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Prenatal detection of an isolated fetal vaginal polyp: a likely first reported case

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Introduction

Fetal perineal lesions are rare, and isolated fetal interlabial solid lesions have not been previously documented. Diagnosing an interlabial solid lesion may raise concerns about prenatal testing and counseling. This case report describes, to the best of current knowledge, the first prenatally diagnosed fetal vaginal polyp.

Case Presentation

A 27-year-old primigravida had first-trimester screening at 13+5 weeks showing an unossified nasal bone, fetal tachycardia, and elevated β -hCG, but low aneuploidy risk. Mid-trimester scans confirmed an isolated unossified nasal bone. She chose amniocentesis; microarray was normal. At 29+2 weeks, a **well-defined hyperechoic interlabial lesion** was detected with normal clitoris, anal sphincter, uterus, bladder, and presacral region. **No internal extension or vascularity was noted.** Follow-up at 33+2 and 36+4 weeks showed minimal growth and stable appearance. She developed term preeclampsia and delivered a healthy 2.9 kg female. Postnatally, a **solid pink interlabial lesion** attached to the lateral vaginal wall was noted without internal extension. By 5 months, the lesion had **almost completely involuted**, requiring no intervention.

Discussion: Reported fetal perineal lesions include **paraurethral gland cyst**, **clitoromegaly**, **imperforate hymen**, **penoscrotal transposition**, **perineal lipoma**, and **sacroccygeal teratoma**. As this appears to be the **first isolated solid interlabial lesion**, we propose the term **fetal vaginal polyp**. **Paraurethral (Skene) cysts** are **anechoic** interlabial cysts, easily distinguished from a **solid** lesion. **Imperforate hymen** presents as an **anechoic vulval cyst** with **hydrometrocolpos**—absent in this case. **Clitoromegaly** arises at the **cranial genital end**; the lesion here was **caudal and separate**. **Penoscrotal transposition** may mimic an interlabial mass, but the presence of a **clitoris and uterus** excludes it. **Perineal lipoma** is a **solid, non-vascular, hyperechoic mass** in the **posterior perineum**, not the interlabial region. **Sacroccygeal teratoma** shows **mixed solid–cystic components** and a **presacral component**, unlike the small, purely solid lesion here.

Conclusion

Awareness of this rare condition helps prevent unnecessary parental anxiety and enables accurate prenatal counseling. Similar to other late-onset benign findings in female fetuses, maternal hormonal influence may play a role.

