Case Description

A 46-year-old woman with no personal or family history of interest consulted for asymptomatic vulvar lesions that appeared 4 months earlier. She had not undergone any treatment.

Physical Examination

Both labia majora had multiple whitish, monomorphous papules of cystic appearance and with a diameter of 3 mm (Figure 1). No lesions were observed in the rest of the vulva. A biopsy was taken of one of the lesions (Figure 2).

Histopathology

A histopathological study of one of the lesions showed that the dermis contained a cystic cavity lined by a stratified squamous epithelium with a granular layer (Figure 2).

What is your diagnosis?
Diagnosis

Multiple vulvar epidermoid cysts

Course

Due to the absence of symptoms, the lack of a request for treatment from the patient, and the benign nature of the lesions, a decision was made to take a conservative approach and refrain from treatment.

Comment

Cysts are extremely common benign cutaneous lesions. Diagnosis is obtained histologically and the lesions are divided into 3 main groups based on the presence or absence of epithelial lining and its type (stratified squamous, stratified nonsquamous, and absence of epithelium). Epidermoid cysts are the most common type and can appear at any site, but most often on the face and trunk. The lesions originate in the follicular infundibulum and, therefore, are also known as infundibular cysts. Microscopic examination shows a cystic cavity filled with keratin layers, lined with stratified squamous epithelium. This epithelium shows a proliferation of cells with abundant eosinophilic cytoplasm that keratinize abruptly and lead to dense, homogeneous keratin that fills the cystic space. Only one case has been described of a 60-year-old woman with multiple proliferating trichilemmal cysts in the labia majora and minora of the vulva, suprapubic skin, and thigh. The lesions were flesh-colored papules and nodules between 3 mm and 1 cm that were fast-growing in terms of number and size. Some of them had ulcerated. Treatment was a vulvectomy.

The differential diagnosis for multiple vulvar papules is broad and other entities should be taken into account, in addition to the cystic lesions mentioned above. Although syringomas and Fox–Fordyce disease affect other sites, several cases have been described in which they appear as multiple papules in the vulva. Another 2 conditions, acantholytic dyskeratosis of the vulva and vulvar idiopathic calcinosis, may present as multiple whitish papules, but only a few cases have been published.

Multiple epidermoid cysts in the vulvar area are uncommon. Because the lesions are benign, the treatment will depend on the patient’s request. The more uncomfortable lesions can be surgically removed, with CO2 laser therapy also an option.

Conflicts of Interest

The authors declare no conflicts of interest.

References