

A RARE MASS OF THE VULVA: GIANT ENDOMETRIOMA

Dr. Burak Karadağ,¹ Dr. Aşkı Ellibeş Kaya²

ÖZET

Endometriosis endometrial gland ve stromanın normal lokalizasyonu dışında bulunması olarak tanımlanan yaygın bir benign jinekolojik patolojidir. Ekstrapelvik endometriosis nadir olarak mesane, perikardiyum ve plevrada çok nadir olarak da üreterde görülebilir. Bu olgu sunumunda kist ekstirpasyonu yapılan nadir bir vulvar endometrioma vakası sunulmuştur. 48 yaşında, Gravida 3, Parite 3 olan hasta kliniğimize 3 yıldır mevcut olan vulvar kitle yakınması ile başvurdu. Fizik muayenede mons pubiste 10*10 cm boyutlarında kistik kitle görüldü. Kist ekstirpasyonu yapıldı. Histopatolojik inceleme sonucu kanamalı endometriyal stroma olarak rapor edildi. Vulvar kitlenin ayrıntı tanısında endometriosis akılda tutulmalı ve tanı için iğne aspirasyon yapılabileceği gibi kesin tedavi lokal eksizyon olmalıdır.

Anahtar Kelimeler: Vulvar Kitle; Vulvar Tümör; Vulvar Endometriosis; Vulvar Endometrioma.

ABSTRACT

Introduction: Endometriosis is a common benign gynecologic disorder defined as the presence of endometrial glands and stroma outside of the normal location. Extrapelvic endometriosis is fairly rare can be found on the ureter, and rarely in the bladder, pericardium, and pleura. In this case report a patient with vulvar endometrioma that underwent cyst extirpation was reported.

Case: A 48 year old woman, gravida 3, para 3, was admitted to our clinic with a complaint of a vulvar mass for three years. a cystic mass, 10*10 cm in diameter was found on mons pubis. Cyst extirpation was performed. The diagnosis was revealed by the histopathologic examination as endometrial stroma with hemorrhage.

Result: In the differential diagnosis of vulvar tumoral lesions endometriosis should be considered and also needle aspiration for the diagnosis can be made but for definitive treatment should be local excision.

Key Words: Vulvar Mass; Vulvar Tumors; Vulvar Endometriosis; Vulvar Endometrioma.

Geliş tarihi: 27/02/2013

Kabul tarihi: 18/03/2013

¹T.C.S.B. Erbaa Devlet Hastanesi Kadın Hastalıkları ve Doğum Kliniği TOKAT

²Çorum Hospital, ÇORUM

İletişim: Dr. Burak Karadağ

T.C.S.B. Erbaa Devlet Hastanesi Kadın Hastalıkları ve Doğum Kliniği TOKAT

Tel: 0505 586 38 56

E-Posta: drburakkaradag@gmail.com

INTRODUCTION

Endometriosis is a common benign gynecologic disorder defined as the presence of endometrial glands and stroma outside of the normal location. Endometriosis is most commonly found on the pelvic peritoneum (1). The disease varies from a few, small lesions on otherwise normal pelvic organs to solid infiltrating masses and ovarian endometriotic cysts (endometriomas)-often with extensive fibrosis and adhesion formation causing marked distortion of pelvic anatomy (1).

Implantation of viable endometrial cells and metaplasia of one tissue type into another are both reasonable explanations for the occurrence of endometriosis (1). However, neither theory can account for all aspects of the disease, which could mean that several mechanisms are involved or simply that the theories are inadequate.

The prevalence is estimated to be 8–10% in women in the reproductive years (2), although the precise rate in the general population is unknown because the pelvis has to be inspected at surgery to make a definitive diagnosis.

Extrapelvic endometriosis is fairly rare can be found on the ureter, and rarely in the bladder, pericardium, and pleura (3). In this case report a patient with vulvar endometrioma that underwent cyst extirpation was reported.

CASE

A 48-year-old woman, gravida 3, para 3, was admitted to our clinic with a complaint of a vulvar mass for three years. The mass was characterized by local pain and rapid growth for last one year. The patient had a regular menstrual cycle with periodic swelling of the mass that could suggest endometriosis. On physical examination, a cystic mass, 10*10 cm in diameter and covered by normal skin, was found on mons pubis (Figure 1, 2). Superficial ultrasonographic examination was consistent with endometrioma (Figure 3). Cyst extirpation was performed. During surgery, the cyst ruptured and a chocolate-colored liquid was seen. The diagnosis was revealed by the histopathologic examination as endometrial stroma with hemorrhage.



