

## An Extremely Rare Case of Unilateral Vulvar Pearly Papules: A Case Report

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### 1. Abstract

Vulvar pearly papules, also known as vulvar vestibular papillomatosis, affect up to 33% of women. They are a normal anatomic variant of the vulva and are regarded as the female counterpart of pearly penile papules. They were first described by Altmeyer in 1981 as pseudocondylomata of the vulva. We believe that the name vulvar pearly papules is more accurate than previously used names. Herein, we report the case of a 22-year-old woman who presented to the dermatology clinic with multiple soft, flesh-colored, discrete and coalescing filiform papules. The papules were 1–2 mm diameter, and 3–9 mm length and were restricted to the inner aspect of the right labium minus. This case is unique because only the right labium minus was involved, which, to the best of our knowledge, has not been reported previously and is the first report of unilateral vulvar pearly papules.

### 2. Introduction

Vulvar pearly papules (VPPs), also known as Vestibular Papillomatosis (VVP), are considered a normal anatomical variant of the vulva, with a prevalence of up to 30% of women [1-3]. Perianal pseudoverrucous papules and nodules (PPPn) are similar rare entities attributed to chronic irritation, which could play a role in the pathogenesis of VPPs [4]. They are considered the female counterpart of pearly penile papules, and were first described by the German dermatologist Peter Altmeyer in 1981 as pseudocondylomata of the vulva, emphasizing their resemblance to condylomata accuminata [5]. The term vestibular papillae was introduced in 1983 by Friedrich, who stressed their similarity to the lateral papillae of the tongue [6]. Vestibular papillae are probably the female equivalent of the smooth, flesh-colored, and regularly distributed elevations of the corona of the glans penis, known as pearly penile papules (PPPs) [7,8]. Herein, we describe a case of unilateral VPPs in an adult female patient, which has not been reported before.

### 3. Case Report

A 22-year-old woman presented to the dermatology clinic, with papular vulvar lesions being noted upon her first consultation. It was reported that they first appeared 4 months prior to visiting our clinic. The patient reported that the lesions had not changed and that she was otherwise asymptomatic. The patient had no relevant medical or family history of similar lesions. She denied any history of sexually transmitted infections. Physical examination revealed multiple soft, flesh-colored discrete, and coalescing filiform papules restricted to the inner aspect of the right labium minus. These papules measured between 1-2 mm in diameter and 3-9 mm in length. A search of MEDLINE/PubMed for unilateral vulvar papules revealed no results; hence, we believe that this is the first report of unilateral VPPs (Figure 1).



**Figure 1:** Small pearly finger-like projections on the inner surface of the right labium minus. The VPPs measured between 1–2 mm in diameter and 3–9 mm in length. Note the separated bases of the individual lesions.

#### 4. Discussion

VPPs are a common, almost always asymptomatic, benign condition present in up to 33% of women and are commonly confused with genital warts [9]. They have been reported under various names, such as hirsutoid papillomas of the vulva and micropapillomatosis labialis, vulvar squamous papillomatosis, and squamous vestibular micropapilloma, which reflects the controversy regarding their etiology [10-13]. Until 1990, VPPs were thought to be caused by human papilloma virus (HPV) infection, when Moyal-Barranco provided evidence that HPV was not involved in the pathogenesis of VPPs [14]. Currently, VPPs are considered the female equivalent of the male PPPs, and this has led us to prefer the name VPPs, as it reflects the association with PPPs. Dermatovenereologists and gynecologists should be familiar with VPPs to differentiate them from HPV-induced vulvar papillomas, which would decrease unnecessary investigations and treatments [15]. Dermatoscopy is a new noninvasive diagnostic tool based on the Tyndall effect, which allows for the visualization of skin lesions invisible to the naked eye and can help differentiate VPPs from genital warts [16]. It has led to improved diagnostic performance in detecting skin cancer and a decrease in the number of skin biopsies. No treatment is indicated as the condition is asymptomatic in most cases. If the patient desires, they can be removed through cryotherapy, electrodesiccation, CO2 laser ablation, or trichloroacetic acid chemical peels [15].

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