Fordyce Spot of Vulva Confused with Condyloma Accuminatum

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Fordyce spots are ectopic sebaceous glands which are most commonly seen on lips and oral mucosa. Patients are asymptomatic and do not require treatment unless cosmetic concerns arise. Fordyce spots can also be seen on vulva. However, in such patients, more common vulvar disorders including condyloma accuminatum may be considered clinically instead of Fordyce spots. Therefore, any vulvar lesion without typical appearance should be sampled and examined histopathologically before initiating treatment.

A woman with vulvar Fordyce spots who was misdiagnosed to have condyloma accuminata is presented. The patient admitted to a gynecologist with a complaint of chronic vulvar pruritus. After vulvar inspection, topical imiquimod cream was given with a presumed diagnosis of condyloma accuminatum. The patient then admitted to our hospital without commencing therapy. She was subjected to biopsy after examination due to atypical lesions. Papules located on both labia minora were reported to be Fordyce spots and random biopsy was consistent with chronic inflammation. Therefore, she was given topical corticosteroid instead of imiquimod.

Key Words: Fordyce spots, Sebaceous glands, Condyloma accuminatum, Vulvar biopsy

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Introduction

Fordyce spots are ectopic sebaceous glands which are most commonly seen on the lips, oral mucosa, and vulva.[1] In general, these lesions are bilateral and they appear as multiple milimetric macules or papules.[2] Fordyce spots do not cause any symptoms and therefore no treatment is recommended. In fact, some authors consider them as a variation of normal anatomy.[1,2] So, convincing the patient about the benign nature of the lesion is usually sufficient. Nevertheless, a demand for treatment may sometimes be encountered mostly due to cosmetic reasons.[2] Commonly used treatment options include CO2 laser, oral isotretinoin, 5-aminolevulinic acid photodynamic therapy, and bichloracetic acid.[1,3,4,5]

Here, a woman with vulvar Fordyce spots who was misdiagnosed to have condyloma accuminata is presented.

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Case Report

A 47-years-old peri-menopausal woman who presented with a complaint of chronic vulvar pruritus was examined by a gynecologist and was diagnosed to have vulvar condyloma accuminatum. Therefore, she was recommended topical 5% imiquimod cream without performing a histopathological confirmation of the diagnosis. The patient then admitted to our hospital without commencing the recommended therapy. Typical condyloma lesions were not detected on her vulvar inspection except for multiple yellow-white papules with a diameter of nearly 1 mm located at both labia minora. Vulvar colposcopy did not reveal any abnormality and no acetowhite lesions were detected. The lesions on labium minus were sampled via punch biopsy and a random biopsy involving labium majus and minus adjacent to clitoris was performed in order to document the presence of any vulvar disorders causing chronic vulvar pruritus. On histopathological examination, the papules were reported to be Fordyce spots and random biopsy revealed chronic inflammation (Figure 1). The patient was informed that no treatment was necessary for the Fordyce spots. However, topical flumethasone cream was given twice a day for pruritus. The patient is completely free of symptoms two weeks after the initiation of topical steroid treatment.

