A Rare Case Report: Vaginal Adenosis Not Associated With Diethylstilbestrol Use

Dr. Kanwardeep Kaur¹, Dr. Manmeet Kaur², Dr. Parul³, Dr. Arshdeep Kaur*⁴

¹Professor, GGSMC & H Faridkot Punjab, India  
²Associate Professor, GGSMC & H Faridkot Punjab, India  
³Assistant Professor, GGSMC & H Faridkot Punjab, India  
⁴Postgraduate Resident, GGSMC & H Faridkot Punjab, India

Abstract

Vaginal adenosis is defined by the presence of metaplastic cervical or endometrial epithelium within the vaginal wall, thought to be derived from persistent Müllerian epithelial islets in postembryonic life [1]. There is also replacement of the surface squamous epithelium of the vaginal wall by glandular epithelium [2, 3]. Bonney and Glendining first describe a case in 1910 in their article, ‘Adenomatosis vagina, a hitherto undescribed condition [4]. Little is known about the etiology, pathogenesis, symptomatology and management of this condition. But its association with in utero exposure to diethylstilbestrol and a subsequent higher risk of clear cell adenocarcinoma is well known. In this case report we present a case of vaginal adenosis not associated with any history of diethylstilbestrol.

Keywords: Vaginal adenosis, Müllerian epithelium, diethylstilbestrol.

INTRODUCTION

Vaginal adenosis is defined by the presence of metaplastic cervical or endometrial epithelium within the vaginal wall, thought to be derived from persistent Müllerian epithelial islets in postembryonic life [1]. There is also replacement of the surface squamous epithelium of the vaginal wall by glandular epithelium [2, 3]. Bonney and Glendining first describe a case in 1910 in their article, ‘Adenomatosis vagina, a hitherto undescribed condition [4]. Little is known about the etiology, pathogenesis, symptomatology and management of this condition. But its association with in utero exposure to diethylstilbestrol and a subsequent higher risk of clear cell adenocarcinoma is well known [5, 6]. In this case report we present a case of vaginal adenosis not associated with any history of diethylstilbestrol.

CASE PRESENTATION

A 50 years old female multigravida came to gynaecology OPD with complaint of discharge per vaginum. On examination discolouration of vagina is noted and per speculum examination of cervix was normal. Biopsy was taken from vagina and sent to pathology department. Grossly, flattened grey brown tissue was received. Microscopy shows presence of endocervical type epithelium lined glands throughout the lamina propria. The overlying squamous epithelium of the vagina was normal.

DISCUSSION

The vagina is lined by noncornified squamous epithelium. An occasional mucous secreting gland may be found in the vaginal mucosa of normal women. These occasional glands usually are without any clinical symptoms [6-8]. When vaginal shows presence of numerous endocervical glands, it is known as vaginal adenosis. The association between vaginal adenosis and DES-exposure has received attention to this vaginal pathology since 1971. Plaut and Dreyfuss first recognized the vaginal adenosis prior to the DES treatment in 1940 [9]. Twenty-five years later, Sandberg et al., described only 27 new cases in their review article [10]. Robboy et al., have reported 41 additional cases with vaginal adenosis without DES exposure during the 6-year period between 1976-1982 [11]. Vaginal histopathological changes were reported to be identical in patients with or without DES exposure by Robboy. Non diethylstilbestrol-induced adenosis is infrequently observed in comparison to the larger number of vaginal adenosis due to intrauterine diethylstilbestrol exposure [12].
CONCLUSION

Although vaginal adenosis is a rare and generally asymptomatic, it should be considered as part of differential diagnosis in young patients with vaginal discharge resistant to treatment even without history of any DES exposure.

REFERENCES