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Squamous Papilloma Associated with Uterine Prolapse: A Clinical Image

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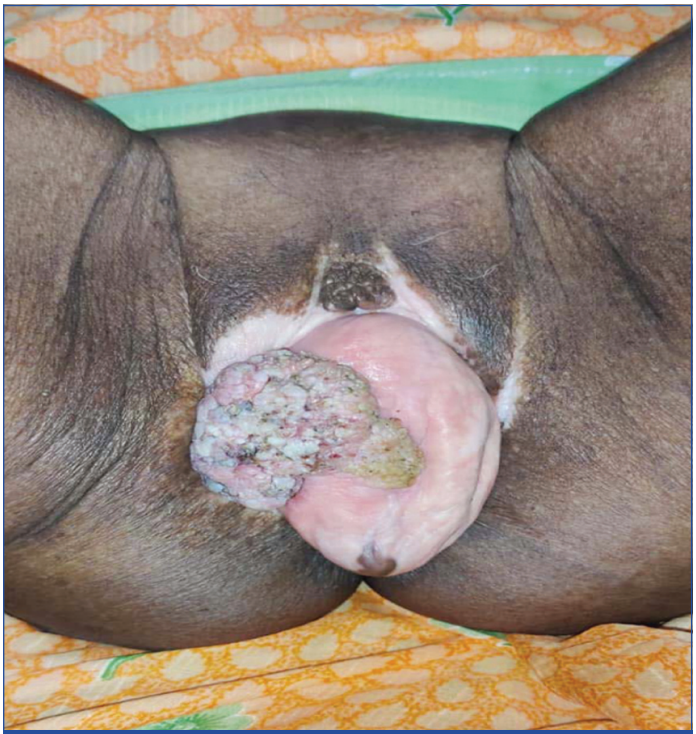
An 88-year-old multiparous female (G3P3L3) with an obstetric history of three full-term normal vaginal deliveries conducted at home with no history of obstetric complications, presented with complaints of a mass protruding per vagina for one year, associated with dragging pain, difficulty in walking, discomfort during daily activities, and itching. There was no history of bleeding per vaginum or urinary and bowel disturbances. There was no significant past medical, surgical, or family history. On local examination, a complete uterine prolapse was noted. Over the exposed vaginal surface of the prolapsed uterus, a whitish, cauliflower-like exophytic growth measuring approximately 3×3 cm was observed. The lesion was sessile, firm, non tender, and showed no ulceration or bleeding. The surrounding vaginal mucosa appeared normal [Table/Fig-1].



[Table/Fig-1]: Whitish cauliflower-like exophytic lesion over the prolapsed vaginal wall.

A biopsy of the lesion was performed to rule out malignancy. Histopathological examination revealed an exophytic papillary lesion composed of mature squamous epithelium with a fibrovascular core, without koilocytosis, dysplasia, or cytological atypia, confirming the diagnosis of squamous papilloma (non venereal wart). The lesion was completely excised with clear margins, and no residual lesion was noted at the excision site. Considering the patient's advanced age and preference for conservative management, definitive surgical correction of the uterine prolapse was deferred. Therefore, a No. 9 ring pessary was inserted for support. At the three-month follow-up, the patient reported good tolerance of the pessary, with no evidence of recurrence of the lesion or pessary-related complications.

The major differential diagnoses included condyloma acuminatum, verrucous carcinoma, and warty (condylomatous) squamous cell carcinoma. Condyloma acuminatum was excluded due to the absence of koilocytosis [1]. Verrucous carcinoma and warty squamous cell carcinoma were ruled out due to lack of invasive growth and cytological atypia [2].

The exact pathogenesis of squamous papilloma remains unclear. However, chronic irritation of the vaginal mucosa has been suggested as a possible contributing factor. In cases of uterine prolapse, prolonged exposure of the vaginal mucosa to mechanical trauma, dryness, and repeated inflammation may result in reactive epithelial proliferation and subsequent formation of papillomatous lesions [3]. Similar findings have been reported in the literature, where long-standing uterine prolapse is associated with epithelial alterations of the exposed vaginal mucosa. Sheikh NK et al., and Sunanda N et al., reported cases of vaginal carcinoma in prolapse, suggesting that chronic irritation, persistent exposure, and inflammation may lead to epithelial changes ranging from reactive proliferation to malignancy. These findings support the role of chronic irritation in the development of lesions such as squamous papilloma [4,5]. In the present case, long-standing uterine prolapse likely contributed to persistent mechanical irritation leading to papilloma formation.

The present case highlights the rare occurrence of squamous papilloma arising over a prolapsed vaginal mucosa in an elderly patient with long-standing uterine prolapse. The co-existence of a benign papillomatous lesion with advanced uterine prolapse makes this case unique and clinically significant.

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