

A Clitoral mass in postmenopausal women: a diagnostic dilemma

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Clitoral mass is not commonly encountered in Gynecology practice and the literature is scanty.

Aim: Awareness regarding the rare causes of clitoral mass including malignancy and granuloma with their overlapping symptoms.

Interesting happened when Mri reported suspicious for CA and Histology reported later : granulomatous Lesion

Case Report:

56 years lady presented to OPD with c/o pain and swelling

At clitoris.H/o I&D at Gp and Antibiotics : however re-appeared.

No Significant Med/Surg/STI.

No h/o trauma/ Fever/ discharge/ UTI / IBS/IBD/ Weight loss or appetite

Examination:

General Physical Examination: Normal, BMI: 28

Analgesia given

Normal Vitals

Abdomen: NAD

Local examintaion :

Suspicious looking lesion- firm to hard, palpable clitoral mass involving the clitoral hood of noted with free urethra, no abnormalities of vulva or vagina.

No associated skin lesions or enlarged lymph nodes were palpable

Blood investigation revealed normal ESR and other serological markers.

MRI : suggestive of Vulval Malignancy with FIGO stage II with few sub-centi-meter, ovoid bilateral inguinal lymph nodes.

Histology: tumour mass contained a fibro collagenous stroma with dense lymphoplasmacytic infiltrate and likely Myo fibroblastic tumour of unknown aetiology

Immuno-hist: Granulomatous lesion

Further evaluation: Neg – TB/ granulomatous conditions

DISCUSSION:

Clitoral mass can be due to Cancer, Granuloma, epidermoid cyst, peri-clitoral abscess, fibroid and Neuromas¹ and clinical presentation is overlapping making it difficult to diagnose. Clitoral cancer is a form of vulvar cancer, is an unpleasant dreadful malignancy and is very rare.

Rare case reports of pyogenic granuloma of the labia and clitoris in postmenopausal women with similar presentation and diagnosed by histopathology requiring excision.

Similarly, neuromas of clitoris are also a known entity seen mainly after FGM.

Conclusion: A Multidisciplinary approach is important to diagnose and differentiate the clitoris granuloma from that of malignancy. The clinical examination and imaging can be misleading at times and diagnosis is only by histopathology.

Clinical Significance: Multidisciplinary team involvement and through counseling is needed. Significance of clitoris is well established as the most vital part in sexual function, there is an urgent need to focus our attention on more and more case reports and reviews on its literature of disease related to clitoris.

Limitations : 1. The limited knowledge in regard to clitoral pathology makes it difficult and needs more time to make a diagnosis.
2. There were difficulties in counselling patients who are anxious about the growth being cancerous esp. with limited literature.

