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CASE REPORT

Vaginal fibro-epithelial polyp as cause of postmenopausal bleeding: office hysteroscopic treatment

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Abstract We report on the case of a 72-year-old woman who underwent office hysteroscopy following an episode of postmenopausal bleeding. A vaginal fibro-epithelial polyp was diagnosed and removed by means of a 5 Fr bipolar electrode inserted through the operating channel of a 5 mm continuous flow office hysteroscope.

Keywords Hysteroscopy · Office · Vaginal polyp Fibro-epithelial polyp

Introduction

When an organic cause of postmenopausal bleeding is suspected, a uterine or cervical lesion is usually searched for. Vaginal lesions represent an unusual, often underestimated, cause of postmenopausal bleeding. Among vaginal lesions, the fibro-epithelial polyp (FP) represents a rare benign growth that should not be mistaken for a malignant growth, especially embryonal rhabdomyosarcoma [1].

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Case

We report on the case of a 72-year-old woman who underwent office hysteroscopy following an episode of postmenopausal bleeding. The study was eventually approved by our Institutional Review Board.

Hysteroscopy was performed by a vaginoscopic approach (without speculum and tenaculum) using a 5 mm continuous flow office hysteroscope (Bettocchi Office Hysteroscope size 5; Karl Storz, Germany) with a 30° grade optic and an incorporated 5 Fr working channel. Normal saline solution was used for vaginal and uterine distension.

After a thorough inspection of the vagina, a polypoid lesion was detected in the proximal portion of the vagina near to the posterior cervical lip. The lesion was reddish, 1 cm in size, and with the appearance of a small "cauliflower" (Fig. 1). The uterine cavity and the endocervical canal showed no abnormalities.

The vaginal lesion was resected by means of a 5 Fr Twizzle bipolar electrode (Gynecare; Ethicon, NJ, USA) inserted through the operating channel of the hysteroscope. The electrode was connected through a cable with a versatile electrosurgical system dedicated to hysteroscopy [Versapoint Bipolar Electrosurgical System (Gynecare; Ethicon)]. No analgesic was required during or immediately after the procedure. The histological diagnosis was FP. At 6 months' follow-up the patient did not complain of any vaginal bleeding.

Discussion

FP is an uncommon hamartomatous or benign neoplastic polypoid mass of the vagina, evoking a level of interest in

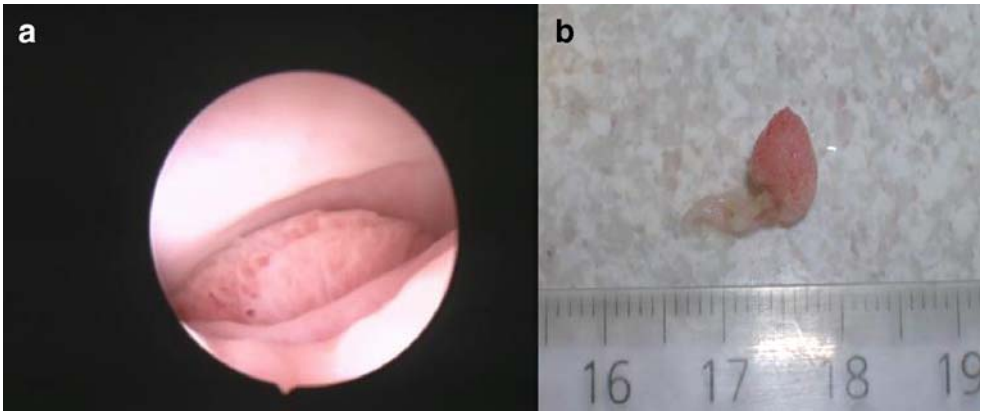

Fig. 1 **a** Endoscopic and **b** macroscopic appearance of the vaginal fibro-epithelial polyp

pathologists disproportionate to its frequency or significance. The mean age at diagnosis is approximately 40 years, with an age range varying from that of the newborn child to 77 years. The lesions are usually asymptomatic and are discovered incidentally, during pelvic examination, on the lateral wall of the lower third of the vagina [2].

Rarely, they can be associated with abnormal uterine bleeding, mostly after sexual intercourse. No report of FP as a cause of postmenopausal bleeding is available in the international literature.

The classical surgical resection of such lesions consists of excision by scissors after the application of a Kelly or Kocher forcep to prevent any blood loss. The availability of smaller diameter hysteroscopes with working channels and continuous flow systems, and the advent of bipolar electrosurgical technology, makes it possible to diagnose and eventually treat such benign vaginal lesions in the outpatient setting and also to diagnose and treat postmenopausal patients who might otherwise require general or local anesthesia [3, 4]. A vaginoscopic approach is imperative to obtain an appropriate vaginal distension and to identify any lesion in the vaginal cavity [5, 6].

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