



## Perianal Fibroma: A Rare Encounter!! Case Report with Review of Literature

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### Abstract

*Fibroma of ano rectal region is very rare. It may arise from a hypertrophied papilla or by fibrous infiltration of a large prolapsing internal haemorrhoid, generally as a result of repeated attacks of thrombosis and strangulation without sloughing and this case we report, in view of its rarity and a brief explanation about our experience of perianal fibroma.*

**Keywords:** *Fibroma, Perianal, papilla, haemorrhoid, strangulation.*

### Introduction

Fibroma is encapsulated, firm, slightly movable, ovoid, small to moderate size and has little tendency to ulcerate. It is usually situated in wall. In time, the covering epithelium columnar becomes squamous epithelium. The tumour may remain in wall of rectum or become polypoid and extend into lumen. In general, it is single and slow growing. Fibroma may originate in any layer of bowel wall, but arises most frequently in submucosa. Fibromas have been reported in appendicular stump and near mesentery.<sup>1</sup>

### Case Report

51 year old elderly female presented to our OPD with the complaints of bleeding per rectum and perianal mass since 1 year. Physical examination revealed a 3x4 cm spherical mass which was palpable along right side of the anal verge which added to her agony. The mass was smooth, non-tender and freely mobile. The overlying skin was

hyperpigmented. The lesion was initially diagnosed to be a lymphangioma.

The lesion was completely excised by trans anal excision under spinal anaesthesia. Post operative period was uneventful. The perianal mass was sent for histopathological examination. Grossly – mass was grey white soft tissue measuring 3x3cm. Microscopy showing hypo and hypercellular areas of fibroblasts with small blood vessel lined endothelium with chronic inflammatory cell infiltration and these features suggestive of benign spindle cell lesion – fibroma.



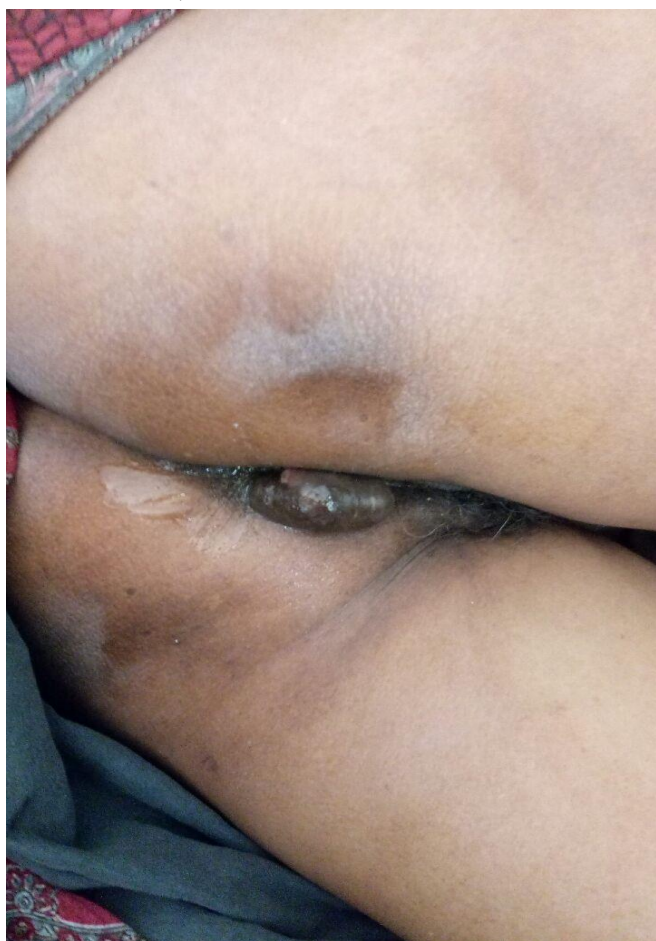
### Discussion

Fibroma may originate in any layer of bowel wall, but arises most frequently in submucosa. Fibroma have been reported in appendicular stump and near mesentery. Fibromatosis is a rare entity sometimes associated with part of systemic disease, where they presents with skin lesions, gingival hyperplasia, joint contractures, and bone lesions. The skin lesion may consists of papules, nodules and plaques.<sup>2</sup>

This lesion showed above often can be confused with malignant melanoma, and only histopathological examination can differentiate both lesion.

If the mass is left unattended can have every chance of turning in to malignant transformation i.e fibrosarcoma<sup>3</sup>

This lesion is usually diagnosed by certain immune histochemical marker such as vimentin, bcl-2, MCU 4, S100 protein, CD34, and desmin and CD99. most diagnostic accurate test is by FISH and it detects EWSR1and CREB3L1 fusion in each lesion, which is characteristic of sarcoma.



Sometimes fibroma may be confusing with that of lymphangioma, which form a close differential diagnosis. However because of its peculiar location diagnosis becomes doubtful.<sup>4</sup>

Lymphangioma is a rare malformation of lymphatic system characterised by lesion with thin walled cyst with depigmentation.

Congenital lymphangioma are often associated with chromosomal abnormalities such as turner syndrome, acquired may be due to trauma, inflammation, or lymphatic obstruction.<sup>5</sup>

### Conclusion

It's quite usual for medical personals to have such encounters in their practice. It so happens that at times the initial and final diagnosis will not be the same. A high degree of suspicion is always needed in treating patients and to win their confidence. This was one of our experiences which we have reported. We conclude saying, that fibroma is a rare entity and this rarity should not hasten the management.

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