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A Pseudo Papillomatous Vulva: A Diagnostic Challenge

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Abstract **Case Report**

Vulvar malignancies are rarely encountered in dermatology. The vulvar intraepithelial neoplasia (VIN) are the most common ones and the incidence of VIN is increasing in younger women. Early diagnosis and tailoring the management on individual basis may help to reduce the long-term morbidity. We report a case of differentiated VIN of the vulva presenting a pseudo papillomatous aspect mimicking a granulomatous disease.

Keywords: Vulva, crohn, papillomatous, VIN.

INTRODUCTION

Precancerous lesions of the vulva are seen in pre- and post-menopausal adult women. These lesions do not have a typical clinical presentation and often remain undiagnosed until advanced invasive stages. We report the case of a patient with a pseudopapillomatous vulvar edema presenting a real diagnostic challenge and revealed a differentiated vulvar intraepithelial neoplasia (VIN).

OBSERVATION

A 47-year-old female patient with a 7-year history of recurrent erysipelas of the left lower limb with residual lymphedema consulted for redness and warmth in the hypogastric area and right thigh that had been evolving for 2 days in favor of erysipelas, associated with a pruritic vulvar swelling that had been evolving for 7 years. Clinical examination revealed asymmetric vulvar lymphedema with papulo-nodules of firm consistency giving a pseudo papillomatous aspect taking the labia majora. Dermoscopy showed whitish and pinkish areas with glomerular vessels in some places. The whole evolving in a context of weight loss of 15 kg associated with transit disorders and repeated episodes of mouth ulcers. We suspected a cutaneous manifestation of a chronic inflammatory bowel disease (IBD), a VIN or a granulomatous vulvitis with realization of a malabsorption assessment, a fecal calprotectin, a colonoscopy and an enteroscanner that returned normal. The skin biopsy showed differentiated VIN. The patient was referred to gynecology where she underwent a total vulvectomy.

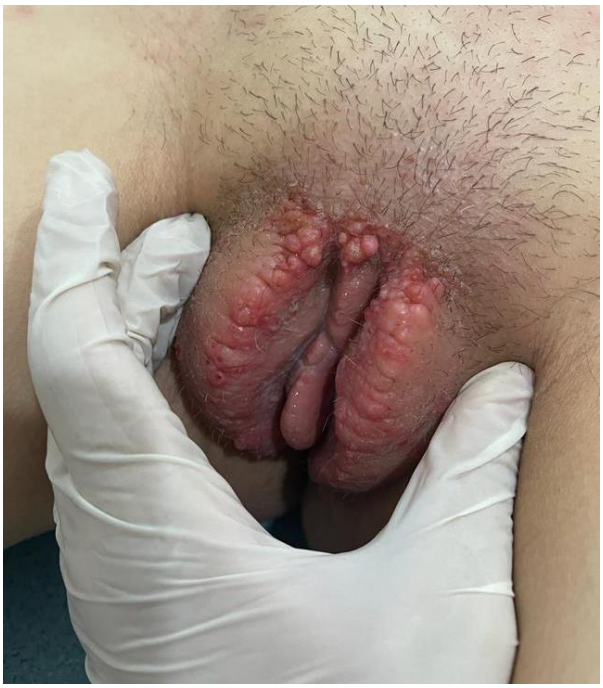

Figure 1: Asymmetric lymphoedema with pseudopapillomatous appearance of the vulva

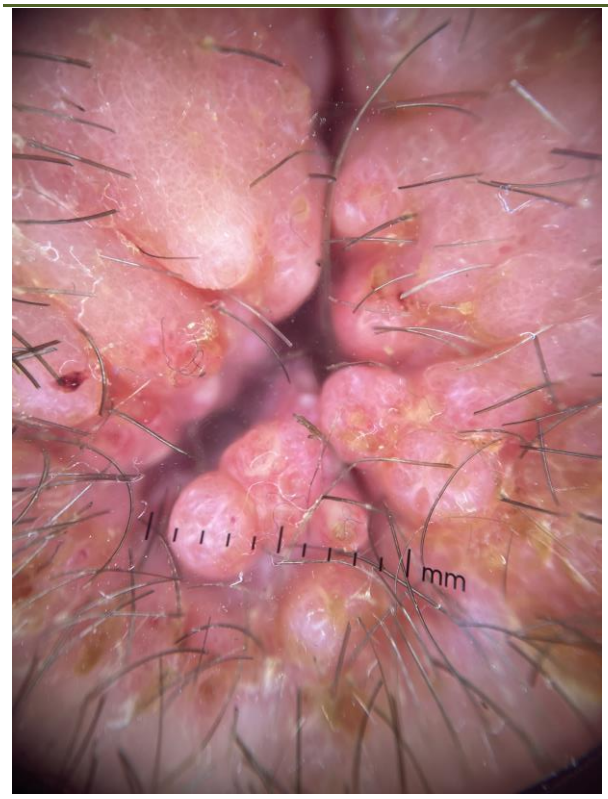

Figure 2: Dermoscopy showing White areas, pink areas, glomerular vessels

DISCUSSION

Verrucous pseudo-papillomatous vulvas represent a real diagnostic challenge, suggesting cutaneous Crohn's disease, deep fungal infection, cutaneous tuberculosis, verruciform xanthoma, hidradenitis suppurativa or verrucous carcinoma [1]. Positive diagnosis requires careful questioning with extensive investigations and a skin biopsy as in our patient, which led to the diagnosis of differentiated VIN.

Differentiated VIN represents 5% of cases and usually affects postmenopausal women, often associated with vulvar lichen, and not with HPV [2]. Differentiated VIN has a high tendency to malignancy.

The dermoscopic characteristics of differentiated VIN have been described in only a few case reports and include a whitish background and pinkish areas with several sinuous and short serpentine vessels [3]. The originality of our observation lies in the rarity of the pseudo papillomatous appearance of differentiated VIN.

Treatment of VIN consists of wide local excision or other less invasive procedures (local imiquimod, 5 FU, ablative laser...) [4].

CONCLUSION

The incidence of VIN is increasing; therefore, dermatologists should approach any atypical vulvar lesion with suspicion and perform extensive investigations and skin biopsy. Early diagnosis is of utmost importance to prevent malignant invasion.

CONSENT

The examination of the patient was conducted according to the Declaration of Helsinki principles.

CONFLICTS OF INTEREST

The authors do not declare any conflict of interest.

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