CASE REPORT

Benign Fibrous Histiocytoma of Vulva: Rare Case

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Introduction

Fibrous histiocytoma of the vulva is a rare condition and very few cases have been reported till now. Fibrous histiocytoma is a dermal tumor usually occurring on the extremities in young adults. It usually presents as a small, firm, solitary, round, or oval nodule. We report a case of benign fibrous histiocytoma of the vulva with recurrence in a 37-yr-old female.

Case Report

A 37-year-old woman was admitted on July 20, 2009, with complaints of gradually increasing vulval swelling for the past 3 years. The swelling was not painful, but was growing slowly. There was no history of anorexia, itching, loss of weight, or any other swelling over the body. She had normal menstrual cycles earlier, but recently she had 4 months of amenorrhea. She was married for the past 7 years and was nulligravida, and she did not take any treatment for infertility. There was past history of similar swelling 7 years ago for which an excision was done in March 2002. The histopathology report was suggestive of benign fibrous

histiocytoma of the vulva. On examination, she was averagely built, poorly nourished, afebrile with stable vitals, and there was no inguinal lymphadenopathy. On abdominal examination, the abdomen was soft and there was no guarding, rigidity, or tenderness. No organomegaly was detected. Local examination showed a swelling of $12 \times 4 \times 3$ cm over the right vulva extending from the mons pubis to the ischial tuberosity; there was inflammation around the swelling, with the overlying skin showing few patches of hyperpigmentation and Leukoplakia. The swelling was firm to soft with the overlying skin fixed to it. The swelling was not fixed to the underlying bone and was non-tender. Per speculum examination revealed a healthy cervix and vagina. No abnormality was detected on per vaginal examination; however, it was painful. She was treated with injectable antibiotics and local dressing. On USG, the abdomen and pelvis were suggestive of bilateral simple ovarian cysts of 2.5 cm each with the rest of the pelvic findings normal. USG + Doppler of the mass revealed an ill-defined soft-tissue mass in the vulval region without calcification or necrosis with minimal vascularity. CT scan showed a homogeneously enhancing soft-tissue density lesion arising from the right vulva. After the infection was cleared, the decision to excise the mass was taken. The vulval mass was excised completely and intraoperatively there was no hemorrhage; however, it was difficult to do the reconstruction of the vulva. The mass was sent for histopathologic examination. The post-op period was uneventful. The histopathologic report came as recurrence of benign fibrous histiocytoma of the vulva.

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Discussion

Fibrous histiocytoma of the vulva is a rare entity [1] and very few cases have been reported so far. It could be benign or malignant; only two cases of malignant vulval fibrous histiocytoma have been reported [2]. Benign fibrous histiocytoma is a dermal tumor, which usually occurs in the extremities [3]. The vulva is an unusual site. It is characterized by submucosal cellular aggregation of spindle-shaped fibroblast-like cells with scattered histiocytes. Foamy histiocyte and touton-type multinucleated giant cells with the nuclei pushed to the periphery may be seen to contain phagocytosed lipid or hemosiderine [4]. It is poorly demarcated from the surrounding tissue and is separated from the overlying mucosa by a zone of fibrovascular connective tissue—the Grenz zone. The overlying epithelium often demonstrates acanthosis. A number of variants are currently recognized, some of which may mimic other benign or malignant lesions and must be differentiated from leiomyoma and neurofibroma. It is important to differentiate a tumor from aggressive forms of fibrous histiocytic neoplasm such as dermatofibrosarcoma protuberance, leiomyosarcoma, malignant fibrous histiocytoma, and fibrosarcoma. Aneurysmal (angiomatoid) benign fibrous histiocytoma may resemble a vascular tumor or angiomatoid malignant fibrous histiocytoma [5]. On the vulva, it has to be differentiated from carcinoma of the vulva and melanoma. Fibrous histiocytoma in general is considered a benign tumor; fewer than 5 % recur following local excision. Recurrence is reflective of the large size and incompleteness of surgical excision. Benign fibrous histiocytoma may show enhanced cellularity and some level of mitotic activity and still be considered benign [4]. There

Fig. 1 Picture showing swelling histopathologic picture

are some examples of histologically benign fibrous histiocytoma that have produced metastasis (Fig. 1).

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