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A Rare Case Report of Hidradenoma Papilliferum of Vulva

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Introduction

Hideradenoma Papilliferum is a rare tumor of the sweat gland ,it usually arises from the apocrine glands .It is uncommon condition of which cause is unknown ,It occurs commonly in the middle age between 30 to 50 years of age .It is more common in Caucacian less frequent in African and Americans .The tumor is slow growing , usually painless and non itchy .The common clinical presentation is flesh colored asymptomatic nodule at ano- genital area .The simple surgical excision is curative with excellent prognosis . Surgery is required only when it causes symptoms Currently there is no method to prevent it .The tumor can get ulcerated or secondarily infected by bacteria or fungus and bleed .It can also cause dyspareunia and emotional stress .It is very rarely malignant

Case Report

I am presenting a case report of 31 yr married women Para 2. She came with the complaint of swelling in the perineal region since 20 days.Mild Tenderness was present. She was advised excision post menstrual. A 5 days course of antibiotics (Amoxacillin clavunate)and anti-inflammatory drugs were given.

She came again after 15 days with same swelling. Her pain had subsided but swelling persisted.she was admitted for excision of labial mass. Next Day she was operated under TIVA /SGA. On local examination 3x3 cm labial cyst Located near anterior end of labia majora firm in consistency, non tender, On per speculum examination no discharge was seen .On per vaginal examination uterus was anteverted ,Normal in size, bilateral fornix were free. On examination(on admission) Her vitals were stable General condition was fair ,afebrile , Pulse-78/min ,B.P-120/70mm Hg.Investigations:-Blood group -O+ve CBP-Hb-12.5 gm% wbc-7.6x10³ platelets count -263 RBS-65mg/dl KFT-Blood Urea -15mg/dl Serum Creatinine -0.65mg/dl serology- HIV ,HbsAg non-reactive intraoperative Findings:- Vertical incision given in the middle of labial mass. Enucleation of labial mass was done by blunt and sharp dissection. Firm and globular mass of 2x2cm excised. Skin flaps on both sides approximated and hemostatsis achieved.

Labial mass was sent for HPE. Patient was discharged next day. She followed up after 7 days in OPD .Her stitches were healthy and she had no complaints. The mass was diagnosed as Hideradenoma Papilliferum

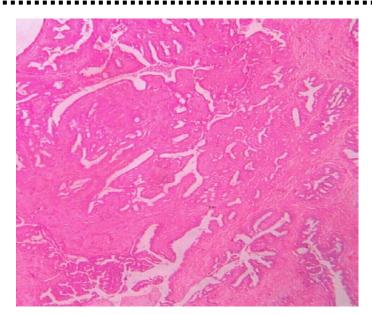


Figure 1: Microscopic Picture Of Hideradenoma Papilliferum



Figure 2: A globular mass on Right Side of Labia Majora **Discussion**: Patient usually presents with a mass .The differential diagnosis of it is bartholin cyst but location wise anterior position is not Bartholin cyst .The other diagnosis is pyogenic granuloma .The diagnosis is finally confirmed only on histopathological report .

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