

# Vestibular Papillomatosis: A Benign Condition Mimicking Genital Warts

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*Vestibular papillomatosis (VP) is a benign condition of the female genitalia that may be mistaken for condyloma acuminatum (genital warts). In contrast to condylomata, lesions of VP each grow from a distinct mucosal insertion; match the color of the surrounding mucosa; and are symmetrically distributed, limited to the inner labia minora and vaginal introitus. Recognition of this entity will help to prevent unnecessary stress, testing, and discomfort.*

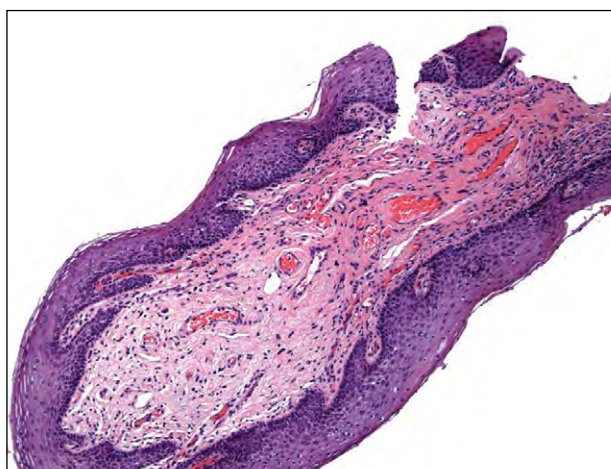
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## Case Report

A previously healthy 46-year-old woman presented to our university-associated dermatology practice for an evaluation of suspected genital warts. She first noticed the lesions 3 years prior to presentation; they had been stable in size and distribution since that time. There were no associated symptoms. Physical examination revealed approximately fifteen 1- to 2-mm pearly, flesh-colored, filiform, round and papular projections of the inner labia minora and vaginal introitus (Figure 1). Biopsy of 1 lesion revealed a polypoid growth with mild acanthosis, fibroplasia, and dilated blood vessels (Figure 2). Koilocytes were not seen and periodic acid-Schiff staining was negative for yeast or hyphae. Immunohistochemical staining for human papillomavirus (HPV) was negative. The findings were consistent with a diagnosis of vestibular papillomatosis (VP).



**Figure 1.** Vaginal introitus with several small, discrete, pearly, round, filiform, papular projections.



**Figure 2.** Shave biopsy of a representative papilla showed a polypoid growth with acanthosis, prominent dermal fibroplasia, and dilated blood vessels (H&E, original magnification  $\times 10$ ). Koilocytes were not seen.

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## Comment

Vestibular papillomatosis was first described in 1981 by Altmeyer et al<sup>1</sup>; they referred to the lesions as pseudocondylomata of the vulva. Since then, the role of HPV in the pathogenesis of these lesions has been debated. Today, VP largely is regarded as a normal variant of the female anatomy, analogous to pearly penile papules in men.

Clinically, VP may appear as diffuse granular papules or fingerlike projections that are symmetrically distributed over the inner labia minora and vaginal introitus.<sup>2</sup> Several characteristics found on physical examination can help distinguish VP from condyloma acuminatum.<sup>3</sup> In VP, each individual papilla grows from a distinct mucosal insertion, whereas the filiform projections of condylomata tend to fuse into a shared base. The distribution of VP typically is diffuse, regular, symmetric, and limited to the inner labia minora and vaginal introitus, whereas condylomata are randomly distributed across anatomic delineations. Vestibular papillomas typically are soft and match the color of the surrounding mucosa in contrast to condylomata, which are firm and tend to be more white or red than the surrounding tissue. Although application of acetic acid reliably elicits sharp whitening of condyloma acuminatum, this finding is not observed in VP.

Up to one-third of women may be affected.<sup>4</sup> The lesions most often are asymptomatic, though some women describe an associated itching or burning sensation.<sup>2,3</sup> Despite earlier suspicion that HPV may be responsible, additional studies to detect HPV DNA in these papules have refuted this theory.<sup>3,5</sup> Attention to key characteristics during physical examination can facilitate an accurate diagnosis and prevent unnecessary stress, testing, expense, and treatment.

## REFERENCES

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