

## Unusual Giant Molluscum Pendulum of the Labia Majora: A Case Report

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**Highlights**

Molluscum pendulum is a rare benign tumour typically found in skin folds and is exceptionally located on the vulva. We report a rare case of a giant vulvar molluscum pendulum in a 40-year-old multiparous woman. The lesion had been growing slowly over two years and measured several centimetres on the labia majora. Surgical excision was performed, and histopathological analysis confirmed the benign nature of the lesion. This case highlights the importance of including molluscum pendulum in the differential diagnosis of vulvar masses.

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**1. Abstract****1.1. Introduction and Importance**

Molluscum pendulum is a rare, benign fibroepithelial tumour that is commonly found in skin folds but rarely on the vulva. This case report describes an unusual giant lesion of the labia majora and contributes to the limited existing literature on this condition in this location.

**1.2. Presentation of Case**

A 40-year-old multiparous woman presented with a vulvar mass that had grown slowly over two years. Examination revealed a soft, ulcerated, mobile mass measuring 22 × 10 cm. Surgical excision was performed under general anaesthesia. Histology confirmed the presence of benign myxoid vascular connective tissue without atypia.

**1.3. Clinical Discussion**

Giant vulvar molluscum pendulum is extremely rare. The lesion resembles other benign and malignant vulvar masses and requires surgical removal and histopathological confirmation. Management resulted in full resolution without recurrence.

**1.4. Conclusion**

Giant molluscum pendulum should be included in the differential diagnosis of vulvar masses. Surgical excision is curative and improves patient comfort and outcome.

**2. Introduction**

Molluscum pendulum, also known as an acrochordon or skin tag, is a benign mesenchymal tumour that is usually less than 2 cm in size [1,2]. Although they are commonly found on the neck, armpits, and torso, they are rarely found on the vulva. In such cases, common locations include the labia majora and minora. Most cases are seen in sexually active young adults [2,3]. This case, featuring a large lesion, contributes to the limited existing literature and highlights the importance of considering this diagnosis when dealing with vulvar masses. This case report has been written in accordance with the SCARE 2025 checklist [3].

**3. Timeline**

Date	Event
2023	Patient noticed a small vulvar mass.
03/2024	Mass progressively increased in size.
06/06/2025	Presented to outpatient gynecology clinic.
15/06/2025	Completed preoperative evaluation.
18/06/2025	Underwent surgical excision under general anesthesia.
25/06/2025	Follow-up with histology result confirming benignity.

#### 4. Patient Information

The patient is a 40-year-old North African woman with multiple pregnancies, who does not smoke and has no known allergies. She lives independently and has no significant family medical history. She presented herself at the gynaecology outpatient clinic at a tertiary university hospital, complaining of a slowly enlarging, painless vulval mass that had been present for two years. Her past medical and surgical histories were unremarkable. She was not taking any medication at the time of presentation and had not undergone any prior interventions.

#### 5. Clinical Findings

A clinical examination revealed a large, soft and mobile mass measuring 22 x 10 cm on the left labium majus. The ulcerated lesion

was painless (Figure 1). There were no signs of lymphadenopathy or infection. The rest of the physical examination was normal.

#### 6. Diagnostic Assessment

The initial workup included laboratory investigations. The haemoglobin level was found to be 11.2 g/dL, the HIV serology was negative and the coagulation profile was within normal limits. Imaging was not performed due to the clinical certainty of a benign soft tissue lesion and limited access. The differential diagnoses considered included lipoma, Bartholin gland cyst, aggressive angiomyxoma, fibroma and vulvar sarcoma. A histopathological evaluation was required to confirm the diagnosis. Histological evaluation revealed myxoid, richly vascular connective tissue with oedema and no cytological atypia, confirming a benign fibroepithelial lesion (molluscum pendulum).



**Figure 1:** Pre-operative appearance of the giant molluscum pendulum on the left labia majora.

#### 7. Therapeutic Intervention

Surgical excision was planned because the lesion was causing discomfort and social embarrassment. The patient underwent standard preoperative evaluation, including blood tests and anaesthetic clearance. No comorbidities or contraindications were present. The procedure was performed under general anaesthesia

in an operating theatre at a university hospital. The patient was placed in the lithotomy position and the skin was prepared with povidone iodine. The pedunculated lesion was excised at its base using electrocautery. Haemostasis was achieved and the wound was closed with absorbable 2-0 sutures (Figure 2). No drains were placed. The excised mass weighed 1780 g (Figure 3).



**Figure 2:** Post-operative appearance of the vulva.



**Figure 3:** Surgical specimen measuring approximately 22 × 10 cm and weighing 1780 g

### **8. Follow-Up and Outcomes**

The patient was reviewed in the outpatient clinic at one and four weeks postoperatively. The surgical site showed excellent healing, with no signs of infection, haematoma or recurrence. The patient reported complete resolution of symptoms and was

satisfied with the cosmetic and functional outcomes. There were no adverse events or complications. Compliance with postoperative wound care instructions was high. The expected outcome of complete resolution without recurrence was achieved. No further intervention was required.

## 9. Discussion

Molluscum pendulum is a benign fibroepithelial tumor that is commonly observed in the intertriginous regions of the skin [1]. Its pathogenesis may involve frictional stimulation, hormonal influences and growth factors such as EGF and TGF [2,3]. Although they are usually small and asymptomatic, rare cases like ours demonstrate the potential for significant growth, particularly in neglected settings or where access to care is delayed. Giant forms of molluscum pendulum on the vulva are extremely rare and can present a diagnostic challenge. Differential diagnoses include Bartholin cysts, lipomas, neurofibromas and soft tissue sarcomas. In this case, the size and location raised concerns for malignancy. However, histology confirmed its benign nature [4]. The management of large or symptomatic lesions involves complete surgical excision. Our case supports the view that excision provides excellent functional and aesthetic results with no risk of recurrence. Reporting such cases expands the body of literature and raises awareness of rare benign vulvar tumors.

## 10. Conclusion

This case highlights the importance of including molluscum pendulum in the differential diagnosis of vulvar masses, particularly in areas with limited resources. Histopathological analysis is essential for diagnosis. Surgical excision remains the definitive treatment.

## 11. Key Takeaways

- Molluscum pendulum, though usually small and cutaneous, can rarely present as a large vulvar mass.
- Histology is crucial to confirm benignity and exclude malignancy.
- Surgical excision provides both diagnostic clarity and therapeutic benefit with excellent outcomes.

## 12. Strengths and Limitations

### 12.1. Strengths

This case illustrates an unusual and severe manifestation of a typically benign and small lesion. This highlights the importance of including molluscum pendulum in the differential diagnosis of vulvar masses. It also emphasises the importance of surgical excision as a diagnostic and therapeutic approach. The case also has educational value for gynaecologists and general surgeons alike.

### 12.2. Limitations

One limitation is the absence of preoperative imaging, which could have helped with the preoperative assessment and differentiation from other vulvar tumours. Additionally, long-term follow-up is not yet possible due to the recent nature of the case. However, the immediate clinical outcome was favourable.

## 12.3. Patient Perspective

The patient expressed her satisfaction with the results, stating that the procedure had significantly improved her daily comfort and restored her confidence. She was relieved to learn that the mass was benign, and she valued the clear communication she received throughout the surgical process.

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