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Case Report

Neurofibroma of the labium majus: A case report

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Abstract

Neurofibroma is a benign tumour that rarely affects the vulva. This report describes the case of a vulval neurofibroma in a 21-year old nulliparous woman with no history of trauma and no features of Von Recklinghausen's disease. Treatment involved excision of the tumour with satisfactory results.

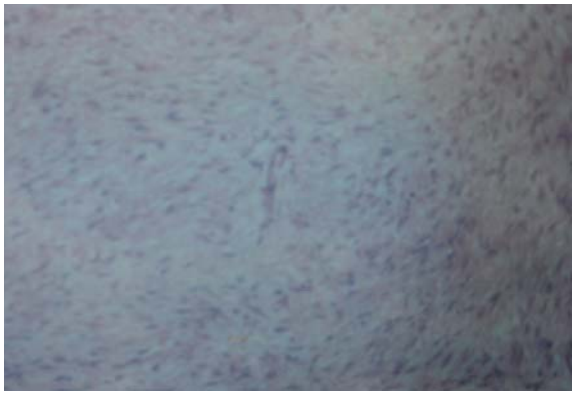
Keywords*:* vulva, neurofibroma, benign,

Introduction

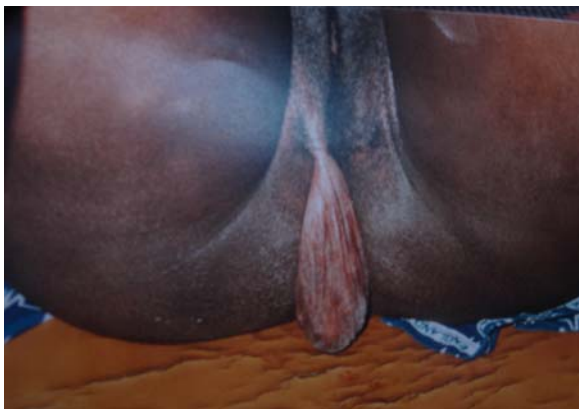
Vulval involvement is found in about 18% of women with Von Recklinghausen's disease while approximately half of all vulval neurofibromas are found in women with neurofibromatosis.[1] Although these tumours are usually small in size (less than 3cm in diameter) and slow growing, giant rapidly growing solitary ones have been reported in the literature.[2] Neurofibromas involving the female genital tract commonly involve the clitoris and the labia but may also affect the vagina, cervix endometrium, myometrium, and ovary and may be associated with urinary tract neruofibromatosis.[3] Vulval neurofibromas have been associated with trauma such as episiotomies or other vulval injuries.[4] This report documents an unusual case of vulval neurofibroma managed in our hospital a tertiary Teaching Hospital in Northern Nigeria.

Case history

A 21-year-old nulliparous woman presented on 25th April 2003 with a 2-year history of painless progressive vulval swelling that was not ulcerated or associated with any discharge. There was no history of trauma and any associated itchiness, vaginal discharge or urinary symptoms. There was no swelling on any other part of her body and no family history of such swellings. Physical examination revealed a globular pedunculated mass at the postero-medial end of the right labium majus. It measured 10 centimetres in length and 8 centimetres at its widest part and was covered with thin skin with no ulcers. It was soft, fluctuant, non-tender, translucent, freely mobile and the pedicle was about one centimetre thick. The rest of the vulva was normal and the hymen was intact. There were no swellings on any other part of her body. Her full blood count and urea and electrolytes were all normal. Abdomino-pelvic ultrasound scan revealed normal abdominal and pelvic organs. An excisional biopsy was carried out under local anaesthetic and histological examination showed that the growth was composed of. spindle shaped cells with wavy nuclei arranged in a loose myxomatous stroma containing some mast cells The diagnosis was neurofibroma. No further treatment was offered but the patient was counselled on the possibility of recurrence. She is being followed up and to date (1 1months post-excision), there has been no sign of recurrence and no other disability



Histology: Spindle shaped cells with wavy nuclei arranged in a loose myxomatous stroma containing some mast cells



Pedunculated vulval cutanoeus tissue. Age 21 yrs

Discussion

Although vulval neurofibromas are not common, they should be entertained as differential diagnoses of vulval tumours that appear to be benign on clinical examination. This patient did not have any features of Von Recklinghausen's disease. Such presentation of vulval neurofibroma alone has been described previously.[1] A previous report by Gordon [3] has also shown that these tumours can be a cause of intractable chronic pelvic pain. The association with vulval trauma[4] and urinary tract neurofibromatosis[3] should be borne in mind when managing patients with this condition and history of trauma and urinary symptoms should be sought. It has also been suggested that detailed examination of the genitourinary tract including cystoscopy should be undertaken in such patients. In this case, there was no suggestion of urinary tract involvement from history and result of ultrasonography. Though the rate of growth of the tumour in this case was not very rapid and the size was not very large compared to the 2 cases reported by Venter ,[2] features suggestive of malignant change were actively sought during the histological examination. Fortunately, similar to those cases reported by Venter, there was no area of malignant change and the excisional biopsy was considered to be therapeutic. Patients who have had excision of such a tumour should be followed-up closely because of possible recurrence.

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