

Vulval Elephantiasis in 18 Year Female – A Rare Case Report.

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Abstract- Elephantiasis is the enlargement of the affected part of body. Filariasis is caused by worms *Wuchereria bancrofti* and less often by *Brugia malayi* which leads to syndrome of elephantiasis. The lymphatic system is affected leading to lymphedema. Elephantiasis of the vulva is very rarely seen with only few cases been reported in literature. We present a case of vulval elephantiasis in a young female of 18 years who had swelling from six months and had undergone vulvectomy with vulvoplasty.

Index Terms- Filariasis, Vulva, Vulval Swelling, Elephantiasis

I. INTRODUCTION

Elephantiasis is the marked swelling of the affected body parts. It is a parasitic infection caused by filarial though non-filarial causes have also been reported in literature. The lymphatic channels are blocked which results in the stasis of interstitial fluid rich in protein leading to edema⁽¹⁾.

Elephantiasis is been reported since many years all around the globe but the tropical & sub-tropical area are found out to be endemic.⁽²⁾ Most commonly affects limbs, trunk & scrotum.⁽³⁾ Female genitals affected by the filarial elephantiasis are extremely uncommon & only 1-2% cases have been reported.^(3,4)

II. CASE REPORT

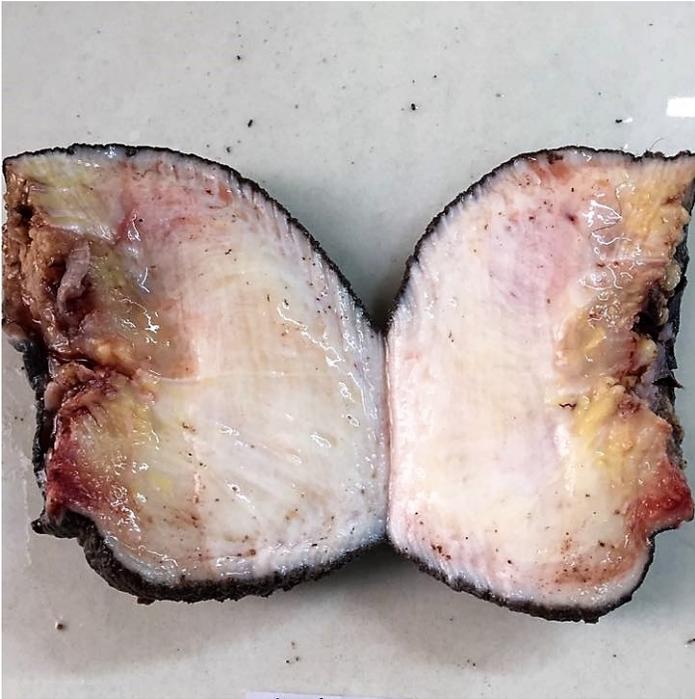
18 year old female presented with complains of swelling over right labia majora since six months which was gradually increasing in size. The swelling was associated with mild pain & also was giving a psychological distress to the patient.

The patient was unmarried & had no history any such swelling in the past. She had no history of tuberculosis, lymphadenopathy or any genital ulcers. Menstrual history and systemic examinations were normal.

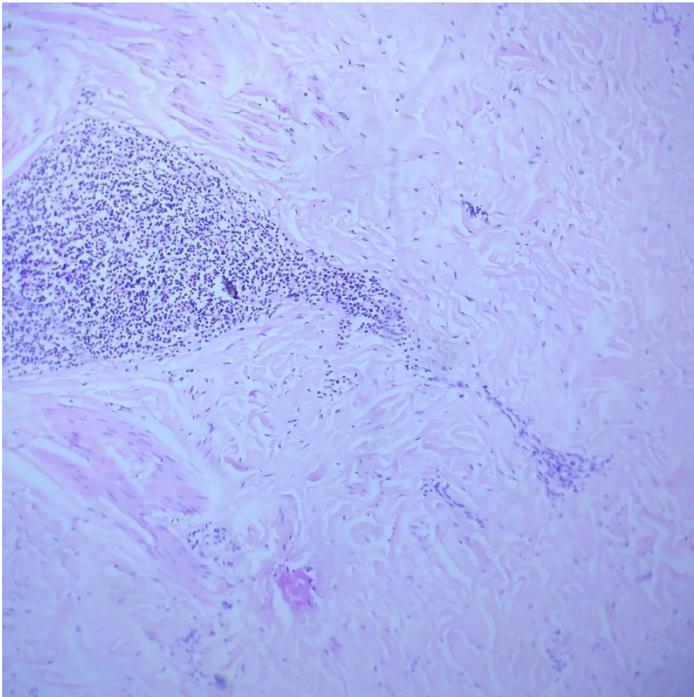
Ultrasonography of the swelling was done which was reported as a diffuse thickening of the right labia majora with associated subcutaneous edema. Also full abdomen ultrasonography was done which showed no significant abnormality.

Clinically diagnosis of elephantiasis was made and excision of the mass with vulvoplasty was done. The resected mass was sent for histopathology.

Grossly, the specimen received was a single pendulous skin covered mass 10 x 8 x 5 cm. The skin showed rugosities, was thickened & hyperpigmented. On serial sectioning, it was perly-white to greyish yellow. Figure 1



Microscopically, the overlying skin showed hyperkeratosis & irregular acanthosis with elongation of rete ridges. Sub-epithelium showed fibrosis & collagenization with plenty of inflammatory cells comprising of lymphocytes, plasma cells & polymorphs. Many lymphoid aggregates were also noted. Deeper dermis also showed non-caseating granulomas. Figure 2



III. DISCUSSION

Celsus coined the term 'elephantiasis' in (30BC – 50AD). It was earlier called satyriasis, sarcocele or leontiasis. ⁽³⁾ It is found to affect people living in tropical & subtropical areas, amongst which India & Africa has the maximum number of cases reported. Also South – Asia, Pacific & American population had been seen to develop elephantiasis. ⁽³⁾ It has been found that in India, Bihar (17%), Kerala (15.7%) & Uttar Pradesh (14.6%) are the known to be endemic for filariasis.

Elephantiasis is rare & develops as a result of the inflammatory response to the death of filarial & lymphatic dysfunction. It is found out to be more common in males than females. Elephantiasis or lymph edema due to filaria mostly causes hydrocele, followed by entire lower limb, scrotum, arm, vulva & also the breast.

Grossly, elephantiasis presents as a large mass. It may give the appearance of large polyp, indurated (solid) plaque, pendulous swelling or a large sarcoma like mass as seen in our case. ⁽³⁾

Microscopically, the epithelium is keratinised stratified squamous displaying acanthosis & hyperkeratosis. Sub-epithelium shows large area of fibrosis & collagenisation along with inflammation. Similar picture was seen in our case. ⁽¹⁾

The adult parasite & microfilariae may not be seen in the tissues & peripheral blood respectively. ⁽³⁾ The differentials to be considered are fibroepithelial polyp, which shows edematous myxoid stroma & was absent in our case. Also tuberculosis is other possibility displaying granulomas, giant cells & inflammatory cells comprising of lymphocytes & plasma cells. It can be ruled out by the absence of acid-fast bacilli. Fungus can also be excluded by performing special stains.

It is important to consider filariasis as a differential in case of such a swelling & it can cause recurrence, through rarely seen. Also it may not be present in peripheral smear study & the resected specimen.

IV. REFERENCES

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V. LEGENDS

Figure 1: Resected Vulval mass.

Figure 2: Deeper dermis displaying collagen and inflammatory cells. (H&E stain - 10x)

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