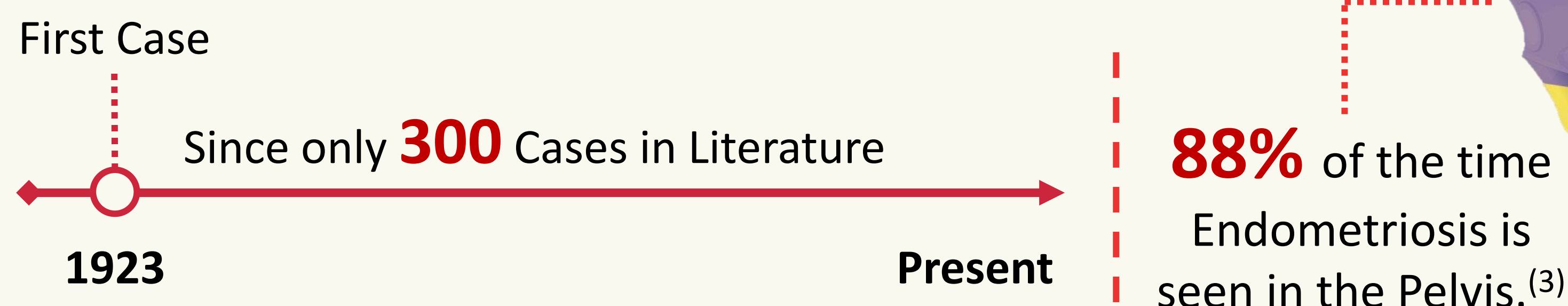


Introduction

Vulvar endometrioses are rare and painful cysts that develop when endometrial tissue appears in vulva.⁽¹⁾



Background

The symptoms of endometriosis can be non-specific and imaging modalities still present with disadvantages. Thus, diagnostic ambiguity pursues.⁽⁴⁾ Clinical exam, perineal ultrasound and pelvic MRI should be used for diagnosis where available. However, surgical excision and histopathology confirms the diagnosis. Hormonal treatment could be considered in attempt to shrink the size before surgery or to avoid recurrence.⁽³⁾

Objective

The objective of this study is to present a rare case of endometriosis in the vulva.

Case Description

41Yr old patient referred with a possible diagnosis of vulvar carcinoma.

1 Patient

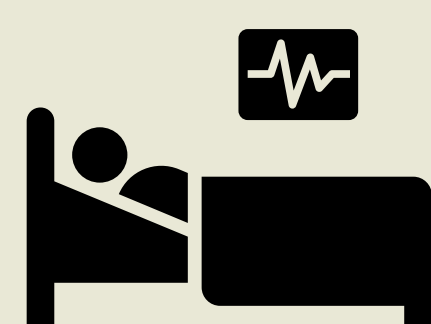


2 History

- Progressive right labial swelling over 3 months.
- Recurrent swelling over the past year.
- Previous marsupialization for labial swelling.
- No significant medical or menstrual history.

2cm-3cm stony hard labial mass with hyperpigmentation and no inguinal lymphadenopathy

3 Examination

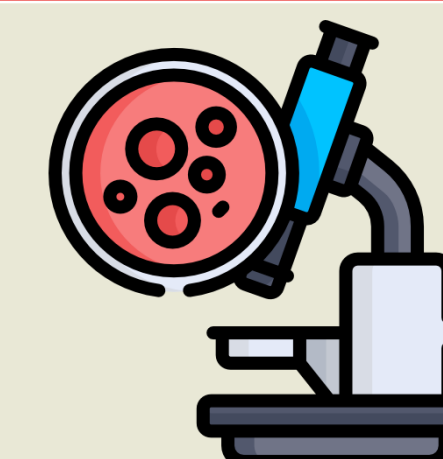


4 Radiology

MRI: Tiny cystic changes and minimal surrounding enhancement suggesting a Bartholin cyst

Wide excision of the mass was performed, and the histopathology reported the presence of vulvar endometriosis

5 Biopsy



6 Treatment

The patient received Gonadotrophin-releasing hormone analogue (GnRH) treatment.

