 40-yr-old woman which is the 4th case reported in adults.

Introduction

A variety of lesions may present as mass at the vulva, such as Bartholin cyst, mucus cyst, epidermal cyst, fibroma, fibromyoma, lipoma, haemangioma.

Lipomas are most common soft tissue tumour derived from mesenchymal cells, but vulval lipomas are so rare that very few cases are reported in world literature.1-7 We present a case of vulvar lipoma in a 40 year old female. She underwent surgical excision. Follow up of six month has shown her to be asymptomatic.

Case Report

A 40 year old female presented to us with complaints of soft mobile mass at lower end of right labia majora since 2 years, which was slowly growing in size and causing discomfort while walking. There was no history of any other similar swelling. On examination there was a soft mass around 5 cms x 4 cms which was freely mobile and slip sign was positive (Fig. 1). Ultrasonography revealed a fatty mass of size 4.5 cms × 3.5 cms in the subcutaneous plane of right labia majora. Fine Needle aspiration cytology (FNAC) confirmed the diagnosis. Excision was done under saddle block. Wound was closed primarily with removal of excess of skin. Histopathological evaluation showed an encapsulated tumour of size 4.5 x 3.5 cms composed of lobules of mature adipocytes confirming it to be a lipoma (Fig. 2). Post-operative course was uneventful. Follow up of 6 months has shown her to be disease and symptom free.

Discussion

Lipomas are the most common soft tissue...
tumours. These slow-growing, benign fatty tumours form soft, lobulated masses enclosed by a thin, fibrous capsule. Common sites are upper back, neck, abdomen. Lipomas occur in 1% of the population. But there are very few reports of conventional lipomas in vulva, and after the review of world literature, there are only six cases reported, ours is the 7th one (Table 1).

Exact aetiology for lipomas development is not known but there are speculation regarding a potential link between trauma and lipoma formation or increase in size. It has also been suggested that trauma-induced cytokine release triggers pre-adipocyte differentiation and maturation. While the exact aetiology of lipomas remains uncertain, an association with gene rearrangements of chromosome 12 has been established in cases of solitary lipomas, as has an abnormality in the HMGA2-LPP fusion gene.

Vulval lipomas needs to be differentiated from liposarcomas. Preoperative biopsy or MRI is helpful.

Complete surgical excision with the capsule is advocated to prevent local recurrence in case of lipoma, while wide local excision will be required for liposarcoma.

Conclusion
Vulvar lipoma is extremely rare. To our knowledge this is the 7th case of vulvar lipoma and, 4th case reported in adult. Complete surgical excision is adequate treatment however final histopathological evaluation has its important role.

References
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DRUG-INDUCED FIBROTIC VALVULAR HEART DISEASE

The initial association between the development of valvular heart disease and drugs stems from observations made during the use of methysergide and ergotamine for migraine prophylaxis in the 1960s. Since then, the appetite suppressants fenfluramine and dexfenfluramine the dopamine agonists pergolide and cabergoline, and more recently, the recreational drug ecstasy (3,4 methyldioxymethamphetamine; MDMA) have been implicated. Interference with serotonin metabolism and its associated receptors and transporter gene seems a likely mechanism for development of the drug-induced valvular heart disease.

36 patients taking methysergide developed cardiac Murmurs of mitral insufficiency or aortic insufficiency, or both during treatment. Although rarely used now because of their adverse effects, methysergide and ergotamine remain licensed for migraine prophylaxis. As β blockers (propranolol), anti-depressants (amitriptyline), or anti-convulsants (sodium valproate, topiramate) – are recommended for migraine prophylaxis.

The echocardiographic features and histology of valve specimens excised at surgery were similar to those identified in carcinoid heart disease and ergot alkaloid-included heart disease.

The FDA definition of drug-induced valvular heart disease is a person with no previous valve disease who has used appetite suppressants and developed mild or greater aortic regurgitation or moderate or greater mitral regurgitation.

Multivalvular heart disease involving both left-sided and right-sided heart valves of varying severity was reported, and the echocardiographic and histological features were, yet again, very similar to those of fenfluramine-induced or ergotamine-induced disease and carcinoid heart disease.

3,4 methylenedioxymethamphetamine (MDMA), an amphetamine-based drug, is a psychoactive stimulant used for recreational purposes. Analysis of valve morphology identified restrictive valvular heart disease similar to that seen in patients taking pergolide.

Typical findings in the aortic and tricuspid valve include leaflet thickening together with variable degrees of leaflet retraction and reduced leaflet mobility. In severe cases, these changes could lead to insufficient coaptation of leaflets or fixation leaflets, or both. Variable degrees of valvular regurgitation are visible. Involvement of subvalvular apparatus that includes shortened and fused chordae tendinae is typical.

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