

Organizator:



Udruženje ginekologa i perinatologa
Tuzlanskog kantona

Pokrovitelji:



GRAD GRAČANICA
FEDERACIJA BOSNE I HERCEGOVINE
BOSNA I HERCEGOVINA



PRVI REGIONALNI SIMPOZIJ O PREVENCIJI, DIJAGNOSTICI I TRETMANU PREMALIGNIH PROMJENA NA GRLICU MATERNICE

*TEMA: Prevenција, dijagnostika i tretman premalignih
promjena na grliću maternice*

KNJIGA SAŽETAKA

05.-07. MAJ, 2022. GODINE, TUZLA

www.udruzenje-ginekologa.ba

Naučni odbor Prvog regionalnog simpozija o prevenciji, dijagnostici i tretmanu premalignih promjena na grliću maternice u organizaciji UGPTK:

Prof. dr Ermina Iljazović BiH

Prof. dr Vesna Kesić SRB

Prof. dr Goran Dimitrov S MKD

Asst. Prof. Dražan Butorac MD, PhD. CRO

Prof. dr Borut Kobal SLO

Prof. dr Mahira Jahić BiH

Doc. dr med. sc Igor Hudić BiH

Predsjednik Organizacionog odbora Prvog regionalnog simpozija u organizaciji UGPTK o prevenciji, dijagnostici i tretmanu premalignih promjena na grliću maternice:

Primarijus Doc. dr med. sc Hidajet Rahimić – Predsjednik UGPTK

Članovi organizacionog odbora Prvog regionalnog simpozija u organizaciji UGPTK o prevenciji, dijagnostici i tretmanu premalignih promjena na grliću maternice:

Prof. dr Gordana Bogdanović – generalni sekretar UGPTK

Prof. dr Azra Hadžimehmedović

Primarijus dr Mladen Mišić

Primarijus mr. sc Adnan Babović

Prof. dr Mešalić Lejla

Primarijus dr Amra Habibović

Mr. med. sc Begić dr Zumra

Dr Meliha Morankić

Dr Semin Šabić

Mr. med. sc Mujo Imširović

Dr med. sc Melika Dervišefendić

Doc. dr med. sc Enida Nevačinović

Pozvani predavači Prvog regionalnog simpozija u organizaciji UGPTK o prevenciji, dijagnostici i tretmanu premalignih promjena na grliću maternice:

Prof. Ermina Iljazović MD, PhD (BiH)

Prof. Vesna Kesić MD, PhD (SRB)

Prof. Goran Dimitrov MD, PhD (S MKD)

Asst. Prof. Dražan Butorac MD, PhD (CRO)

Prof. Borut Kobal MD, PhD (SLO)

Prof. Aljoša Mandić MD, PhD (SRB)

Prim. dr Branko Cvjetičanin MD, PhD (SLO)

Dr Steliois Kovaris (GRE)

Prim.dr Ljubiša Kusturić (BiH)

Prof. Spela Smrkolj MD, PhD (SLO)

Prof. dr Feđa Omeragić (BiH)

LARGE FIBROEPITHELIAL VAGINAL POLYP WITH VAGINAL INTRAEPITHELIAL NEOPLASIA (VAIN1) – CASE REPORT

Dimitar Georgiev¹, Bashkim Ismaili¹, Ana Kocevaska¹, Kristina Skeparovska¹, Bekim Dika¹
¹Specialized Hospital for Gynecology and Obstetrics “Mother Teresa” – Skopje, Republic of
North Macedonia
e-mail: akocevaska2014@gmail.com

Introduction: Benign or malignant vaginal neoplasms are rare. Fibroepithelial polyps of the vagina are rare disorders, which normally manifest as one or more painless polyps. Symptoms, such as bleeding, vaginal discharge, and discomfort, may also be related to this polyps according to the size of the mass. Vaginal intraepithelial neoplasia (VAIN) is a rare entity of lower genital tract premalignant lesion, which incidence has been reported to be 100 times lower than that of cervical intraepithelial neoplasia (CIN). Risk factors for the development of VAIN are similar to those for cervical neoplasia, i.e. promiscuity, starting sexual activity at an early age, tobacco consumption and human papillomavirus (HPV) infection. Furthermore, one major risk factor is a history of cervical neoplasia. In addition, women suffering from condylomata acuminata exhibit a higher incidence of VAIN compared to controls. Chao et al reported a 69.3% detection rate of HPV in VAIN lesions, whereas other studies revealed a higher rate up to 90–100%.

