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VULVAR LIPOMA IN A CASE AT THE SOUISSI MATERNITY HOSPITAL.

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ABSTRACT

The benign tumors of the vulva are not very common. There are a few types. The fibroid, fibromyoma and dermatofibroma are firm and of greyish brown color most often treated by surgery to ensure that they are not cancerous. The hemangioma originates in the blood vessels of the vulvar region, especially the major labia. It is well defined, raised and red. The hemangioma originates in the blood vessels of the vulvar region, especially the labia majora. It is well defined, raised and red. Lipoma is a soft tissue that can be attached to the skin by a stem (pediculated) or flattened on the skin (sessile). It is not usually treated unless it causes pain or distress. A biopsy can be done to diagnose most benign tumors and to exclude cancer. The treatment of benign tumors of the vulva depends on the type of tumor and may include surgical removal.

Keywords: vulvarlipoma, benign tumors, treatment.

1. INTRODUCTION

Lipoma is a common, benign and prevalent tumor that develops at the expense of fatty tissue. It is characterized by a soft mass, mobile under the skin:

- They can be single or multiple.
- Preferred location of the lipomas: the arms (inner side), the top of the skull, the neck, the upper back, the buttocks and the root of the thighs. Other possible location: in the abdomen, but it is rare.

The size of a lipoma is usually the size of a hazelnut (most often) but it can range up to that of a mandarin (more rarely).

- The confirmation of benignity is usually done by simple observation and palpation. The doctor merely repeats episodically their examination in consultation.
- Their surgical excision depends on whether they constitute a real aesthetic damage or they cause a discomfort.

We report the case of a patient with a vulvar lipoma in the Souissi maternity service.

Note: It is about Mrs. B .J aged 33 who is consulting for a vulvar swelling with no prior significant history G5P4E4,1abortum and who has for 3 years a left perineal painless swelling increasing gradually in volume causing discomfort during walking and during sexual intercourse.



The clinical examination found a painless left vulvar mass of soft consistency, renitent with no inflammatory signs, measuring about 8 x 6 centimeters, developed at the expense of the large left lip (Fig. 1).Ultrasound was in favor of a left perineal subcutaneous lipoma measuring 8.2 x 5.6 centimeters homogeneous, with lobulated fat component. A nympho-hymenal(Fig.2) incision was performed. The excision allowed the removal of an encapsulated yellow mass, which measured 8 centimeters and weighed 183 g (Fig. 3).The anatomopathological examination showed a surgical specimen of a greasy appearance of 12X7X2, 5 centimeters, lobulated, of soft consistency, and of a yellowish color homogeneous to the lipoma-objectifying section. There were few after-effects immediately at the operating room (Fig 4) and 1 week after scarring (Fig 5).



Fig 1: Vulvar mass within the large left lip, measuring about 8 centimeters.

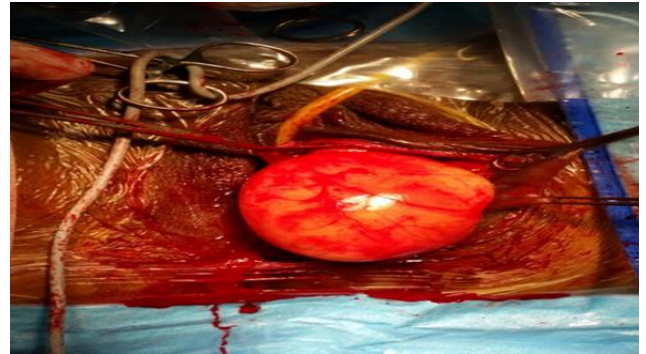


Fig 2: Nympho-hymenal incision showing the greasy aspect of tumefaction.

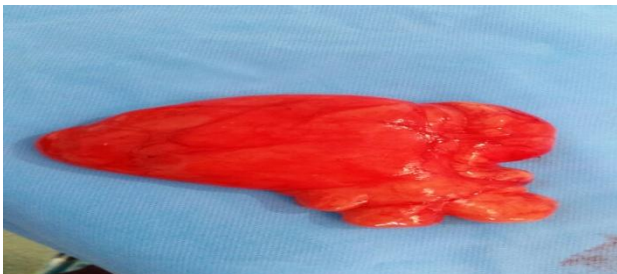


Fig 3: Piece of excision of the vulvar lipoma.

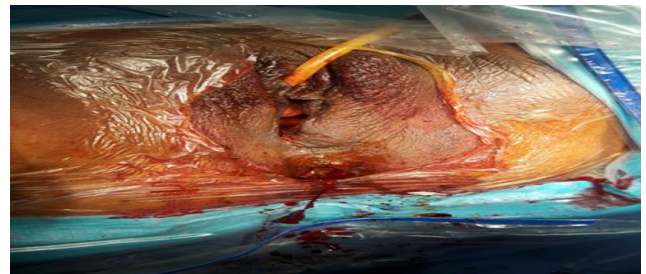


Fig 4: Aspect of the vulva after excision of the lipoma atthe operating room.



Fig 5: appearance of the vulva one week after scarring.



2. DISCUSSION

Lipomas are frequent benign tumors of adipose tissue. Of mesenchymal origin, they develop at any age predominantly between 40 and 60 years. They usually sit on the abdomen, trunk and proximal parts of the limbs. The vulvar localization is very rare [1-5] and mainly concerns the labia majora [1,2], as is the case of our patient. Sometimes this localization is part of a generalized lipomatosis [1], which was not the case here. The vulvar lipoma should be differentiated from a cyst of the Bartholinian gland or the peritoneo-inguinal canal of Nuck. Differential diagnosis also occurs with inguinal hernia [1-4]. Some radiological examinations may guide the diagnosis. Ultrasound and magnetic resonance imaging can objectify the lipomatous component of the mass and offer an additional element to distinguish it from liposarcoma [3].

Histologically, the vulvar lipoma has a cellular pleomorphism which divides it into several subtypes (angioliipoma, lymphangioliipoma). However, the primary objective is to eliminate a sarcomatous component, which, although rare, remains endowed with a high potential for local and metastatic recurrence [3-5]. The treatment of choice is based on surgical excision, relatively simple given the encapsulated character of the lipoma [1-4]. The development after excision and the aesthetic result are often good. Recidivism is possible; It may be homolateral or contralateral [1-3]. It is most frequent in generalized lipomatosis [1,4].

3. CONCLUSION

Vulvar lipoma is a subcutaneous soft benign and mobile tumor developed at the expense of fatty tissue characterized by its progressive growth, the diagnosis of which is based on clinical, ultrasound and confirmation to pathology. It must be removed surgically in a way that preserves esthetics if it essentially engenders inconvenience and sexual discomfort.

4. REFERENCES

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