

Vestibular papillomatosis: a normal variation commonly misdiagnosed as genital condylomata



Razmi T. Muhammed, MD, DNB; T. P. Afra, MD; Dipankar De, MD

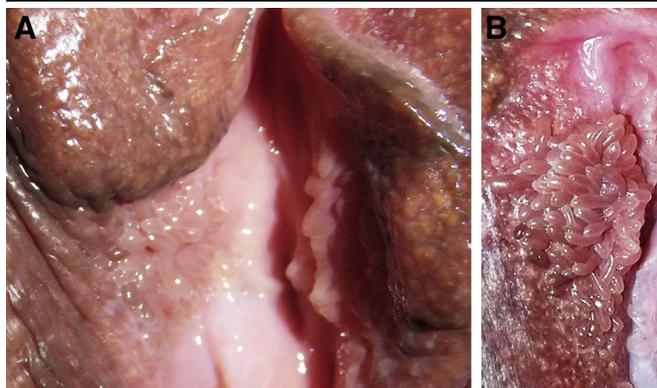
FIGURE 1
Mucosal projections



Muhammed and De. Vestibular papillomatosis: a normal variation commonly misdiagnosed as genital condylomata. *Am J Obstet Gynecol* 2019.

A woman in her 30s was referred to our venereal disease clinic with a diagnosis of genital condylomata. She had been treated with single application of 70% trichloroacetic acid. The woman without any extramarital contact was anxious

FIGURE 2
A, Close-up view; B, colposcopic view



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and had been observing abstinence in an attempt to prevent the sexual spread of presumed genital condylomata to her partner.

On clinical examination, warty growths were noted at the vestibule (Figure 1, arrows). On close inspection (Figure 2), soft, pinkish, frond-like, regularly arranged linear mucosal projections were seen distributed symmetrically on the vestibule. Colposcopy at 4-fold magnification (Figure 2) further characterized the irregular linear vessels in the juxtaposed papillae. The individual papillae arising from separate bases had rounded ends. Absence of koilocytic changes on histopathology ruled out genital condylomata.

Unlike vestibular papillomatosis, genital condylomata have an irregular distribution of pink-to-white hard lesions arising from a common base. Papillae with tapered ends show conglomerate vessels on magnification. Knowledge of these differentiating features can help clinicians to avoid misdiagnosis of this normal variant of female genital mucosa. ■

From the Department of Dermatology, Venereology, and Leprology, Postgraduate Institute of Medical Education and Research, Chandigarh 160012, India.

Received July 29, 2018; accepted Aug. 14, 2018.

Reprints not available from the authors.

The authors report no conflict of interest.

0002-9378/\$36.00

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<https://doi.org/10.1016/j.ajog.2018.08.025>