



## Case Study

### A CASE REPORT ON VULVAR LIPOMA

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#### ABSTRACT

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 *Vatadi dosha, 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*. **Objective:** 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 Manjunatheswara college of Ayurveda and Hospital, Hassan. On examination there was a mass measuring 6 x 3x 2cms, which was painless and without any discharge. The patient was advised 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, Shastra karma-Chedana* was performed.

**KEYWORDS:** *Medojagranti, Yonikanda, Chedanakarma, Shamana Aushadi.*

#### INTRODUCTION

Lipoma constitute the most common soft tissue tumors<sup>[1]</sup>. Usually seen in neck, upper back, shoulder, abdomen, buttock. Usually affected between 40 – 60 years<sup>[2]</sup>. Only 2% population are affected with lipoma<sup>[3]</sup>. Its occurrence in the vulva is said to be rare that a few cases have been reported. There are different types of lipoma like angioliipoma, adenoliipoma etc. It can be removed by simple excision under local/ spinal anesthesia based on its location. It is not dangerous unless it turns into malignant state.

It can be correlated in Ayurveda to *Granthi* based on its characteristic feature. Due to vitiated *Vatadi dosha, Rakta, Meda, Mamsa* there will be formation of nodular or glandular swelling which is round, hard in nature can be noticed in specific sites of the body. Pathology can be seen in two stages, *Pakva* and *Apakva avastha*. *Granthi* which is predominant of *Meda* (fat), excision- *Chedana* is line of treatment followed by *Dahana karma*<sup>[4]</sup> in *Pakva avastha*. In *Apakva avastha*, *shodana* is the line of treatment.

#### 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 angioliipoma 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.

**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: S<sub>1</sub>S<sub>2</sub> 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 1<sup>st</sup> 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.



**Before Excision**



**After Excision**

## DISCUSSION

In Ayurveda any round, soft to hard swelling's 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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