A CASE REPORT ON VULVAR LIPOMA

Chaithra DM* and Gayathri Bhat N V

INTRODUCTION

Lipoma is a benign tumor made of fat tissue. Usually seen in neck, upper back, shoulder, abdomen, buttock. Vulvar lipoma is said to be rare, only few cases have been reported. Usually it is seen between 40 – 60 years, only 2% population are affected with lipoma. Lipoma can be correlated in Ayurveda to Granthi based on its characteristic feature. Due to vitiated Vishuddhi, Sthana, Rakta, Meda, Mamsa, there will be formation of nodular or glandular swelling which is round, hard in nature is called as Granthi. In this case report based on the content of the mass it can be correlated Medojagranti. Its pathology can be seen in two stages Pakva and Apakva avastha. In Apakva avastha, Shodana is the line of treatment. If it is predominant of Meda (fat) and excision-Chedana is line of treatment in Pakva avastha followed by Dahana karma. Management of vulvar lipoma. Materials and Methods: A 30 year old female complaining of mass in right vulvar region since 6months, was feeling discomfort while walking and sitting came to OPD of PTSR. Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital, Hassan, was admitted for admission and was treated surgically by Chedana karma. HPE reports revealed lipomatous polyp. Result: Chedana karma-mass was excised surgically. Conclusion: Based on the content of lipoma it can be correlated to Medojagranti. It was in Vulvar region, large, causing discomfort to the patient so rather than managing with Shamana Aushadi, Shstra karma–Chedana was performed.

KEYWORDS: Medojagranti, Yonikanda, Chedanakarma, Shamana Aushadi.

Case Report

A 30 year old female complaining of slow growing, painless mass in right vulvar region since 6 months, associated with difficult while sitting and walking.

History of Present Illness

Patient was healthy 6 months back. Initially she complained of slow growing, painless mass in right vulvar region, associated with difficulty while sitting and walking, unaffected to her sexual life. She consulted a doctor and was advised for ultrasound scan s/o Hyperchoic soft tissue lesion in right labia–could be angiolipoma or epidermal inclusion cyst and advised for surgery to excise the lipoma. She approached to OPD of PTSR in SDM college of Ayurveda and Hospital, Hassan, was admitted for surgical management of the same.

History of past illness

- No H/O HTN/DM/Thyroid disorders, or any other medical/surgical illness.
- No prior history of vulvar trauma, infections.
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**Treatment history**
Nothing specific

**Personal history**
Diet: Non-vegetarian, weekly once non vegetarian with mild spicy.
Appetite: Regular
Bowel: Once a day, normal
Micturition: 7-8 times in day times
Sleep: Sound.
Habits: No H/o alcohol intake, smoking, tobacco chewing
Coital history: 2-3 times / week
No dysperunia.

**Examination of the Patient**

**General Examination**
GC: Fair
Pallor: Absent
Icterus: Absent
Lymphadenopathy: Absent
Cyanosis: Absent
Clubbing: Absent
Oedema: Absent
Dehydration: Absent

**Vitals**
BP: 140/80 mm of Hg
Temperature: Afebrile.
Pulse: 86bpm, Regular
Respiratory rate: 18/min

**Systemic examination**
CVS: S1, S2 heard. No murmurs.
CNS: Intact, Conscious, oriented to time, place and person
P/A: Soft, non-tender, no-organomegaly
Respiratory system: B/L equal air entry, Normal vesicular breath sounds, no added sounds

**Local examination**

**Inspection:** Single hanging mass in right labia majora measuring 6 x 3cms.
Cough impulse: Absent

**Palpation:** Soft swelling, non tender, doughy feel, not reducible. Fluctuating mass overlying skin was freely mobile over the mass. No inguinal lymphadenopathy.

**Investigations:** Dated on 12/4/2018

- Hb-14.2 gm%
- TC- 13,900 cells/cmm
- DC- N-84, L-33, M-2, E-5
- ESR- 78mm 1st hour
- RBS: 100.9mg/dl
- S.Creatinine: 0.9mg/dl

**Lipid Profile:** WNL
**HIV, HbsAg, VDRL:** Negative

**Ultrasound Scan:** Dated on 25/04/2018

There is a well defined Hyperchoic lesion in the right labia majora. This approximately measures 7.2cms in supero- inferior extent. 3cms in transverse extent. 2cms in AP diameter. It is partially compressible on the probe pressure. There is no cough impulse and no extension to inguinal region. Doppler study shows mild vascularity in parts of the lesion.

**Diagnosis**
Right Vulvar Lipoma– Medoja Granthi

**Treatment Plan**

**Surgical excision– Shastra karma- Chedana**

With all pre-operative care, patient taken in lithotomy position Operative field was prepared by antiseptic lotion Painting, draping done Monitoring of vitals followed by,

**Chedana**

Elliptical incision was given on right labia Majora. Mass was excised, which was cheesy in nature Haemostasis achieved and was packed with Jatyadi Taila Sent for HPE.

**Post-operative care**

IV antibiotics for 3 days followed with Triphala Guggulu 2BD and Gandaka Rasayana 2BD A/F

**Daily Dressing**

Wound dressing done with Jatyadi Taila (Pichu).

**HPE:** Dated on 25/05/2018: Lipomatous polyp.
**DISCUSSION**

In Ayurveda any round, soft to hard swelling can be correlated to Granthi. A physical examination is the easiest way to diagnose lipoma. In this case report it was slow growing mass in vulval region, large in size, painless, based on the content obtained from the mass after the excision was cheesy in nature i.e. Snigdha, Pinyaka sarpi, it can be correlated to Medoja Granthi.

Since it was large in size and causing discomfort in vulvar region so rather than Shamana chikitsa, Shastra chikitsa was performed. Since the mass was in Yoni Pradesha, it can be correlated to Yoni Kanda. Vulvar lipoma is rare benign mesenchymal tumors consisting of mature fat cells. Clinically vulvar lipoma should be differentiated from cystic swelling like Bartholin cyst, cyst in canal of nuck. Sometimes it may be misdiagnosed as inguinal hernia especially in children.

**CONCLUSION**

Vulvar lipoma is rare, it was excised surgically and confirmed by histopathology. It is important to differentiate from cystic swelling and malignant neoplasm of vulva.

*Jathyadi taila* was used for Vrana ropana, *Triphala guggulu* and *Gandhaka rasayana* acts as antibiotic and mainly Kaphahara.

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