

Fibroepithelial Polyp of the Vagina with Fungal Infection - Case Report

Anjali Rani^{1*} and Shashikant CU Patne²

¹Department of Obstetrics and Gynecology, Institute of Medical Sciences, Banaras Hindu University, India

²Department of Pathology, Institute of Medical Sciences, Banaras Hindu University, India

*Corresponding author: Anjali Rani, Department of Obstetrics and Gynecology, Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005, India, Tel: +91-9936044220; E-mail: anjalirani@yahoo.com

Received date: 28 Jul, 2014; Accepted date: 09 Jan, 2015; Published date: 12 Jan, 2015

Copyright: © 2015 Rani A et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

A 35-year-old woman with itching and something coming out per vaginam was diagnosed as a case of polyp of the anterior vaginal wall. Excision biopsy was done and histopathology shows fibroepithelial polyp with fungal infection. Patient was given antibiotics and antifungal. She improved and is under regular follow up.

Keywords: Polyp; Vagina; Fungal infection

Condensation

A case of fibroepithelial polyp of the vagina with fungal infection in a 35 year old female. Excision was done. Recurrence is unusual.

Case Report

A 35-year-old woman presented with complaints of itching in the perineal region and something coming out per vaginam. A general and systemic examination was unremarkable. On per speculum examination, a pedunculated polyp measuring 2.5×1.5×0.5 cm with a stalk of 0.8 cm was seen coming out from the anterior vaginal wall (Figure 1).



Figure 1: Polyp coming from anterior vaginal wall with its stalk tied

Multiple tiny projections were present on the surface of polyp. On per vaginal examination, uterus was of normal size and bilateral fornices were free. Ultrasound examination showed normal sized uterus with endometrial thickness of 5 mm. There was no adnexal mass seen. Under local anesthesia and full aseptic conditions, polyp was excised and submitted for histopathological examination. Microscopic examination showed a polyp lined by stratified squamous

epithelium with underlying loosely arranged vascularized stroma and infiltrates of lymphocytes, plasma cells and mast cells (Figure 2A and B). Stratified squamous epithelium exhibited focal koilocytic changes (Figure 2C) and focal collection of neutrophils. Surface colonization of yeasts and pseudohyphae of *Candida* were present (Figure 2D). Mitotic figures were not seen. A diagnosis of fibroepithelial polyp of the vagina with fungal infection was given. Patient was prescribed postoperative doxycycline, metronidazole and fluconazole. She had an uneventful post-operative period and is under regular follow up.

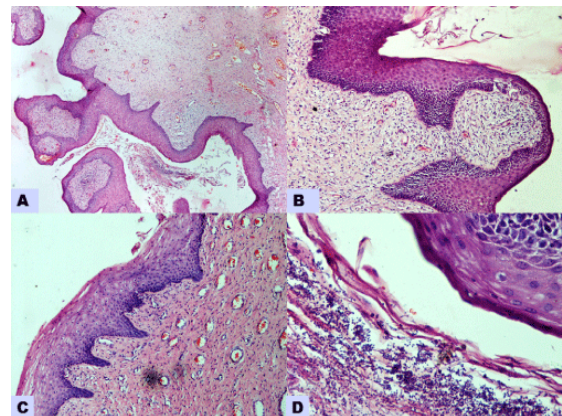


Figure 2: Microscopic examination showing (A): Polyp covered by stratified squamous epithelium and underlying vascularized stroma (H& E stain, 40x), (B): Stromal chronic inflammatory infiltrate (H& E stain, 100x), (C): Koilocytic changes of stratified squamous epithelium (H& E stain, 100x) and (D): Yeasts and pseudohyphae of fungus (H& E stain, 400x).

Fibroepithelial polyp of the vagina (FEPV) is a benign lesion that typically occurs in the women of reproductive age group. Clinically they are usually asymptomatic. The mean age of diagnosis is 40 years. FEPV may develop as a result of some local injury to vaginal mucosa and formation of granulation tissue which fails to contract and develop into polyp [1]. Presence of estrogen receptors in the stromal cells of FEPV indicates that hormonal factors are responsible for its growth [2]. Therefore, FEPV may sometimes exuberantly grow during

pregnancy [3]. FEPV are treated by simple local excision and recurrence is extremely rare.

References

1. Putran J, Gupta R (2011) Vaginal polyp: an unusual cause of postmenopausal bleeding. *Gynecol Surg* 8: 49-50.
2. Halvorsen TB, Johannesen E (1992) Fibroepithelial polyps of the vagina: Are they old granulation tissue polyps? *J ClinPathol* 45: 235-240.
3. Rani A (2009) Alternate exit required: numerous perineal masses ruled out a vaginal delivery. *Am J Obstet Gynecol* 201: 545 e1-2.