

C A S E R E P O R T

Vulvar Pigmented Growth: A Psychological Concern?

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Abstract

Vulvar nevi are uncommon. We report a case of an 18 year old girl presented to us as a pigmented growth on vulva since birth. The lesion was small at the time of birth but gradually increased with time. On clinical examination there was a pigmented lobulated growth of vulva of size of 5cm x 8cm. A punch biopsy from the growth was done which was consistent with congenital intradermal nevus. Patient was referred to gynecology department for resection of the lesion. We are reporting this case for its rarity and to initiate awareness among clinicians the importance of clinico-pathological evaluation and managing such patient to have a normal sexual life and to decrease any psychological sequelae associated with any vulvar problem.

Key words – Congenital nevus, Vulvar nevi, atypical nevi

Introduction

The prevalence of the lower genital tract diseases seen in dermatology and gynecology clinics is unknown. Although the vulva may be involved in several dermatological disorders, there are some, such as lichen sclerosus and lichen planus that have a predilection for vulvar skin ¹. Melanocytic nevi are very common on skin surface but rare in the vulvar area.

Case

An 18 year old girl presented to us as a pigmented growth on vulva since birth. The lesion was small at the time of birth but gradually increased with time. On clinical examination there was a lobulated growth of size of 5cm x 8m involving right labia majora, bilateral labia minora, clitoris and a part of left labia minora extending to involve a part of mons pubis as shown in Figure 1. It was firm to smooth in consistency, non tender. There were no secondary changes . A punch biopsy from the growth was done and showed nest of



Fig 1. Congenital nevus of vulva, as lobulated pigmented growth involving right labia majora, bilateral labia minora, clitoris and a part of left labia minora extending to involve a part of mons pubis.

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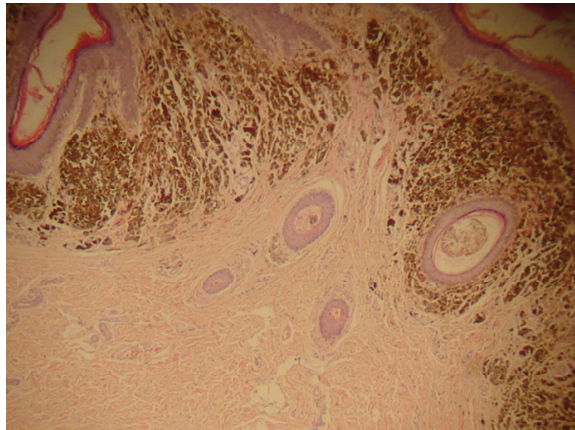


Fig 2. A punch biopsy from the vulvar growth, showing nest of nevus cells involving papillary and reticular dermis also around appendages which was consistent with congenital intradermal nevus. (10 x magnification)

nevus cells involving papillary and reticular dermis also around appendages which was consistent with congenital intradermal nevus as shown in Figure 2. Patient was referred to gynecology department for resection of the lesion.

Comment

The term “vulva” is derived from the Latin word for “covering” and was originally used to describe the uterus². The most commonly encountered vulvar dermatoses are papulosquamous disorders, which include psoriasis, seborrhea and the lichens (lichen planus, lichen sclerosus, lichen simplex chronicus) and chronic or recurrent infections²⁻³. Melanocytic nevi are very common on skin surface but rare in the vulvar area. Nevi are hamartomas of melanocyte derived from neural crest. There are several clinical types of nevi like flat nevi, slightly elevated nevi, papillomatous nevi, dome shaped nevi, pedunculated nevi, dysplastic nevi, giant congenital nevocellular nevi. The patterns can be found anywhere in the vulva. Benign nevi are uniformly pigmented, well circumscribed, and usually under 6mm in diameter⁴. Vulvar nevi are uncommon in gynecological practice with a prevalence of 2.3%⁵. Christensen et al did a comparative histological study of vulvar and common nevi and found that most of the vulvar lesions were unremarkable⁶. The term atypical melanocytic nevi of the genital type (AMNGT) are the nevi seen on the vulva of premenopausal women, which are clinically unremarkable nevi and present with histologic features that simulate some features of melanoma and usually have a benign clinical course^{7,8}. These lesions have possibility of diagnostic error but clinically unremarkable. We report a case of

18year old girl who presented to us as a pigmented growth on vulva since birth. The lesion was small at the time of birth but gradually increased to a size of 5cm x 8cm involving right labia majora, bilateral labia minora, clitoris and a part of left labia minora extending to involve a part of mons pubis. A punch biopsy from the growth was consistent with congenital intradermal nevus. Patient was referred to gynecology department for resection of the lesion. Any lesion or chronic symptoms relating to vulva leads to women curiosity of being having malignant tumor or HIV infection and subsequently causes more social, mental and psychological disharmony. Most women have no anatomical education and when they have genital cutaneous problems, they find it hard to deal with the problem in an unfamiliar area that they cannot see. Because of the sensitive nature of these disorders, women often suffer in silence and do not seek medical care. We are reporting this case for its rarity and as an awareness among treating physician in terms of clinicohistopathological evaluation of such patient and management so that it helps such patients to come up from the embarrassment associated with its symptoms and the psychological sequelae that stem from its interference in normal sexual relations.

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