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Case Report

Vulvar Endometriosis in the Mons Pubis: A Case Report

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Abstract

Endometriosis is a common gynecological disorder that affects 1-7% of the population and is characterized by the development of endometrial glands and tissue outside the uterine cavity. It is an extremely rare condition, estimated to affect less than 0.5% of all endometriosis patients. Furthermore, its development typically occurs after abdominal or pelvic surgery. Objective: To describe a case of specific location vulvar endometriosis on the mons pubis in a patient with vulvodynia and chronic pelvic pain. Materials and Methods: Describe a clinical case of a 38-year-old nulliparous woman who presented with chronic pelvic pain and the appearance of an indurated lesion on the mons pubis. Results: The mapping for endometriosis reports a heterogeneous uterine wall, heterogeneous myometrium occupied by hypoechoic images that project acoustic shadows consistent with FIGO 3 fibroids. Conclusion: Comprehensive physical examination and the consideration of extension studies are recommended, along with the importance of hormonal blockade therapy and the use of endometriosis mapping by transvaginal ultrasound.

Keywords: Vulvar Endometriosis; Vulvodynia; Mons Pubis

Background

Endometriosis is a common gynecological disorder affecting 1-7% of the population and is characterized by the development of glands and endometrial tissue outside the uterine cavity, in 21% of women it occurs with fertility problems and in 10% of women that are in the third or fourth decade of their life [1]. The most noticeable symptoms include pain during sexual intercourse, pelvic pain, and difficulty conceiving. Often, these implants are located in the pelvis, but can appear in various locations [2]. From a clinical perspective, the pathology can cause symptoms both inside and outside the genital area. Vulvar endometriosis is extremely rare, and it is estimated to affect less than 0.5% of all patients with endometriosis. In addition, their development usually occurs after abdominal or pelvic surgery [1].

For its part, when talking about vulvodynia, it refers to the health condition that impacts on sexual function, mood and quality of life, and is characterized by the presence of chronic pain, the causes of which are multiple. Their diagnosis involves a detailed assessment of symptoms, background review and a thorough physical examination. Treatment is aimed at reducing pain, restoring sexual function and should be approached by a team of professionals from various disciplines. Scientific evidence suggests that surgical treatments offer greater benefits to patients when combined with psychological therapy and physical therapy [3].

Case Report

38-year-old female patient, nullipar, with a history of vulvodynia and chronic pelvic pain, active sexual life with a same-sex partner, no comorbidities, entered external consultation referring to a long-standing clinical picture consisting of chronic Pelvic pain and the

appearance of indurated and painful injury in Venus mount left region, the patient is questioned who reports that vulvodynia is accentuated cyclically with the onset of menstruation, also refers to a picture of dysmenorrhea denies dispareunia.

At the physical examination of the patient with adequate BMI, norm-configured genitals for age and sex, it is palpated injury on the left side of Venus region of more or less 4 cm in diameter, painful non-mobile, no adenopathies or other adjacent lesions are palpates, to the vaginal touch no painful points in the region inerved by nerve can not palpating masses in vaginal walls or parameter. Provides ultrasound study of soft tissue that identifies mixed image in left inguinal region with diameters of (23 x 25 x 15) mm3, tomographic studies of abdomen and pelvis that reports nodular image with density of soft parts of poorly defined margin of subcutaneous cell tissue in the left pubic region and magnetic nuclear resonance of the inguineal region that reports in the subcutan plane left nodular picture that shows highlighting after the application of contrast material were not detected adenomegalias.

Ethical aspects

The patient gave her written consent through informed consent, allowing researchers to disclose the case.

Results

An ultrasound-guided TRUCUT biopsy of a nodule in the pubic region was performed, and the pathology report, with case number 22-B-113601, issued by the Biomolecular Laboratory in the city of Barranquilla, Colombia, indicated an intermediate cell proliferation. It was recommended to characterize these cells using an immunohistochemistry study, which yielded negative results for malignancy. Because the patient continued to experience symptoms, a surgical resection of the injury was decided to be performed in the Venus mountain region. Under raquid anesthesia and after proper asepsy and antiseptic treatment, an initial incision of 5 cm was performed in the Venus mountain region, just above the previously described injury. Subsequently, a flat dissection was performed until the injury was identified, which had irregular edges and fibrous tissue with small vessels. Carefully, the tissue injury with chocolate-looking content was separated from the collar fascia. A complete enuclation of this injury was achieved, leaving subcutaneous cell tissue hanging, with the aim of proceeding to the closure by planes until reaching the skin (Figure 1).

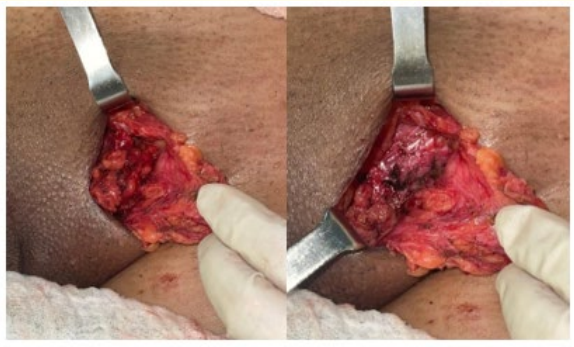

Figure 1: a. Condition prior to surgical intervention. b. Enucleation of the lesión.