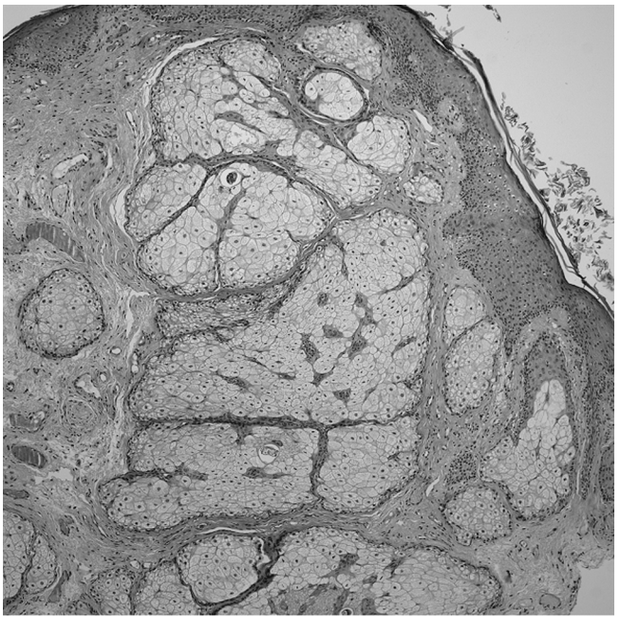

Figure 1: Fordyce spot characterized with the presence of sebaceous glands beneath the squamous epithelium of labium minus

Discussion

Condyloma accuminatum (genital wart) is caused by HPV subtypes 6 and 11 and it commonly involves lower genital tract, perineal and perianal regions.[6] Condyloma accuminatum may usually be diagnosed by only clinical examination without need for additional investigations. However, there are some disorders which may look like condyloma accuminatum. Therefore, in cases without typical condylomatous lesions, vulvar biopsy should be performed to prove the diagnosis. Biopsy is especially needed in lesions with verrucous papular appearance.[7]

Before initiating therapy, the definitive diagnosis of vulvar lesion should be achieved since the therapeutic options may differ accordingly. The accurate diagnosis obtained via punch biopsy in our patient resulted in a significant change in her treatment plans. While she was given topical 5% imiquimod cream for a presumed diagnosis of vulvar condyloma accuminatum, we recommended her to use topical flumethasone cream after excluding HPV lesions and confirming the presence of chronic vulvar inflammation. Also, our patient felt relieved after the exclusion of condyloma accuminatum since the presence of genital HPV lesions were reported to have a significant psychological effect. The emotional stress related with such lesions involves the concerns about transmission of HPV to sexual partners, the risk of cancer, and the recurrent nature of lesions.[8]

In addition, the pathologist should be informed sufficiently about the clinical features of the patient and the exact localization of the lesion. Unless our pathologist was not well-informed about the localization of papules, the diagnosis of Fordyce spot could not be possible since the diagnosis is primarily based on the ectopic localization.

As a conclusion, in order to make the right decision among several treatment options, vulvar biopsy should be used liberally when lesions are not readily distinguishable. Also, the detailed clinical information given to the pathologist may facilitate the histopathological diagnosis.

Kondiloma Akuminatumla Karıştırılan Vulvar Fordyce Spot

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Fordyce spotları ektopik Sebase bezleridir ve en sık dudaklarda ve ağız mukozasında görülür. Hastalar asemptomatiktir ve kozmetik sorun olmadıkça tedavi gerekmez. Vulvada da Fordyce spotları görülebilir. Fakat bu hastalarda Fordyce spotları yerine klinik değerlendirmede kondilom gibi daha sık görülen vulva hastalıkları düşünülebilir. Bu nedenle tipik olmayan herhangi bir vulvar lezyon varlığında tedaviden önce biyopsi ve histopatolojik inceleme gerekir.
Bu makalede vulvar Fordyce spotları olmasına rağmen yanlışlıkla kondilom tanısı konan bir hasta sunulmuştur. Kronik vulvar kaşıntı şikayetiyle bir jinekoloğa başvuran hastada yapılan vulvar muayene sonrasında kondilom düşünülerek topikal imikimod krem önerilmiş. Hasta önerilen tedaviye başlamadan polikliniğimize başvurdu. Atipik lezyonlar nedeniyle muayene sonrası vulvar biyopsi yapıldı. Labium minustaki papüllerden alınan biyopside Fordyce spot saptanırken normal görünen vulva kısmından alınan biyopsi kronik inflamasyon ile uyumlu idi. Bu nedenle hastaya imikimod yerine topikal kortikosteroid tedavisi önerildi.

Anahtar Kelimeler: Fordyce spotları, Sebase bezler, Kondiloma akuminatum, Vulvar biopsi

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