The patient remained asymptomatic on follow-up after 8 months with no recurrence

7 Follow-up



Discussion

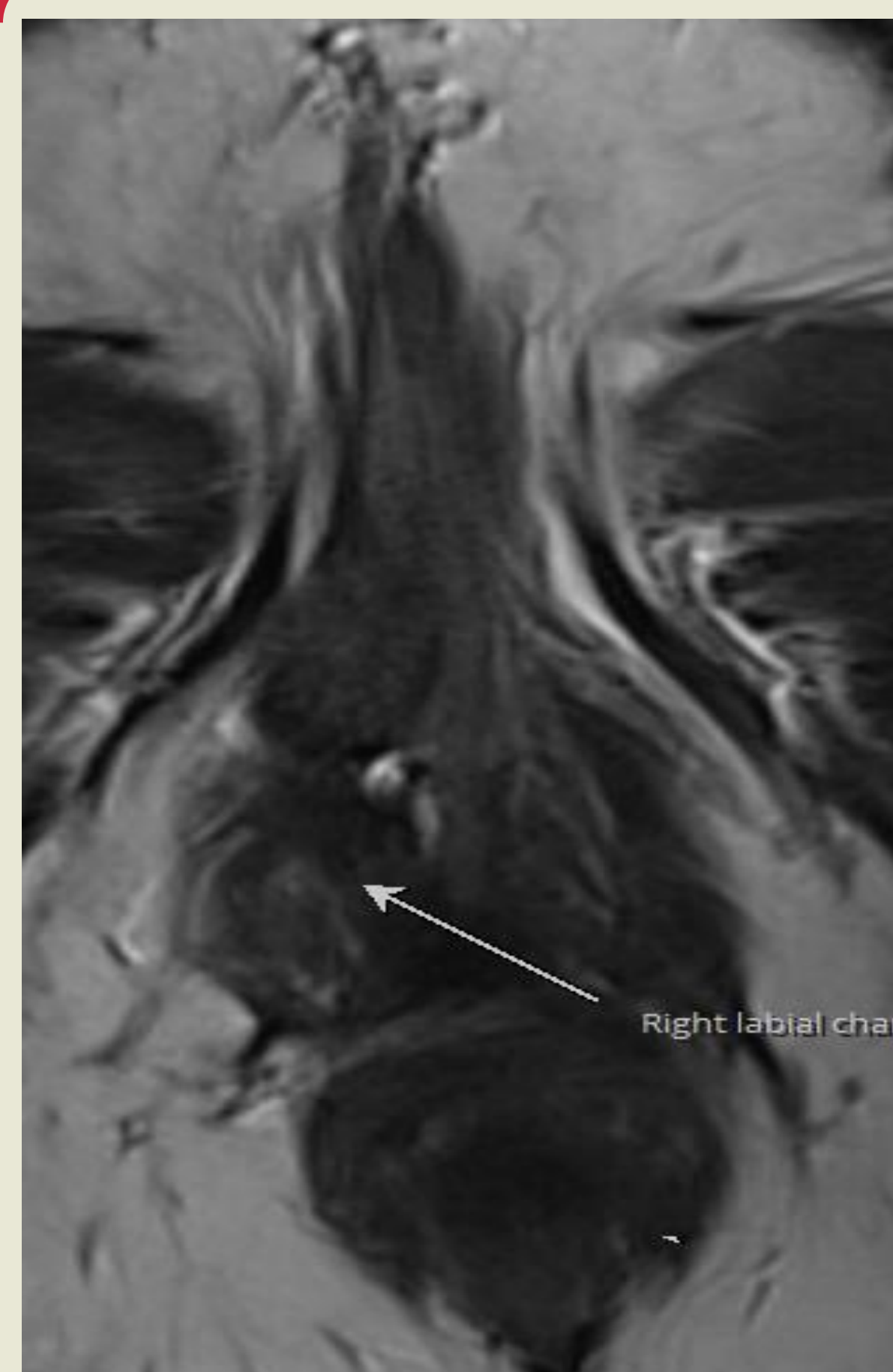
The pathogenesis of endometriosis is multifactorial and unclear. Three of the most common hypotheses are:

Retrograde Menstruation

Metaplasia Theory

Hematogenous / Lymphatic Spread

It is thought that mechanical transplantation of endometrial tissue into the scar after episiotomy may cause **perineal endometriosis**. Treatment of perineal endometriosis is complete wide excision.⁽⁵⁾ Our patient is a multiparous woman who underwent vaginal deliveries in the past, even though she had no history of episiotomy she had marsupialization done twice in the past for Bartholin's abscess which could have led to the **transplantation** of endometrial tissue in the scar.



MRI Report

- There is a focal altered signal at the right posterior vulva with tiny **cystic changes** and minimal surrounding enhancement.
- There is no gross enhancing soft tissue mass lesion.
- No evidence of infiltration of the surrounding soft tissue or vaginal walls.
- No pelvic lymphadenopathy.
- **Tortuous prominent vessels** around the uterus and the cervix concerning for **pelvic congestion**.

Conclusion

Vulvar endometriosis is a rare condition which can be challenging and affects the patients' quality of life. Our patient experienced good satisfaction with her treatment of excision and administration of GnRH analogue.

References



Contact Information

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