

# Spontaneous Vulvar Endometriosis: Report of A Case

Coşkun ÜMİT<sup>1</sup>, Mahmut Kuntay KOKANALI<sup>1</sup>, Selçuk ERKILINÇ<sup>1</sup>, Melike DOĞANAY<sup>1</sup>

Ankara, Turkey

Endometriosis is an ectopic occurrence of tissue morphologically and functionally resembling endometrial tissue outside the uterine cavity. Vulva is one of the rarest location of extrapelvic endometriosis. We report a case of a 44-year-old multiparous woman, referred to our clinic with the complaints of having a vulvar mass and cyclic swelling of the mass during menstruation. She had a history of 2 previous cesarean delivery and no history of previous vulvar or vaginal surgery. The mass was 3-4cm in diameter and localized on the upper-portion of the right labium minus. Complete surgical excision was performed with the suspicion of endometriosis. Final histopathology report confirmed the diagnosis of endometriosis. Three weeks after surgery there was no evidence of endometriosis. In conclusion whether or not having a history of a previous vulvar surgery, vulvar endometriosis should be considered as a part of differential diagnosis in evaluation of vulvar masses.

**Keywords:** Endometriosis, Surgical excision, Vulva

Gynecol Obstet Reprod Med 2014;20:119-121

## Introduction

Endometriosis is defined as the presence of endometrial glands and stroma outside of the uterus. It is the second most prevalent benign gynecological disease, after the presence of fibroids, in women of childbearing age (incidence ranging from 10%-25%).<sup>1</sup> Although it is one of the most investigated disorders in gynecology, its etiology and pathophysiology still remain unclear.<sup>2</sup> Endometriosis is predominantly located on the peritoneal surfaces, but it can also affect the vagina, vulva, recto-vaginal septum, perineum, lungs, and abdominal wall muscle, usually secondary to surgical or obstetric trauma.<sup>3</sup> Vulvar endometriosis in episiotomy scars has been previously reported in several reports; however, spontaneous vulvar endometriosis is considered to be extremely rare.<sup>4</sup> In this report, we aimed to evaluate the clinical characteristics of a spontaneously developing case of vulvar endometriosis.

## Case Report

A 44-year-old woman gravida 4, para 2 (both cesarean section), abortus 2 admitted to our clinic with the complaint of a tender vulvar mass, especially painful during menstruation. The patient had been suffering from this complaint for 1 year before admission to our center. The mass was characterized by

local pain. The patient reported having a regular menstrual cycle, with periodic swelling of the mass, which could suggest endometriosis. She had no history of previous vulvar or vaginal surgery.

On transvaginal ultrasonographic examination, there was no sign of a pelvic mass or endometrial fluid collection. Pelvic examination revealed a cystic mass, 3-4 cm in diameter, covered by normal epithelial skin, and located within the upper portion of the right labium minus (Figure 1).

Complete local surgical excision of the mass was performed. During the surgery, the cyst was ruptured, and dark reddish-brown-colored liquid was observed (Figure 2). Histopathological examination confirmed vulvar endometriosis. Three weeks after surgery, the patient was completely recovered, and there was no further evidence of endometriosis.



Figure 1: A vulvar mass on labium minus

<sup>1</sup> Dr. Zekai Tahir Burak Women's Health and Education Hospital Ankara, Turkey

Address of Correspondence: Selçuk Erkilinç  
Dr. Zekai Tahir Burak Women's Health  
and Education Hospital Ankara, Turkey  
selcukerkilinc@hotmail.com

Submitted for Publication: 22. 11. 2013

Accepted for Publication: 30. 06. 2014



Figure 2: The cyst ruptured and a chocolate-colored liquid was seen

## Discussion

Endometriosis is defined as the occurrence of ectopic endometrial glands and stromal tissue outside of the uterus, which is usually found in the pelvic cavity, mainly involving the ovary and posterior fallopian tubes. Although it is common among women of reproductive age, the actual etiopathogenesis is still unexplained. Spontaneous vulvar endometriosis is considered to be one of the rarest locations of extrapelvic endometriosis. In most patients, vulvar endometriosis involves a painful area that may cyclically swell and become tender before or during the times coinciding with menstruation.

There are some theories attempting to explain the occurrence of extrapelvic endometriosis. Retrograde menstrual flow is the most accepted theory; additionally, lymphatic or hematogenous spread to the vulva, and trauma or surgical procedures, such as episiotomy and biopsy of the vulva, may also cause vulvar endometriosis.<sup>2,3,4</sup>

Endometriosis cannot be diagnosed using symptoms and physical examinations alone. Histopathology is the mainstay of this diagnosis. Mucous cysts, Bartholin's cysts or abscesses, lipomas, and Skene's duct cysts must be considered for the differential diagnosis of vulvar endometriosis. Needle aspiration of the lesion is not an effective treatment, but it can be used as a diagnostic tool.<sup>5</sup>

Medical treatments using progestogens, oral contraceptive pills, and Danazol are not effective, and only provide partial

relief of the symptoms, without ablating the lesion.<sup>2</sup> Excision is the mainstay treatment of such an entity, and local wide excision, to ensure complete removal of the lesion, is considered to be curative, and allays the remote concern of a malignant transformation. Local recurrence is likely to be an aftermath of inadequate surgical excision;<sup>6</sup> moreover, insufficient excision of the lesion leads to the recurrence/renewal of the lesion, making it more extensive and destructive.<sup>7</sup>

Spontaneous vulvar endometriosis may present as an asymptomatic nodule or, classically, as a painful mass, particularly during menstruation, when it becomes larger and more painful. A biopsy of the lesion is required for a definitive diagnosis that can be confirmed with a histopathological examination. Treatment must be directed at preventing the recurrence and providing a good cosmetic result, with the preferred treatment being complete surgical cyst excision.

In conclusion, whether or not the patient has a history of a previous vulvar surgery, vulvar endometriosis should be considered as part of the differential diagnosis in the evaluation of vulvar masses.

## Spontan Vulvar Endometriosis: Olgu Sunumu

Endometriosis morfolojik ve fonksiyonel olarak endometriyal dokuya benzeyen dokuların endometriyal kavite dışında olmasıdır. Vulvar endometriosis tıpkı diğer ekstrapelvik endometriosis olguları gibi nadir görülür. Bu olgumuzda sunumumuzda, 44 yaşında G4P2A2 olan kliniğimize vulvar bölgede bulunan ve özellikle menstruel dönemde periyodik olarak şişen kitle şikayetiyle refere edilen hastanın özellikleri irdelenmektedir. Geçirilmiş vulvar cerrahisi olmayan hastanın, geçmişte 2 tane sezeryan doğumu mevcuttu. Kitle 3-4 cm boyutunda, normal deri ile kaplı ve sağ labium minusun üst kısmında lokalizeydi.. Kitleye tam cerrahi eksizyon uygulandı. Histopatoloji endometriosis tanısını doğruladı. Cerrahiden 3 hafta sonra hastanın hiçbir şikayeti ve ameliyata bağlı komplikasyonu olmadı. Sonuç olarak vulvar cerrahi öyküsü olsun ya da olmasın vulvar kitleler değerlendirilirken vulvar endometriosis ayırıcı tanıda akılda bulundurulmalıdır

**Anahtar Kelimeler:** Endometriosis, Cerrahi çıkarma, Vulva

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