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POSTER NUMBER: EP **095** **NAME:** DR.ANUKRITI SINGH (Primary author), DR.RUPALI DAS (Co- Author), DR. PANDURANG ROTITHOR, DR.VAISHALI BHONSALE (Corresponding author)- VIMS , DAHANU **TITLE:** A CASE REPORT OF VULVAR CELLULAR ANGIOFIBROMA WITH BARTHOLIN'S CYST AND DECUBITUS ULCER

INTRODUCTION

Cellular angiofibroma is a rare, benign tumor, typically affecting middle-aged women with 0.03 % incidence. These slow-growing, well-circumscribed tumors require differentiation from aggressive angiomyxoma and spindle cell lipoma.

OBJECTIVES

To describe a rare case of vulvar cellular angiofibroma with Bartholin's cyst and decubitus ulcer and discuss its diagnostic and therapeutic challenges.

CASE REPORT

A 38-year-old, P4L4,presented with a pedunculated mass (8×4×2 cm) from the left labia majora over two years, with decubitus ulceration. Adjacent inguinal and paraaortic nodes normal. Per abdomen, Per speculum, Per vaginal findings normal, The mass was excised under saddle block anesthesia, with uneventful recovery. Bartholin cyst as incidental finding and marsupialization done. Histopathology confirmed cellular angiofibroma with a benign Bartholin's cyst. Follow-up maintained till 6 months

DISCUSSION

Cellular angiofibroma requires precise differentiation from similar tumors (aggressive angiomyxoma, spindle cell lipoma, mammary-type myofibroblastoma, perineuroma, leiomyoma) using imaging and histopathology. These tumors display spindle cells in a fibrocollagenous stroma with minimal mitotic activity. Surgical excision with clear margins is the treatment of choice.

CONCLUSION

Early diagnosis and surgical excision are crucial for managing vulvar cellular angiofibroma. Accurate differentiation ensures effective treatment, and follow-up is vital to monitor recurrence.

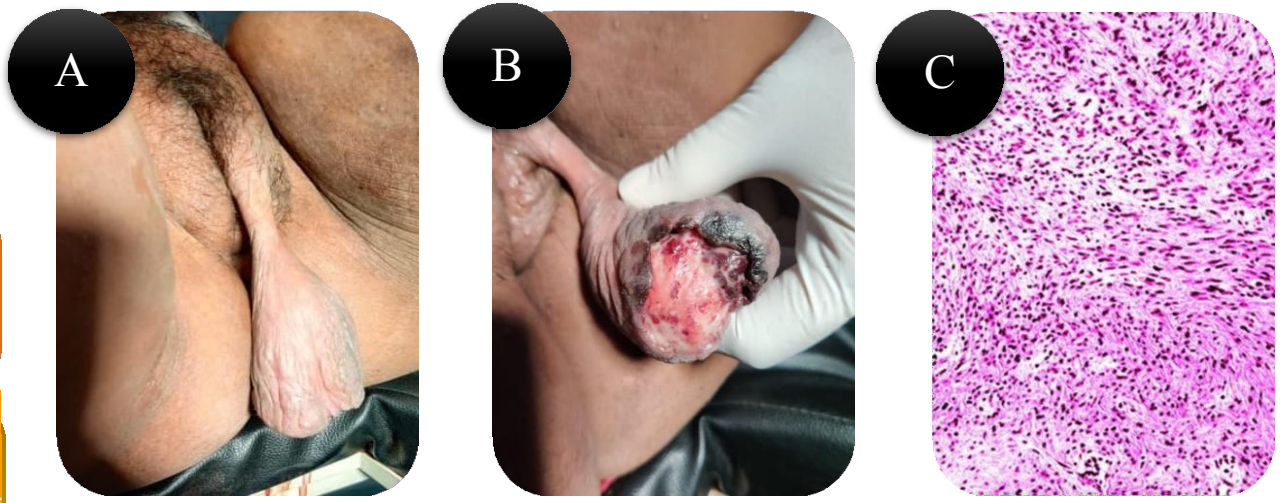

Image A and B depicting pedunculated mass arising from left labia majora with decubitus ulcer at apex. Image B demonstrates histopathological changes under 400X magnification

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