

Benign vulvar tumors: A series of 60 cases

Noura Kalmi, Hanane Baybay, Choukri Souad, Zakia Douhi, Sara Elloudi, Soughi Meryem, Fatima Zahra Mernissi

Department of Dermatology, University Hospital Hassan II, Fes, Morocco

Corresponding author: Noura Kalmi, MD, E-mail: noura.kalmii@gmail.com

Sir,

Vulvar dermatology represents a challenge for many providers. Patients with vulvar lesions may present for primary care, gynecology, or dermatology. Although most tumors do not require treatment, it is necessary to consider a differential diagnosis, including pre- and malignant tumors and infectious pathologies. The aim of our study was to report the various benign tumors in a vulvar pathology series. The observational study included 64 cases over five years. Clinical examination was supplemented by dermoscopy, and a biopsy was taken in suspected cases or cases with a doubtful diagnosis. Condyloma acuminatas were excluded from our study.

Among 200 patients, 49 had 64 benign tumors, among which only eight were of a vascular or lymphatic nature (Figs. 1a – 1d), while 56 were not (Figs. 2a – 2j). Twenty patients had multiple lesions. Table 1 summarizes the number of cases by type of pathology. Lesions were mainly located on the labia majora (83%), vestibule (15%), and other sites (2%). They were asymptomatic (80%), pruritic (15%), bleeding on contact (6%), painful (4%), and oozing in the patient with acquired lymphangiectasias. Excision confirmed the diagnoses of hidradenoma papilliferum, syringomas, molluscum pendulum, botriomycomas, and syringosystadenomas papilliferum. For seborrheic keratosis, nevus, and epidermoid cysts, excision was performed for patients who requested it. Other treatments were instituted: laser in the patient with acquired lymphangiectasias; antibiotic therapy with drainage in the two cases of bartholinitis; venotonics for varicosities; and propranolol for infantile hemangiomas. Therapeutic abstention was recommended for benign vulvar vestibular papillomatosis.

As a gynecological and dermatological organ, the vulva falls well within the dermatologist's practice [1,2].



Figure 1: a) Hemangioma. b) Vulvar varicosities. c) Acquired lymphangiectasias. d) Angioma regenerative nodules.

To date, no staging of benign vulvar tumors has been established [1].

Most benign vulvar tumors are diagnosed clinically, sometimes requiring appraisal through the dermoscope, and do not require any treatment; however, surgical excision may be indicated for various reasons, such as aesthetic appearance, friction, recurrent infection, or if malignancy is suspected [3-5]. Some of these tumors have shown an association between their increase in size and hormonal factors (pregnancy, menstruation) as well as endocrinopathies [6]. The dermatologist has a key role to play in recognizing benign lesions of the vulva, diagnosing malignant lesions at an early stage,

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Figure 2: a) Seborrheic keratosis. b) Nevus. c) Benign vulvar vestibular papillomatosis. d) Hidradenoma papilliferum. e) Epidermal cysts. f) Syringomas. g) Molluscum pendulum. h) Bartholinitis. i) Syringocystadenoma papilliferum. j) Botriomycomas.

Table 1: The number of cases by type of pathology.

Disease	Number of cases
Vascular and lymphatic diseases	8
Hemangiomas	3
Vulvar varicosities	3
Acquired lymphangiectasias	1
Angioma regenerative nodules	1
Non-vascular diseases	56
Seborrheic keratosis	13
Nevus	10
Benign vulvar vestibular papillomatosis	10
Hidradenoma papilliferum	7
Epidermal cysts	3
Syringomas	2
Molluscum pendulums	2
Bartholinitis	2
Syringocystadenoma papilliferum	1
Botriomycomas	1

alleviating patient anxiety, and reducing the need for unnecessary examinations [1].

Our study presents a panorama of benign vulvar tumors, with the presence of fairly rare tumors. Despite the frequency of Bartholinitis, its small number in our series may be explained by its easy recognition by general practitioners and its direct referral to gynecology. However, their occurrence in postmenopausal women should exclude any malignancy [7].

Statement of Human and Animal Rights

All the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation

(institutional and national) and with the 2008 revision of the Declaration of Helsinki of 1975.

Statement of Informed Consent

Informed consent for participation in this study was obtained from all patients.

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