

A Case Report of Hyper Pigmented Patch Over the Posterior Vaginal wall – Supra Basal Bullous

^{1*}Dr.G.S.Brinda, ²Dr.K.Saraswathy

Corresponding Author: Dr.G.S.Brinda.

Abstract: The presence of hyperpigmented sessile polypoid growth present over the posterior vaginal wall, which was found to be an incidental finding in a woman of reproductive age group during regular gynecological examination. To find the origin, and the pathology involved and the nature of the lesion, biopsy of the hyperpigmented growth was done and the specimen sent for histopathology.
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I. Introduction

Pigmentary abnormalities of the female genital tract most commonly affect vulva very rarely affect the vagina. Lesions affecting the vagina and vulva are classified into melanocytic and non melanocytic, squamous, inflammatory and reactive. Vast majority of pigmented lesions are benign – acquired melanocytic nevi, genital lentiginosities.

II. Materials And Methods

A woman of reproductive age group, under routine gynecological examinations was incidentally found to have a hyperpigmented patch over the posterior vaginal wall, biopsy of the hyperpigmented patch was done and sent for histopathology, biopsy reported suprabasal bullous lesion.

III. Discussion

Bullous disease is also known as blistering disease. It is a fluid filled raised lesion greater than 5mm across. It is denoted as epidermal separation level

Subepidermal bulla

Intraepidermal bulla

Intra epidermal types as two subtypes sub corneal and supra basal. Intra epidermal bullous dermatoses include pemphigus vulgaris and pemphigus vegetans. Pemphigus is a life threatening blistering disorder caused by autoantibodies that result in the dissolution of intercellular attachments within the epidermis and mucosal epithelium. Commonest form of pemphigus vulgaris are autoimmune bullous disease supra basal acantholytic painful and rarely pruritic, most common sites include the mucosa, skin, scalp, face, axilla, groin, trunk, points of pressure and oral ulcers. Etiopathogenesis includes auto antibodies IgG against epidermis and mucosa adhesion desmogleins 1 and 3 linkage to specific HLA types (net like pattern) directly disrupting and activating protease which further gives rise to superficial vesicle and bullae.

IV. Conclusion

Presence of hyperpigmented sessile growth over the posterior vaginal wall is an rare occurrence .since bullous lesion usually result due to blistering ,which is not a common phenomenon noted at the posterior vaginal wall.

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