Non-diethylstilbestrol-induced adenosis of the vagina

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Case Report

Forty five years old lady present with a painless vaginal mass bulging outside as interlabial mass, not associated with vaginal bleeding nor discharge. No family history of the same condition, and no maternal prenatal history of exposure to diethylstilbestrol. On examination there was two vaginal masses the first one bulging just below the urethral orifice, measured about 3x2 cm, the second vaginal mass arise just distal to the anterior vaginal fornix measured about 4x2cm. both masses lies in the midline. Fig. (1) Ultrasound examination shows an acrogenic vaginal mass with normal bladder, uterus, and cervix. Excision of both masses done under general anesthesia and lithotomy position with Foley catheter in the urethra to empty the bladder and to be used as landmark. The mucosal defect closed by 00 chromic catgut with betadine soaked surgical pack put intravaginally. The catheter left for 10 days postoperatively where the patient was dry and continent. The report of histopathological examination reveals that the masses was a case of vaginal adenosis that have been removed completely. Fig. (2,3)

Discussion

Vaginal adenosis is a rare kind of disease without specific symptoms and does not represent a very serious disorder from the beginning(1). Vaginal adenosis is defined by the presence of metaplastic cervical or endometrial epithelium within the vaginal wall, thought to be derived from persistent Mullerian (synonymous with paramesonephric) epithelium islets in postembryonic life(2). The literature concerning the origin of these spontaneous proliferations is controversial: remnants of Wolffian or Mullerian ducts are thought to be the source, as well as metaplastic or prosoplastic changes. According to stage and extent of the disease, the individual case can be categorised into the following subgroups: cystic, florid, adenomatous and carcinomatous adenosis. Benign courses are far more frequent(3). Non-diethylstilbestrol-induced adenosis is infrequently observed in comparison to the larger number of vaginal adenosis due to intrauterine diethylstilbestrol exposure(3). Not every case of vaginal adenosis does signify a precancerous lesion. The separation of the most frequently endocervical manifestation observed from endometrial and intermediate forms might be difficult(4). Biopsy-proved vaginal adenosis was present in 35% of the exposed population as compared with only 1% of the control subjects(5).

References

2. Kranl A, Zelger D, Kofler S etal, Vulval and vaginal adenosis Brit. J. Derm. ; 1998; 139 ; (1) ;128.
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**Figure 1**- The two vaginal masses measured 4x2 and 3x2 cm.

![Figure 1](image1)

**Figure 2**- Histopathological section (low power) shows the glandular proliferation within compact cellular stroma

![Figure 2](image2)

**Figure 3**- Histopathological section (high power)

![Figure 3](image3)