VAGINAL ADENOSIS WITHOUT DIELTHYLASTILBESTROL (DES) EXPOSURE: A CASE REPORT

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INTRODUCTION

Vaginal adenosis is rare, and it is defined as the presence of metaplastic cervical or endometrial epithelium within the vaginal wall[1]. It is most common in women whose mothers took the hormone diethylstilbestrol (DES) during their pregnancies and is associated with a high risk of vaginal carcinomas[2]. An unusual case of vaginal adenosis arising in a non-diethylstilbestrol-exposed patient is presented. Since the withdrawal of diethylstilbestrol from the market, this condition is rarely described in the medical Iiterature[3]. Although in some it may be a coincidal insignificant finding, it is probably under diagnosed even in symptomatic patients[4]. However, it should be considered as a possible diagnosis in females with persistent vaginal discharge.

CASE REPORT

A 30 year old, nulligravid woman was seen in outpatient department of Obstetrics and Gynaecology with history of persistent copious vaginal discharge and backache for the past 10 months. On speculum examination, there were red and warty protuberances on the vaginal wall, more at posterior fornix of vagina. A Pap smear was performed, which yielded inflammatory pattern of cervix. High vaginal swab was obtained for culture and sensitivity which revealed trichomonas. She was treated with metronidazole, her symptoms improved to some extent but did not resolve completely. Biopsy was taken from the site of lesion. The histopathological examination of the biopsy revealed chronic inflammation with endocervical type epithelium lined glands throughout the lamina propria. The overlying squamous epithelium of the vagina was normal (Fig 1, 2). A diagnosis of mucinous type vaginal adenosis was made. Patient's mother denied any treatment with steroidal or non steroidal drugs during her pregnancy. Cautery of the vaginal lesions under genereal anesthesia was done because of inadequate exposure. She was advised to have cytologic and colposcopic examination as a follow up to rule out clear cell adenocarcinoma development.

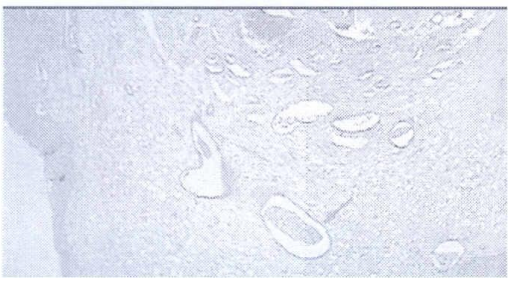

Fig 1: Photo micrograph showing typical gland under tified squamous epithelium of vagina.

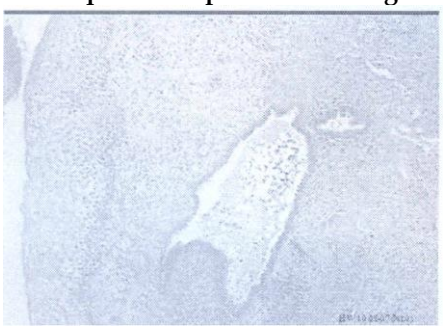

Fig 2: Photo micrograph showing high power view of gland.

DISCUSSION

In vaginal adenosis, tissue similar to the type that is present in cervix, uterus and fallopian tube is found in vagina, usually seen in women whose mothers took the hormone Diethylstilbestrol during their pregnancies. Because of the connections between DES and the abnormalities such as vaginal adenosis ,use of DES was banned in 1971[2]. Vaginal adenosis was first recognized by Plaut and Dreyfuss in 1940 prior to DES treatment(S). Clinical picture of vaginal adenosis may vary ranging from vaginal discomfort, pruritis, clear or mucoid discharge or dyspareunia, however many cases

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Received: 11 Jan 2010; Accepted: 27 Jan 2010

are asymptomatic and diagnosed incidentally on physical examination[6]. lnterestingly vaginal adenosis has been documented in women who have never been exposed in utero to DES[7] In a rare case it has also been reported in association with vaginal intra epithelial neoplasia[8]. However histopathological changes were reported to be identical in patients with or without DES exposure by Robboy[9] Probably our patient is also having similar condition. Trauma and long standing inflammation may explain the development of vaginal adenosis without DES exposure[10]. In our case, excessive discharge was due to mucinous secretion of glands .Cautery of the lesions was done as it is a cheap option with minimal residual disease. Patient was treated successfully with follow up after 4 wks and examination revealed healing vaginal skin with no gross evidence of residual disease.

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