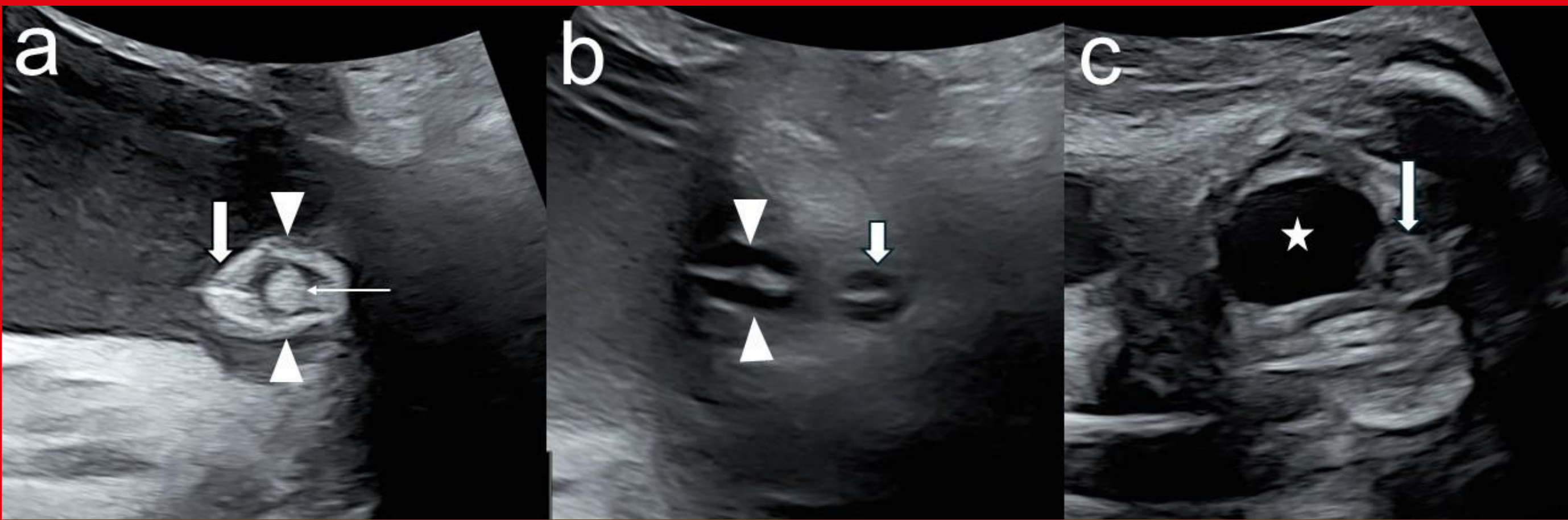


Figure 1. 29+2 weeks. 1a Hyperechoic interlabial lesion (thin arrow) separate from labial folds (arrowhead) and clitoris (block arrow). 1b Anal target sign (block arrow) distinct from labial folds (arrowhead). 1c Uterus (block arrow) posterior to bladder (star) causing mild posterior bladder wall convexity

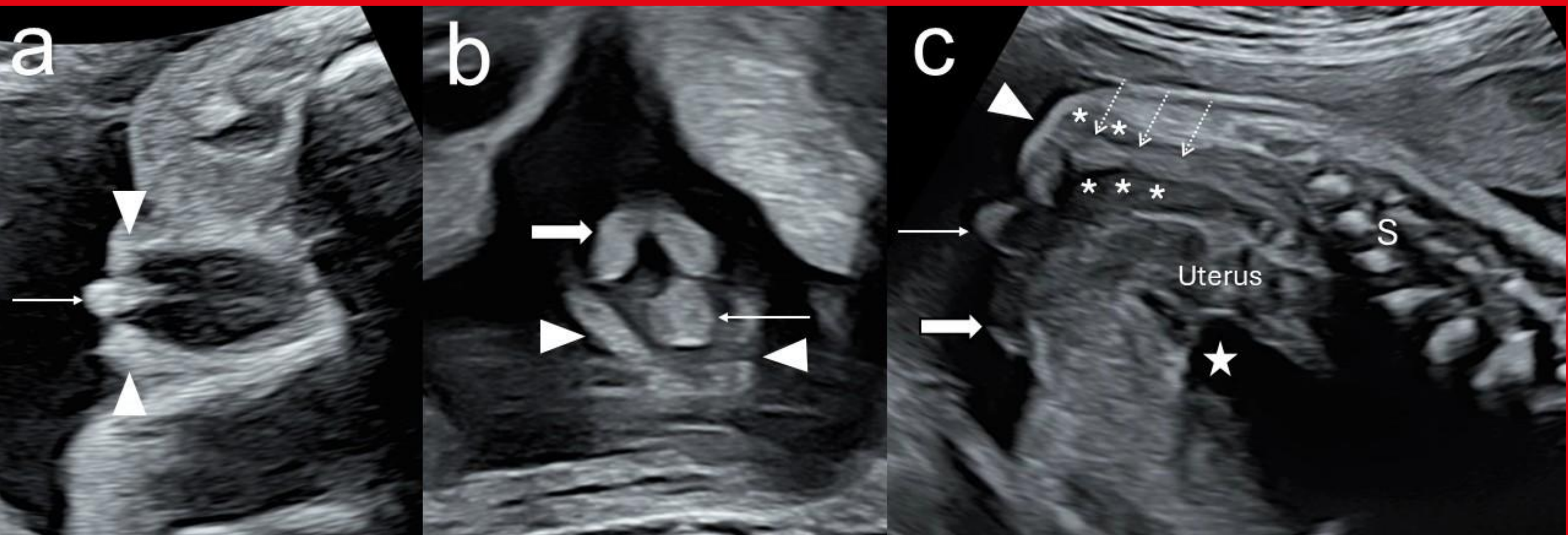


Figure 2. 29+2 weeks. 2a Well-defined hyperechoic interlabial lesion (thin arrow) separate from labial folds (arrowhead). 2b Clitoris (block arrow) and hyperechoic vaginal polyp from vestibule (thin arrow) between labial folds (arrowhead). 2c Anal canal mucosa (dotted arrows), sphincter (asterisks), anal orifice (arrowhead); uterus (star) normal; presacral region normal; sacrum ‘S’.