Figure 1—On physical examination, a cystic mass, 10*10 cm in diameter and covered by normal skin, was found on mons pubis.



Figure 2—On physical examination, a cystic mass, 10*10 cm in diameter and covered by normal skin, was found on mons pubis.

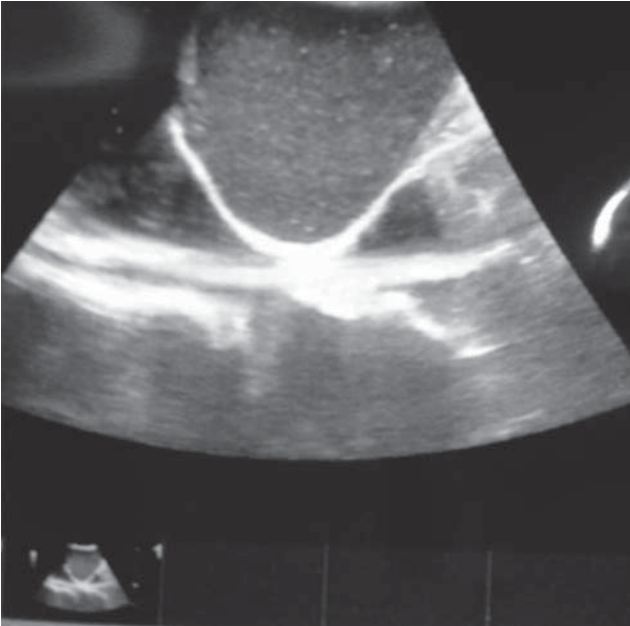


Figure 3–Superficial ultrasonographic examination was consistent with endometrioma.

DISCUSSION

Endometriosis is one of the most investigated disorders in gynecology, its etiology and pathophysiology still remain unclear. Endometriosis may develop anywhere within the pelvis and on other extrapelvic peritoneal surfaces. Most commonly, endometriosis is found in the dependent areas of the pelvis. The ovary, pelvic peritoneum, anterior and posterior cul-de-sac, and uterosacral ligaments are frequently involved (1). Additionally, the rectovaginal septum, ureter, and rarely the bladder, pericardium, surgical scars, and pleura may be affected (3).

There are several theories regarding the pathogenesis of endometriosis: ectopic transplantation of en-

dometrial tissue, coelomic metaplasia, and vascular dissemination (3). Ectopic transplantation is found when the endometrial cells implant directly in other areas. The theory of coelomic metaplasia involves metaplasia of cells lining the pelvic peritoneum resulting in endometriosis and explains the development of endometriosis in the ovaries, peritoneum, and urinary bladder. Distant locations of endometriosis, such as the pleura or pericardium, are thought to be due to vascular dissemination, with endometrial cells entering the blood and lymphatic system.

In the differential diagnosis of vulvar endometriosis, mucous cyst, Bartholin's cyst or abscesses, lipoma must be considered. The treatment must be directed to prevent the recurrence and the preferred treatment is complete surgical cyst extirpation. Although needle aspiration of the lesion can be used for diagnosis but in the literature some clear cell carcinoma arising from vulvar endometriosis has been reported so in older women cyst extirpation should be performed (4).

As a result in the differential diagnosis of vulvar tumoral lesions endometriosis should be considered and also needle aspiration for the diagnosis can be made but for definitive treatment should be local excision.

REFERENCES

1. Giudice LC, Kao LC: Endometriosis. *Lancet* 364:1789, 2004
2. Eskenazi B & Warner ML (1997) Epidemiology of endometriosis. *Obstet Gynecol Clin North Am* 24, 235–58.
3. Nisolle M, Donnez J. Peritoneal endometriosis, ovarian endometriosis, and adenomyotic nodules of the rectovaginal septum are three different entities. *Fertil Steril* 1997;68:585–96.
4. Bolis GB, Macciò T. Clear cell adenocarcinoma of the vulva arising in endometriosis. A case report. *Eur J Gynaecol Oncol.* 2000;21(4):416-7.