

AN UNUSUAL CASE OF CLITOROMEGALY

Authors: A. CHAMAVALIYATHIL (ST3), J. MOOHAN (CONSULTANT), OBSTETRICS & GYNAECOLOGY, ALTNAGELVIN HOSPITAL, LONDONDERRY, UNITED KINGDOM

BACKGROUND

- Acquired cases of clitoromegaly in adults is a rare condition.
- Common causes are hormonal (endocrinopathies, exposure to androgens), non-hormonal (neurofibromatosis, epidermal cysts), pseudoclitoromegaly and idiopathic.

CASE REPORT

- **Clinical presentation:** 48 year old female, G0P0, with a BMI of 49, with no clinical or biochemical signs of hyperandrogenism presented to the gynaecology clinic with a vulval swelling of acute onset.
- The swelling was noted 3 months back, which progressively increased in size, with mild discomfort on wiping but no itching or bleeding.
- No associated symptoms such as fever, weight loss, fatigue or cachexia.
- **Past medical history:** Type II Diabetes mellitus, asthma, obstructive sleep apnoea, primary subfertility
- **Examination:** Significant swelling of the clitoral hood noted, which was firm, smooth and non-tender, with a normal labia majora and minora, normal vagina and cervix, anteverted uterus and bilateral normal adnexa, with no palpable lymph nodes.
- **Examination under General Anaesthesia:** The swelling was noted to arise from the clitoral hood. The clitoral hood was incised and five fibroid-like swellings, ranging from 0.4 to 0.7 cm in diameter, were excised from the clitoris, and sent for histopathology.
- **Histopathology:** Reported presence of spindle cell lesions with atypical cells interspaced amongst fat with numerous intervening blood vessels, staining positively for vimentin, oestrogen receptor and progesterone receptor, and a diagnosis of cellular angiofibroma was confirmed.
- **Follow up:** On review 3 months and 9 months post-operatively, some residual clitoral swelling noted with no significant palpable masses.

INTRA-OPERATIVE



FOLLOW UP



DISCUSSION

- Cellular angiofibroma (CAF) is a rare benign mesenchymal neoplasm.
- Usually a well circumscribed benign lesion seen in the lower genital tract of both men and women.
- There is a predilection for the vulvovaginal area in middle aged women.
- Histologically, it is characterised by spindle cells and small to medium sized vessels with mural hyalinization
- CAF remains a poorly known condition which requires further studies to clearly define its clinical and pathological features

CONCLUSION

- This was an unusual case of clitoromegaly in a middle aged woman with no signs of hyperandrogenism.
- Cellular angiofibroma in itself a rare entity, and there is no available data on clitoral cellular angiofibroma specifically.
- CAF is thought to have a very low risk of recurrence after local excision with negative margins, and is not known to metastasize.

REFERENCES

1. <https://www.karger.com/Article/Fulltext/489385>
2. Nucci MR, Granter SR, Fletcher CD. Cellular angiofibroma: benign neoplasm distinct from angiomyofibroblastoma & spindle cell lipoma. Am J Surg Pathol 1997;636–44.
3. Lane JE, Walker AN, Mullis EN Jr, Etheridge JG. Cellular angiofibroma of the vulva. 2001;326–329.
4. Laskin WB, Fetsch JF, Mostofi FK. Angiomyofibroblastoma like tumor of the male genital tract: analysis of 11 cases with comparison to female angiomyofibroblastoma & spindle cell lipoma. Am J Surg Pathol 1998;6–16.
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4893283/>
6. <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2559.2000.00865.x>