

Case Report

Giant neurofibroma of labia majus: a case report

Narayan Das*

Department of of Surgery, Agartala Government Medical College & G B P Hospital, Agartala-799006, Tripura (West), India

Received: 8 March 2014

Accepted: 5 April 2014

***Correspondence:**

Dr. Narayan Das,

E-mail: narayandas9862019118@gmail.com

© 2014 Das N. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Neurofibroma is an uncommon benign tumour affecting the vulva. This report describes the case of a vulval neurofibroma in an 18-year nulliparous woman with no history trauma and no features of von Recklighausen's disease. Treatment involved excision of the tumour with satisfactory result.

Keywords: Vulva, Neurofibroma

INTRODUCTION

Vulval involvement is found in about 18 percent of woman with von Recklighausen's disease.¹ Those tumours are usually small in size (less than 3 cm in diameter). It may become giant in size.² Neurofibroma involving the female genital tract commonly involves the clitoris, the labia, vagina, cervix, endometrium, myometrium and ovary. This report documents a case of vulval neurofibroma managed in our hospital.

CASE REPORT

A 18-year nulliparous woman presented with a 4-year history of painless progressive vulval swelling on the left majora. It was not ulcerated or not associated with any discharge. There was no history of trauma, itching, vaginal discharge or any other urinary symptoms. There was no swelling in any other parts of the body. There was no family history of such swelling. Physical examination revealed a globular pedunculated mass of the labia majus (Figure 1). It measures 15 cm in length and 8 cm at its widest part and was covered with thin skin. It was soft, fluctuant, non-tender, freely mobile and the pedicle was about one centimeter thick. The rest of

the vulva was normal and the hymen was intact. Her routine blood, blood sugar and kidney function test were within normal limit. Abdomino-pelvic ultrasonography examination was normal. An excision was carried out under spinal anaesthesia with monitored anaesthetic care (MAC). The post-operative period was uneventful (Figure 2). The histopathological examination showed features of neurofibroma (Figure 3). No further treatment was offered but the patient was counselled of the possibility of recurrence. She was being followed up periodically for last one year but no signs of recurrence.



Figure 1: Preoperative photo of neurofibroma of labium majus.



Figure 2: Postoperative photo of the patient.

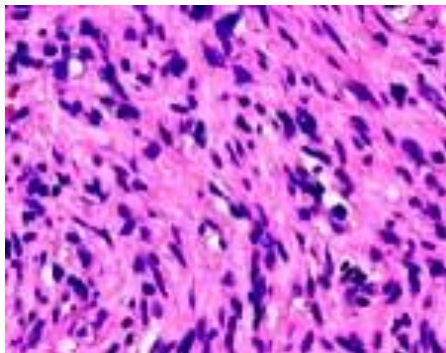


Figure 3: Histological picture of the tumour.

DISCUSSION

Neurofibroma is a benign tumour arising from the connective tissue of nerve sheath. Vulval neurofibroma is very rare. Vulval involvement is found in about 18 percent of woman with Von Recklinghausen's disease while approximately half of all vulval neurofibroma are found in women with neuromatosis.¹ Neurofibroma of vulva usually small in size (less than 3 cm in diameter) and slow growing but giant rapidly growing solitary one

has been reported.² Vulval neurofibroma can be a cause of intractable chronic pelvic pain.³ Vulval neurofibroma may associated with vulval trauma and urinary tract neurofibromatosis.⁴ It may occur in any age but mostly seen in adult life. 3-5 percent cases may become malignant and may undergo sarcomatous changes.

CONCLUSION

Although vulval neurofibromas are not common, they should be entertained as differential diagnosis of vulval tumours. This tumour can be a cause of chronic pelvic pain or associated with urinary tract symptoms or dyspareunia. Excision of the tumour considered to be therapeutic. Patients who had excision of such tumour should be followed up closely because of possible recurrence or malignant changes.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Saadatu TS, Shehu SM, Omar HS. Neurofibroma of labia. *Nigerian J Surg Res.* 2006;8:99-100.
2. Halay JC, Mirowski GW, Hood AF. Benign vulval tumour. *Semin Cutan Med Surg.* 1998;17:196-204.
3. Venter PF, Rohm GF, Slabber CF. Giant neurofibroma of labia. *Obstet Gynecol J.* 1981;57:128-30.
4. Gordon MD, Weilert M, Ireland K. Plexiform neurofibromatosis involving the uterine cervix, endometrium, myometrium and ovary. *Obstet Gynecol J.* 1996;88:699-701.

DOI: 10.5455/2320-6012.ijrms20140582

Cite this article as: Das N. Giant neurofibroma of labia majus: a case report. *Int J Res Med Sci* 2014;2:782-3.