A rare lesion of the vagina: tubulo-squamous polyp

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Abstract

Vaginal polyps are uncommon and consist of a heterogeneous group of lesions. Most of vaginal polypoid lesions are fibroepithelial polyps. However, a variety of lesions (leiomyoma, superficial myofibroblastoma of the lower female genital tract, rhabdomyoma, and embryonal rhabdomyosarcoma etc.) may present macroscopically as a polypoid mass. Tubulo-squamous polyp of the vagina is a rare benign lesion that has been described recently. Histologically, it is characterized by both epithelial and mesenchymal component, consisting of squamous nests and tubules, embedded in a fibrous stroma. Focal immunoreactivity for prostate-specific antigen (PSA) and/or prostatic acid phosphatase (PSAP) may be observed in some lesions, supporting the possibility that it originates from paraurethral Skene’s glands. Herein, we report a 60-year-old female with a tubulo-squamous polyp of the vagina. A brief review of the literature on this novel entity is also provided.

Keywords: Polyps; tubulo-squamous; vagina

Introduction

Vaginal polyps are uncommon and consist of a heterogeneous group of lesions. Most of vaginal polypoid lesions are fibroepithelial polyps. However, a variety of lesions (leiomyoma, superficial myofibroblastoma of the lower female genital tract, rhabdomyoma, and embryonal rhabdomyosarcoma etc.) may present macroscopically as a polypoid mass (1,2). Tubulo-squamous polyp of the vagina is a distinct histopathologic entity that has been recently described in a series of ten cases in 2007 (2). Tubulo-squamous polyps occur in women, aged from 36 to 86 years, mostly in the postmenopausal period (1-3). Tubulo-squamous polyps may either be asymptomatic and found incidentally during physical examination or may be presented with vaginal discomfort, discharge or bleeding. The polyps often range from 1.0 to 3.0 cm in diameter and are usually located in the upper part of the vagina (2). Histologically, the polyps include well-demarcated squamous nests accompanied by tubules in a fibrous stroma. The tubules are located in the squamous nests or around them, and are lined by one or two layers of cuboidal epithelial cells or squamous cells. Some of the squamous nests contain central necrosis with or without calcification, or keratin pearl-like material (2).

Case Report

A 60-year-old female was admitted with vaginal discharge and a vaginal polyp on the upper 1/3 of the vagina was observed incidentally on gynecological examination. It was excised and sent for pathological examination. Grossly, the polyp was measured 1.2x0.9x0.8 cm. Histologically, the surface of the polyp was covered by hyperplastic and glycogenated squamous epithelium. The polyp was composed of well-circumscribed nests of glycogenated squamous cells with bland nuclei in a fibrovascular stroma with moderate chronic inflammatory cells (Figure 1). Some of the squamous nests showed central spaces filled with necrotic debris or keratin-like material (Figure 2).

This case report was presented at 19th National Pathology Congress in 2009 in Cyprus.

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Foci of calcification were present in some squamous nests (Figure 3). There were some small tubules in the squamous nests or at the periphery of the nests, that were lined by single or double layers of cuboidal cells (Figures 1, 2, and 4). There was no dysplasia or malignant change in the lesion. PSA and PSAP were performed immunohistochemically with positive controls and the lesion was entirely negative with them. Pan-cytokeratin and CK7 were positive in the squamous nests and the tubules; both estrogen receptor and progesterone receptor were positive extensively in the stroma, and showed focal positivity in the squamous nests and the tubules; desmin was positive in the stroma as well as CD34 and SMA that revealed the muscular component of the stroma. Ki-67 proliferation index was low (<1%).

**Discussion**

Tubulo-squamous polyp of the vagina is a rare entity with a distinct morphology that has been recently described by McCluggage and Young (2). To the best of our knowledge, a few case reports about this novel entity have been submitted to date, describing additional or different histopathological features (1, 3-5).

Dundr et al. (3) reported a case of a tubulo-squamous polyp of the vagina that had some large mucinous glands showing squamous metaplasia in a fibrous rather than hypocellular stroma. Stewart (6) reported prominent basaloid epithelial differentiation in an additional case of tubulo-squamous polyp that potentially could raise diagnostic difficulty with other basaloid and/or endocrin tumors. Chaturvedi and Padel (5) reported a case of vaginal tubulo-squamous polyp that had sebaceous glands. Tong et al. (1) reported a tubulo-squamous polyp with goblet cell and mucinous differentiation. Vassallo et al. (4) reported a tubulo-squamous polyp showing “angiomyofibroblastic-like” stroma which could lead to confusion with other mesenchymal lesions of the vagina. Wachter et al. (7) reported a tubulo-squamous polyp raised in a mature cystic teratoma of the ovary recently.

Possible theories are claimed about the histogenesis of tubulo-squamous polyp, including a Mullerian origin, derivation from mesonephric remnants or...
urosquamous polyp is a rare novel entity, and further knowledge about the histogenesis and the morphologic spectrum of this lesion is required to aid pathologists in its recognition and diagnosis.

**References**


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