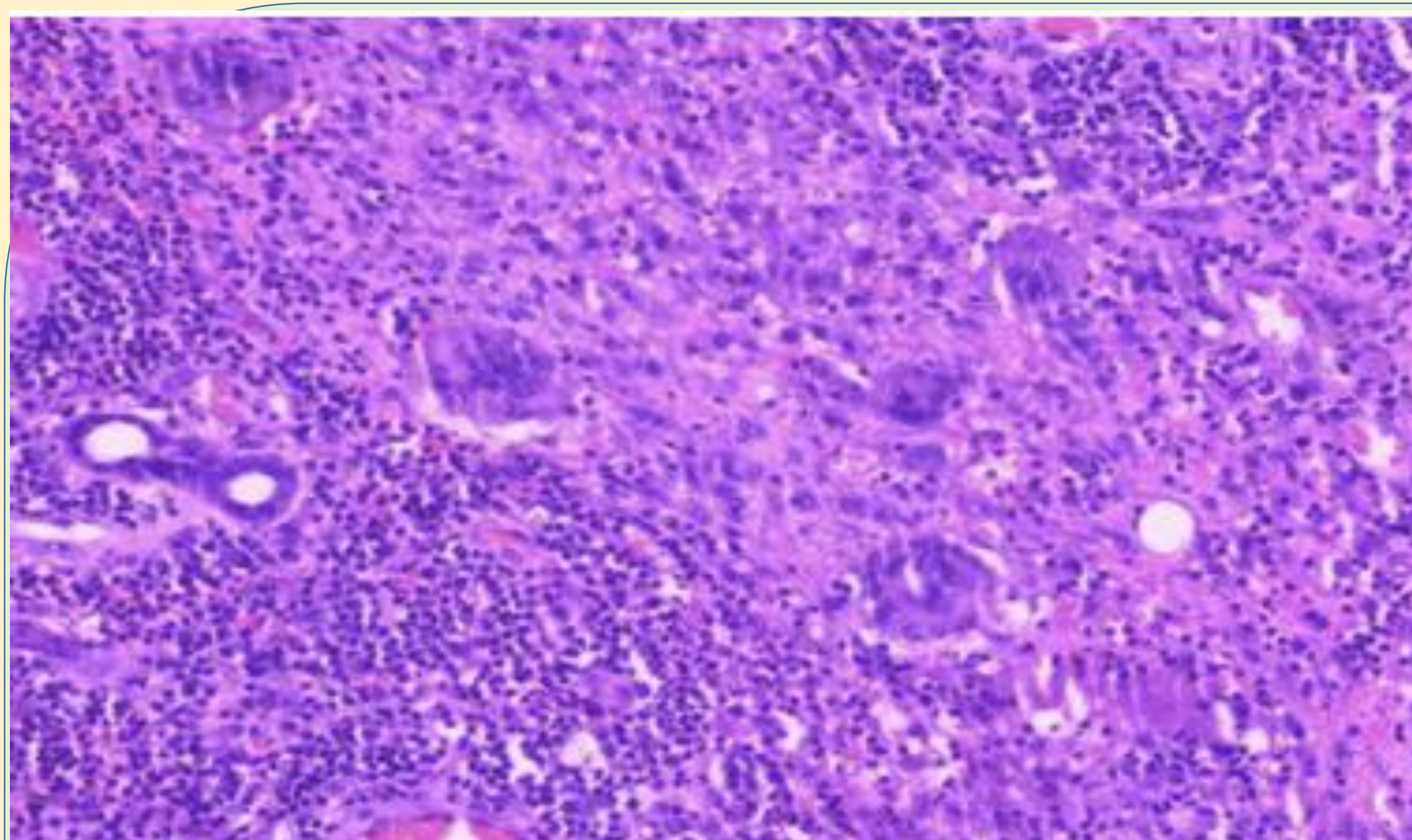
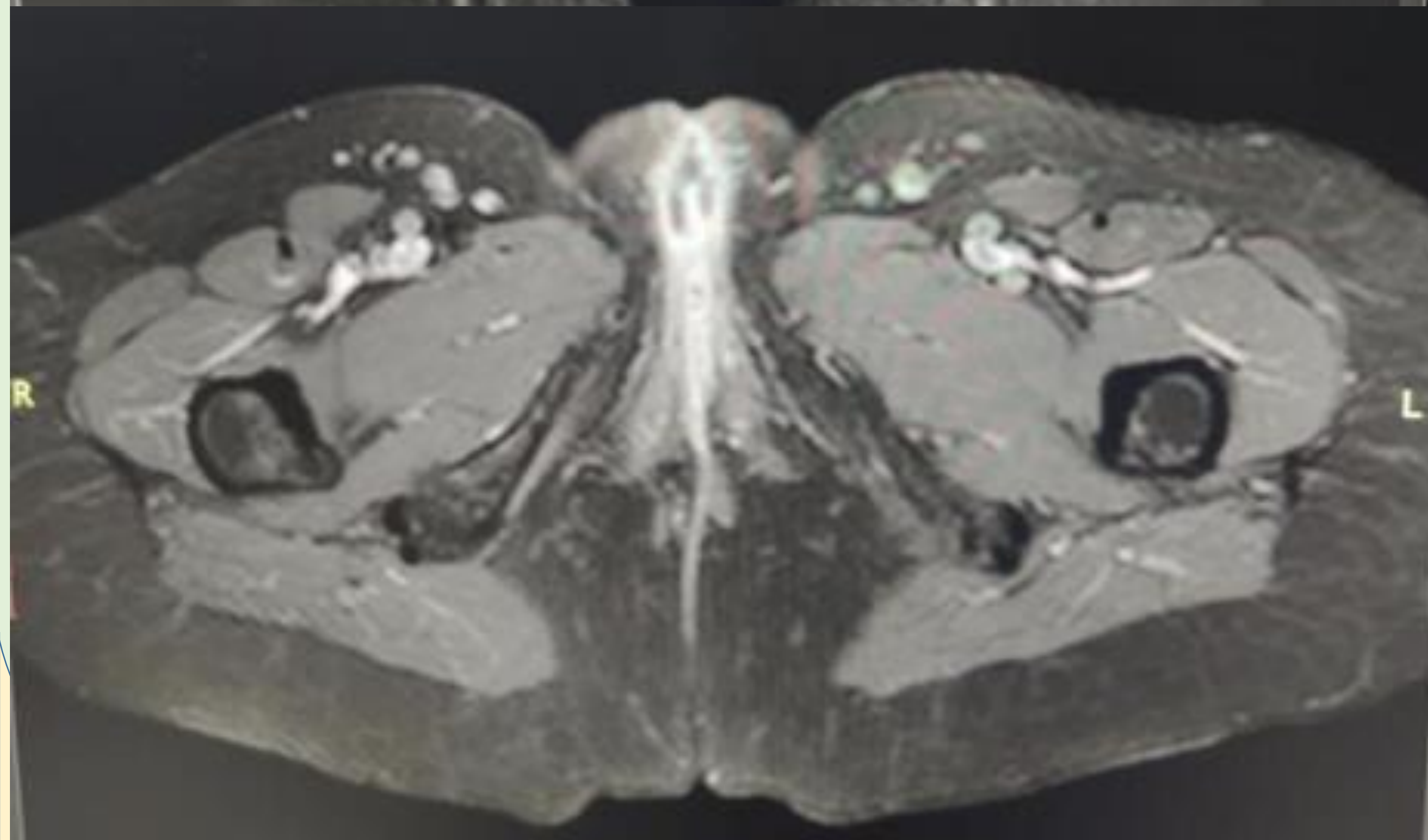
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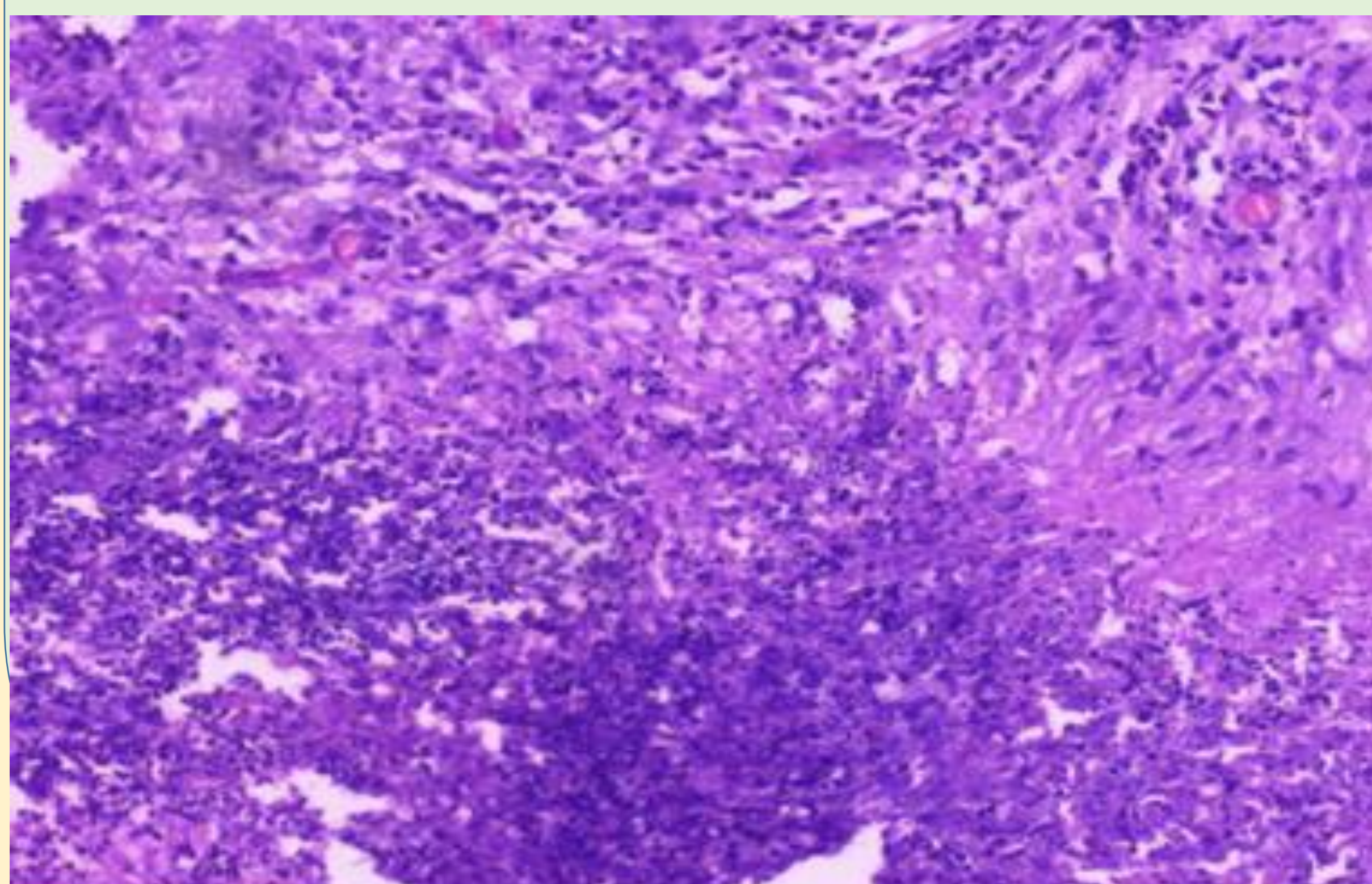
3x2cm indurated mass noted with a small ulcerative area of 1 cm



. MRI study: Clitoris appears bulky with bilateral altered signal intensity lesion, hyperintense in T2, showing heterogeneous post-contrast enhancement. Measuring 2.1x1.8x2.4cm (APxTRxCC)



A)Photo-micrograph shows dense mixed inflammatory infiltrate and numerous foreign body giant cells, H&E,200X



B)Photomicrograph shows suppurative granuloma with central necrosis, neutrophilic abscess surrounded by epithelioid granuloma, H&E,200 X