Vulvar Lipoma: Case Report

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ABSTRACT

Introduction: Lipomas are benign tumors of soft tissue which consist of mature fat cells and in which vulvar location is quite rare. Method: In this study, we present a case of vulvar Lipoma diagnosed at the maternity Souissi in Rabat in a 33-year-old woman while evaluating the clinical and radiological characteristics of this disease based on a study of the literature. Results: In this study, the lipoma was found on the left side of the vulva, and the evolution of the tumor mass was slow. Clinical examination and ultrasound were able to suspect the diagnosis by showing the lipomatous character of this tumor. Surgical resection and subsequent histopathological examination allowed the confirmation of the diagnosis and elimination of the differential diagnosis represented essentially by sarcoma. Conclusion: Vulvar lipomas represent a rare location of the lipomas. This tumor must be distinguished from an inguinal hernia or Bartholinitis. Radiological studies such as ultrasound, computed tomography, and magnetic resonance imaging are useful in establishing the appropriate diagnosis. Surgical excision is the treatment of choice as it makes it possible to confirm the diagnosis, and especially to eliminate the main differential diagnosis represented by liposarcoma.

Keywords: Lipoma, Vulva, Vulvar Tumor, Benign neoplasm

1. INTRODUCTION

Lipomas are the most common benign tumors in soft tissue. They are widespread mesenchymal neoplasms, often encountered in the neck and upper back, shoulders, abdomen, buttocks and proximal parts of the extremities. The appearance in the vulva is rarely reported

We will present a case of vulvar lipoma, and we will also discuss the epidemiological, pathological and clinical characteristics typical of vulvar lipomas. We will discuss, also, the current management options available for this vulvar pathology, emphasizing the need for a histopathological evaluation of all excised lesions, especially to eliminate the diagnosis of well-differentiated liposarcoma which represents the main differential diagnosis.

2. CASE REPORT

A 33-year-old woman with no significant medical or surgical history and with no history of vulvar trauma, with 4 living children (4 births vaginally) came to our hospital (Maternity Souissi of Rabat) complaining of painless perineal
tumefaction, without other associated signs, slowly growing over the last 3 years in a context of preservation of the general state.
The examination of this woman shows a soft, painless, restorative and mobile mass at the level of the large left lip of 8cm / 6cm, without inflammatory signs. The urethral orifice seemed normal. The ganglionic areas were free, and the rest of the examination was normal. We did a pelvic ultrasound of the soft parts which was in favor of a left subcutaneous lipoma, measuring 8.2 cm / 5.6 cm (Fig. 1).

Fig. 1. Preoperative photography of the vulvar tumor showing its appearance and location

The lumpectomy was performed under spinal anesthesia. An incision of about 3 cm was made along the lateral margin of the mucosa on the left vulva longitudinally in order to hide the scar. The mass was extracted with caution. There was no difficulty with tumor detachment (Figure 2). Hemostasis was assured and followed by the application of a compressive bandage after skin closure.

The resected mass measured 12 x 7 x 2.5 cm. The Serial histological sections showed a lobulated and homogeneous mature adipose tissue separated by fine fibrovascular septa and the histopathological diagnosis was a lipoma with no histological signs of malignancy (Fig 3).

Fig. 2. Intraoperative photography of the vulvar tumor indicating its nature, size and its extension in depth

Fig. 3. Photograph of the vulvar tumor after resection

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3. DISCUSSION

Lipogenic tumors of the vulva include lipomas and liposarcomas. Lipomas are the most frequent benign soft tissue tumors. However, their appearance in the vulva is very rare with only a few reports in the literature\(^1\).\(^3\). Lipomas are benign tumors which are very common in soft tissues derived from mesenchymal cells, they are slowly growing tumors, and are not adherent to the skin that covers them, consisting of mature adipose cells, often separated by septa of fibrous connective tissue. From where come their soft mass format. The precise epidemiological and demographic characteristics of vulvar lipomas are not well defined. This is due to the fact that these tumors are relatively uncommon in this location. However, they have been identified in various age groups ranging from early childhood to the ninth decade\(^2\). The exact etiology and pathogenesis of vulvar lipomas remain unclear. However, trauma, chronic irritation, obesity, as well as some endocrine, metabolic and genetic factors have always been incriminated as having a possible role in the development of these lipomas\(^4\).

Lipomas usually occur as soft tissue swelling that is often slowly growing, painless and mobile, with a characteristic soft sensation on palpation. Which make them easily and correctly diagnosed in most cases by clinical examination alone. Our patient had a flexible vulvar mass, well defined and without inflammatory signs. As a differential diagnosis for these tumors, we find Bartholinitis and Cystic of the Bartholin gland, as well as inguinal hernias, especially in children.

Like other lipomas, vulvar lipomas, if not treated, can reach a remarkable size. When the clinical diagnosis is not apparent, ultrasound, computed tomography (CT) and magnetic resonance imaging (MRI) are useful in differentiating vulvar lipomas from vulvar cysts, inguinal hernias, and liposarcomas. In developing countries, ultrasound is preferred over other imaging techniques because of its availability and cost-effectiveness\(^12\) and will allow diagnosis by showing a non-specific homogenous echogenic mass with lobular structures compatible with the deposit of fat. CT and MRI retain their utility in evaluating the anatomical extension of vulvar lipomas and in differentiating them from liposarcomas. However, their cost and availability limit their use in most developing countries.

Vulvar lipomas should be differentiated histologically from liposarcomas, which are very similar to lipomas clinically. Although, CT and MRI have been used with some success to differentiate the two\(^14\). Although unconventional treatments for lipomas (such as steroid injections and liposuction) have become common, complete surgical excision is the best option because it will allow this distinction to be made by histopathologic evaluation of the resected tumor\(^7\,\(^8\).\)

4. CONCLUSION

In our patient, the vulvar lipoma was treated by complete surgical resection, and the diagnosis was confirmed by histopathology. The recognition of this benign vulvar swelling is important to differentiate it from cystic swellings and malignant neoplasms in the vulva.

REFERENCES