

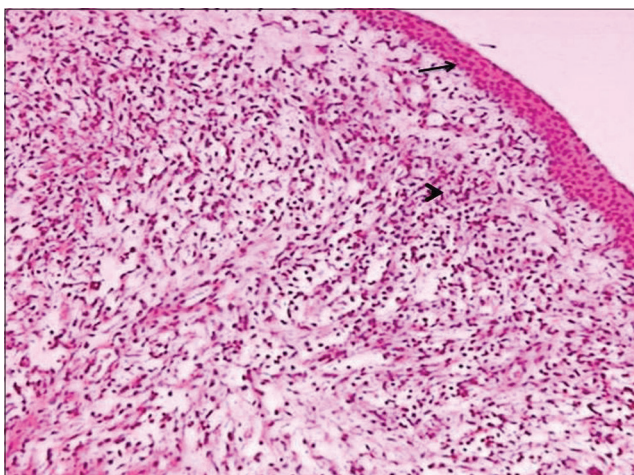
# Congenital polypoid mass protruding from vagina

Sir,

Any polypoid mass from vagina must be regarded as malignant until proved otherwise. The diagnosis should be confirmed by biopsy of the tumor. A 3-month-old female child presented with slow growing mass protruding from the vaginal orifice since birth. On examination, a soft, pinkish, grape like polypoid mass was protruding from the vagina without bleeding. There was no history of hematuria, urinary retention and constipation. Rest of the systemic examination was within the normal limits. Renal function test, hematological profile, urinary examination, chest X-ray, ultrasound abdomen and kidneys, ureters, bladder were normal. Wide local excision of the mass was done. Intra-operatively the mass was found to be arising from the posterior vaginal wall. Histology [Figure 1] revealed stratified squamous epithelium (vaginal mucosa), with sub-epithelial tumor cells in a background of fairly dense myxematous stroma. The individual tumor cells are round to oval along with few spindle cells. Immunohistochemical stain showed strap cells immunopositive for desmin. All the margins of the excised mass were negative for the tumor cells. A diagnosis of Stage I, Group I sarcoma botryoides was made. Post-operative, 12 courses of combination chemotherapy, i.e. vincristine, actinomycin D and cyclophosphamide was given. Radiotherapy was not used. The child was followed-up regularly. Local examination of perineum was done every monthly for first 6 months

and then every 3 monthly. Ultrasound abdomen, pelvis and X-ray chest was done every 3 monthly for 1<sup>st</sup> year and then every 6 monthly. She was well at last follow-up at the age of 3 years.

Sarcoma botryoides is a rare, but most frequent malignant tumor of the uterus or vagina in children. Common presentation includes an asymptomatic mass protruding per vagina with or without painless bleeding.<sup>[1]</sup> Characteristic polypoid edematous mass distends the vagina and projects externally like a cluster of white grapes. They often mimic vaginal polyps by their gross as well as histopathological appearance. The histologic diagnosis of former is based upon the presence of primitive neoplastic mesenchymal cells, a subepithelial "cambium" cell layer, invasion of the epithelium by neoplastic cells and rhabdomyoblasts, none of which are found in vaginal polyps.<sup>[2]</sup> Treatment includes surgical resection and chemotherapy.<sup>[1]</sup> New multidrug chemotherapy regimens with or without radiation therapy are now used in combination with less radical surgery with good results, although outcome data are not yet available.<sup>[3]</sup> Benign cervico-vaginal polyps in early childhood are extremely rare and any polypoid mass must be regarded as sarcoma botryoides until disproved. The initial innocent clinical features along with benign histological appearance should not be misleading. The tumor is highly malignant, with a marked tendency to recur locally after excision and to invade adjacent organs. The diagnosis must be confirmed by biopsy of the tumor and treatment includes wide local excision (margin free from the tumor) and chemotherapy with or without radiotherapy.



**Figure 1:** Photomicrograph showing stratified squamous epithelium (arrow) and sub-epithelium showing tumor cells (arrow head) in a background of fairly dense myxematous stroma. The individual tumor cells are round to oval along with few spindle cells. No heterologous component seen (H and E, ×40)

**Shasanka Shekhar Panda, Rashmi Ranjan Das<sup>1</sup>, Pankaj Kumar Mohanty<sup>2</sup>, Saumyaranjan Mallick<sup>3</sup>**

Departments of Pediatric Surgery, and <sup>3</sup>Pathology, All India Institute of Medical Sciences, New Delhi, <sup>1</sup>Department of Pediatrics, All India Institute of Medical Sciences, Bhubaneswar, Odisha, <sup>2</sup>Department of Neonatology, Manipal Hospital, Bengaluru, Karnataka, India

**Correspondence to:** Dr. Rashmi Ranjan Das, Department of Paediatrics, All India Institute of Medical Sciences, Bhubaneswar - 751 019, Odisha, India. E-mail: rrdas05@gmail.com

## REFERENCES

1. Kapoor G, Das K. Soft tissue sarcomas in children. *Indian J Pediatr* 2012;79:936-42.
2. Matsuura Y, Kashimura M, Hatanaka K, Toki N, Sugihara K. Sarcoma

botryoides of the cervix. Report of a case with cytopathologic findings. *Acta Cytol* 1999;43:475-80.

3. Rotmensch J, Yamada SD. Neoplasms of the vulva and vagina. In: Kufe DW, Pollock RE, Weichselbaum RR, Bast JrR, Gansler TSHJFea. Editors. *Holland-Frei Cancer Medicine*. 6<sup>th</sup> ed. Hamilton, Ontario: BC Decker Inc.; 2003.

Access this article online	
<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.ccij-online.org">www.ccij-online.org</a>
	<b>DOI:</b> 10.4103/2278-0513.134513