Patology report is received from the surgical piece laboratory Patonorte of the city of Barranquilla (Colombia) report number QX 6627 -23 reports connective fibrous tissue with proliferation of glands and endometrial stroma concludes vulvar endometriosis.

In the control of the external consultation asymptomatic patient without pain with good management of his immediate post-surgical is indicated progestin management Dienogest 2 milligrams daily is explained to him the results of pathology and is carried out education of the disease before the diagnosis of endometriosis additionally is requested mapping for endometriosis by transvaginal ultrasound as an extension study to evaluate the presence of deep endometriose.

Mapping is received for endometriosis that reports uterus of heterogeneous walls heterogenous myometrium occupied by images and hypoechoic projecting acoustic shadows compatible with fibroids Figure. Right ovarian without alterations. Left ovary reporting uniloculate lesion in smeltered glass without septum or papillae of (13 X 8 X 12) mm^3. Douglas bag background free. Sliding in cervix and Isthmus and uterine body positive. Left sacro uterus ligament thickened and without apparent lesions of endometriosis. Patient with 3-month control initiated hormone blocking therapy with progestin progresses clinically asymptomatic.

Discussion

Endometriosis is a benign, but chronically progressive and malignant disease, characterized by the implantation of growth and function of endometrial glands and stroma located outside

the cavity of the endometrium. It is estimated that endometriosis occurs in 5-15% of women without age discrimination, but with predisposition by women of reproductive age as an estrogen-dependent inflow disease, it is determined that 50% of patients with chronic pelvic pain and 30-50% of infertility patients develop with undiagnosed endometriose more or less in an estimated 10 years of symptomatology follow-up by a group of health professionals. It is most common in the third and fourth decades of life, and only 5% of cases are diagnosed in post-menopause.

The onset of the disease in the vagina occupies the ninth place in the order of incidence after endometriosis of the ovaries, uterine ligaments, rectal rib, pelvic and intestinal peritoneum [4]. The frequency of endometrial tissue implantation in these regions supports Sampson's theory that retrograde menstruation through the fallopian tubes is the etiology of the disease, because gravity tends to propagate the particles of the endometrium tissue in this way favouring their implantation and perpetuating cyclic inflammation of the tissue [5]. However, when it is described implantation of this tissue in locations far away or not adjacent to the uterine cavity emerges the importance of the second etiological theory of endometriosis which is the celomial theories of the disease since all these structures are covered by this epithelium of primitive embryological origin in the female organs which can suffer metaplasia in response to inflammatory or hormonal stimuli, which would favour the implantations this endometrial tissue on the journey of all those structures far away from the uterin cavity as suggested by Robert Meyer [6].

Although the appearance of endometriosis in areas where celomial metaplasia or the gravitational descent of the endometrial tissue may be the main cause is understandable, its growth in areas further away from the pelvis is more difficult to explain. The case of vulvar endometriosis is extremely rare, as is perineal endometritis, but in cases of clinically suspected larger or smaller lips, the migration must be downward through the Nuck canal, because this tube is covered with celoma epithelium; but when it comes to Venus mountain vulvar Endometriosis the round ligament should be considered as the potential pathway of spread of the disease [7] but in the perineum such explanations are not valid, in these one could consider the implantation of this tissue after the realization of enlarging incisions of the birth canal [8].

Being a woman of childbearing age who is presented with pelvic pain and vulvodynia, whose physical examination revealed painful nodule on Mount Venus, it is important to highlight the importance of the association of pelvial pain and the appearance of nodule in this area. This is where, when establishing the association, the differential diagnoses among which endometriosis is included should be raised and, in this way, the history and physical examination should be redirected in the search for this pathology.

Following the presentation of the clinical case in conjunction with the discussion on the diagnosis and treatment of endometriosis today we can highlight the importance of physical examination and extension studies in a patient with symptoms and signs of endometriosis and lesions not characteristic of the disease, equally rooted in the significance of a start of hormone blocking therapy with Dienogest, an orally active and semisynthetic progestogen, which does not contain ethinyl and belongs to the fourth generation of progestogens. It is derived from 19-nortestosterone and has multiple properties, including its ability to inhibit cell proliferation, act as an anti-androgenic agent, reduce inflammation and the formation of new blood vessels. This compound suppresses the expression of cycline D1, a key protein in the cell cycle, which prevents the growth of endometrial epithelial cells. As a result, its use can relieve endometriosis-related symptoms [9]. as a first-line treatment for the control of the symptoms last and not least the use of the mapping of endometriosis by transvaginal ultrasound in search of the disease in deep location (ovaries sacros uterus ligaments, background of the anterior and posterior sac intestine and ureters) extension study that was used after the report of the pathology compatible with endometritis in Venus mount and patient with disability dysmenorrhea [10,11].

Conclusions

Reports of vulvar endometriosis in mount venus are scarce, highlighting the importance of thorough physical examination and consideration of extension studies when patients present symptoms and signs of endometritis, even when lesions are not characteristic of the disease. Furthermore, the importance of hormone blocking therapy with progestin in the mechanism of action of Dienogest as a first-line treatment for the control of symptoms in patients with endometriosis is highlighted. Finally, the use of transvaginal ultrasound endometriosis mapping stands

out as a useful tool for identifying the disease in deep locations. This clinical case emphasizes the need for an integrated approach and for consideration of differential diagnoses in patients with symptoms of endometriosis, even when lesions are not typical of the disease.

Thank You

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