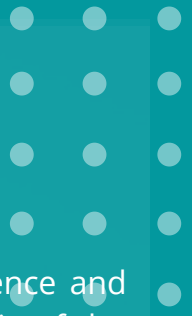
Case report: We present a case of 44 old patient with symptoms like vaginal discharge and discomfort due to a large Tu formation that arrised from the upper part of the vagina and was pedunculated. We performed extirpation of the formation. The intervention was uneventful, without excessive haemorrhage. The diameter of the Tu formation was 5x4x2.5cm, with lobulated surface and with several single simple proliferations on the surface up to 0.3-0.5 cm in diameter and several grouped in a zone with dimensions of 1x1 cm. At cross-section, the formation was grayish-white in color, with a tough consistence. Microscopically, a stromal fibroepithelial polyp was recognized. The surface was coated with non-keratinizing multilayered squamous epithelium with zones of marked parakeratosis. Multilayered squamous epithelium in one focus showed mild dysplasia. Subepithelial edematous hypocellular stroma was present, composed of spindle-shaped fibroblastoid cells and, less commonly, stellate cells. In the stroma there were blood vessels of different calibers, with regular endothelium. Perivascularly (and less common in the rest of the stroma), single and groups of lymphocytes were seen, also the single mast cells were present. A marked collagen deposition was seen in some zones. The histopathological finding corresponded to a stromal fibroepithelial polyp of the vagina and focus with vaginal intraepithelial neoplasia (VAIN 1). The patient was counceled and she was recommended to perform cervical cytology test and HPV typisation because of the risk of having precancerous lessions of the uterine cervix and/or infection with high risk HPV.

Discussion: The prevalence of VAIN has increased over the several decades due to the improved screening methods, such as cervicovaginal cytology and colposcopy, as well as increased awareness of the condition. Moreover, there have been several studies on the malignant potential of high-grade VAIN, which risk of progression to cancer has been shown to range between 2% and 12%. Condylomata accuminata represent the most common benign genital tract tumours, originating from infection with low risk HPV types such as HPV type 6 and 11. In the study of Lamos et al, HPV positivity was confirmed in 55% of the respondents with VAIN. 76% of them had an infection with HPV type 16 and 86% of these were diagnosed with HSIL [VAIN]. In studies performed in patients after hysterectomy, it was found that those with CIN history were more prone to VAIN and squamous cell carcinoma after hysterectomy than patients without CIN history.

Conclusion: Diagnosis of VAIN and other intraepithelial neoplasia such as vulvar (VIN), cervical (CIN) or anal intraepithelial neoplasia (AIN) have increased steadily over the past decades due to increased awareness and improved screening methods. VAIN is at high-risk of recurrence and progression, but the progression to vaginal cancer was limited to VAIN3/CIS cases (3.2%). We want to emphasize the importance of timely diagnosis and treatment of these lesions.

References:

- [1] Chan MM, Yong TT, Sittampalam K. Giant labial fibroepithelial stromal polyp. *Malays J Pathol.* 2013;35(1):91-4. [PMID]
- [2] Madueke-Laveaux OS, Gogoi R, Stoner G. Giant fibroepithelial stromal polyp of the vulva: largest case reported. *Ann Surg Innov Res.* 2013;7:8. [DOI:10.1186/1750-1164-7-8] [PMID] [PMCID]
- [3] Dodge JA, Eltabbakh GH, Mount SL, Walker RP, Morgan A. Clinical features and risk of recurrence among patients with vaginal intraepithelial neoplasia. *Gynecol Oncol.* 2001;83:363-369
- [4]. Rome RM, England PG. Management of vaginal intraepithelial neoplasia: a series of 132 cases with long-term follow-up. *Int J Gynecol Cancer.* 2000;10:382-390
- [5] Hodeib M, Cohen JG, Mehta S, Rimel BJ, Walsh CS, Li AJ, et al. Recurrence and risk of progression to lower genital tract malignancy in women with high grade VAIN. *Gynecol Oncol.* 2016;141:507-510
- [6] Daling JR, Madeleine MM, Schwartz SM, Shera KA, Carter JJ, McKnight B, et al. A population-based study of squamous cell vaginal cancer: HPV and cofactors. *Gynecol Oncol.* 2002;84(2):263-70. 10.1006/gyno.2001.6502
- [7] Chao A, Jao MS, Huang CC, Huang HJ, Cheng HH, Yang JE, et al. Human papillomavirus genotype in cervical intraepithelial neoplasia grades 2 and 3 of Taiwanese women. *Int J Cancer.* 2011;128(3):653-9. 10.1002/ijc.25384
- [8] Smith JS, Backes DM, Hoots BE, Kurman RJ, Pimenta JM. Human papillomavirus type-distribution in vulvar and vaginal cancers and their associated precursors. *Obstet Gynecol.* 2009;113(4):917-24. Epub 2009/03/24. 10.1097/AOG.0b013e31819bd6e0

- 
- [9] De Vuyst H, Clifford GM, Nascimento MC, Madeleine MM, Franceschi S. Prevalence and type distribution of human papillomavirus in carcinoma and intraepithelial neoplasia of the vulva, vagina and anus: a meta-analysis. *Int J Cancer*. 2009;124(7):1626–36. Epub 2008/12/31. 10.1002/ijc.24116
- [10] Lamos C, Mihajlevic C, Aulmann S, et al. .Detection of Human Papillomavirus Infection in Patients with Vaginal Intraepithelial Neoplasia. *PLoS One*. 2016; 11(12): e0167386
- [11] Cao D, Wu D, Xu Y. Vaginal intraepithelial neoplasia in patients after total hysterectomy. *Curr Probl Cancer*. 2021 Jun;45(3):100687