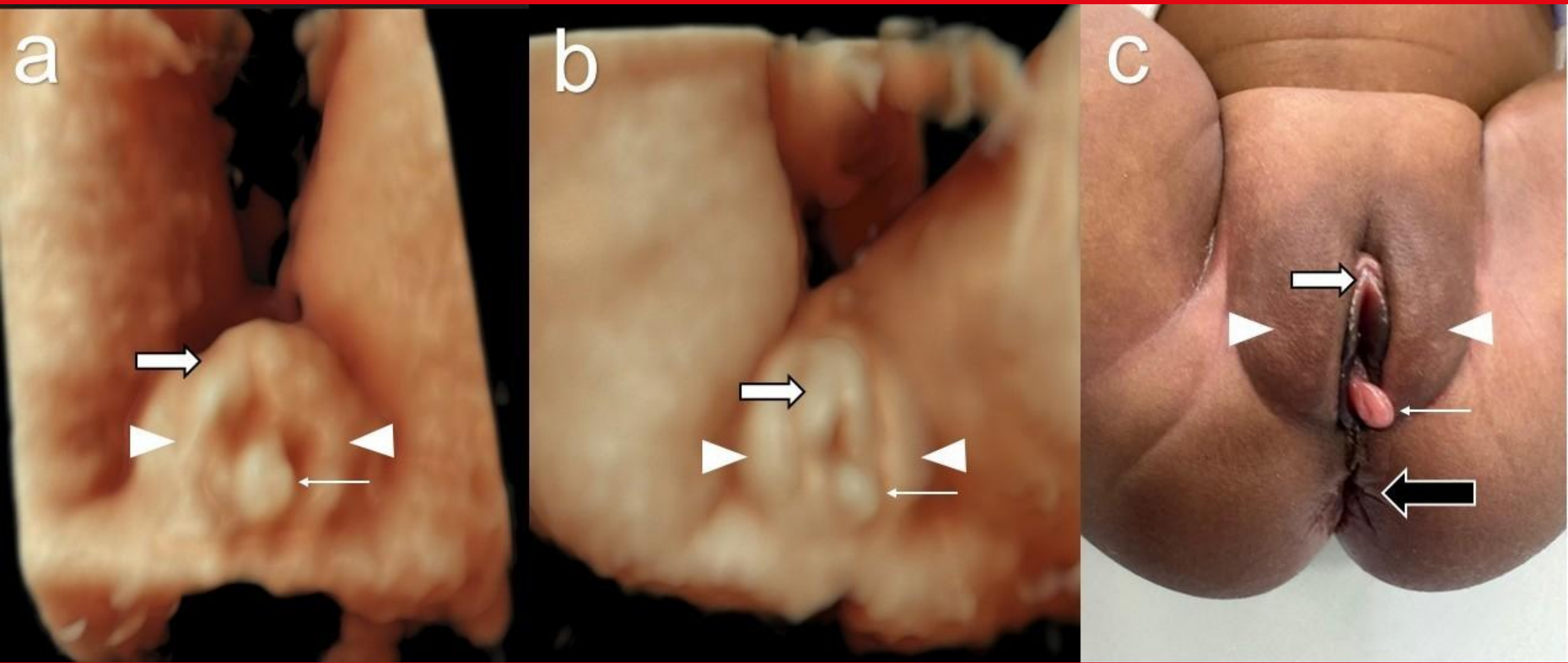


Figure 3. 3D at 29+2 (3a), 33+2 (3b), and postnatal (3c). Clitoris (white block arrow) and solid vestibular lesion (thin arrow) between labial folds (arrowhead). Postnatal anal orifice (black block arrow)