

Solitary Fibrous Tumor of the Vulva : An Uncommon Clinical Entity

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Background

- Rare mesenchymal spindle-cell neoplasm.
- Usually arises in the pleura; **vulvar involvement is exceptionally rare.**
- Clinical and radiological findings may be nonspecific.
- **Histopathology with STAT6 immunohistochemistry** confirms the diagnosis.

Management & Outcome

MDT DISCUSSION
↓
Wide Local Excision
↓
Complete Surgical Removal
↓
Uneventful Recovery



Excised Labial Mass



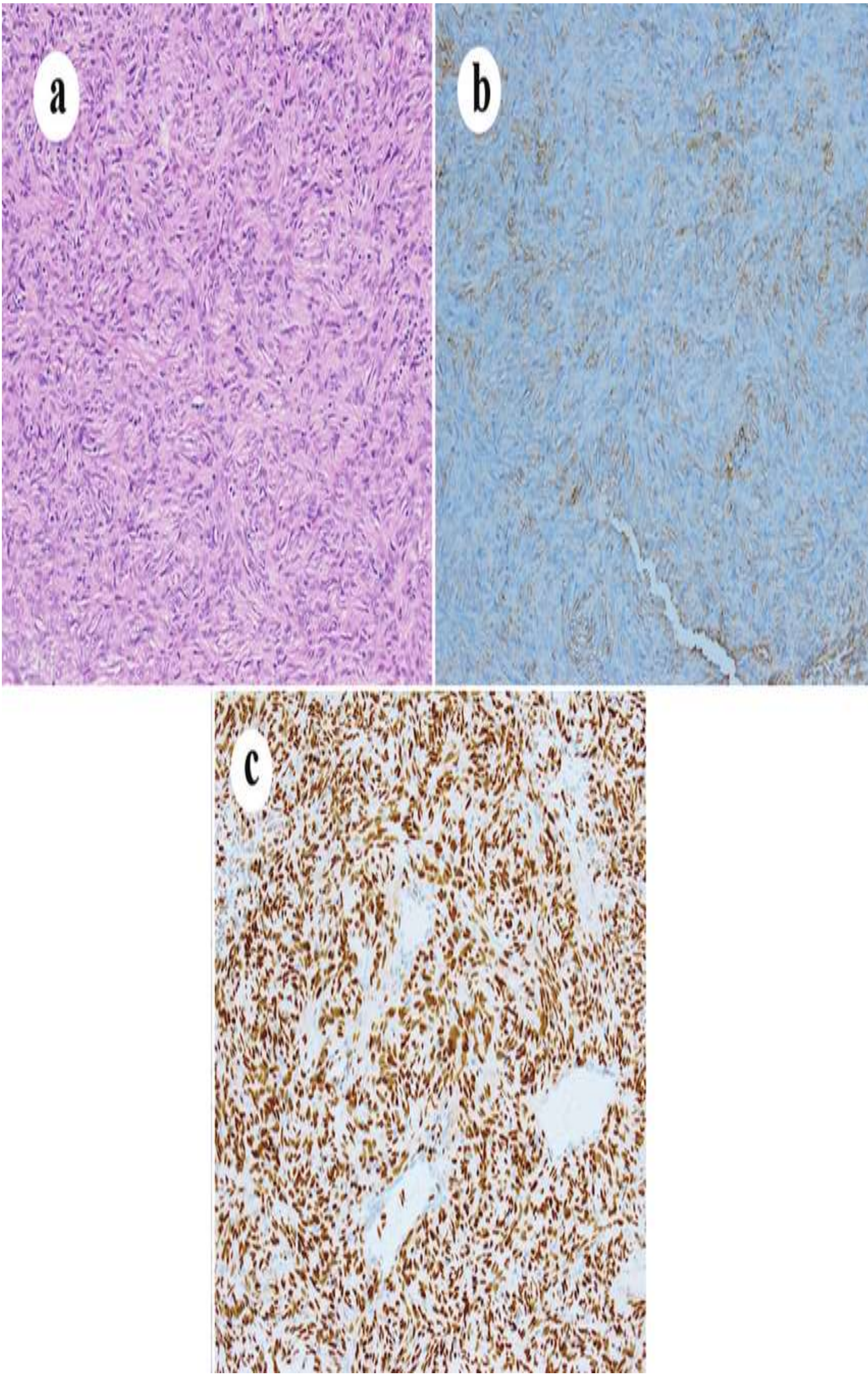
Post Surgical Wound Site

Case

- **51-year-old, Para 8**
- Progressive left vulvar swelling for **8–9 months**
- Large left-sided vulvar mass
- No ulceration
- No inguinal lymphadenopathy

Histopathology & Immunohistochemistry

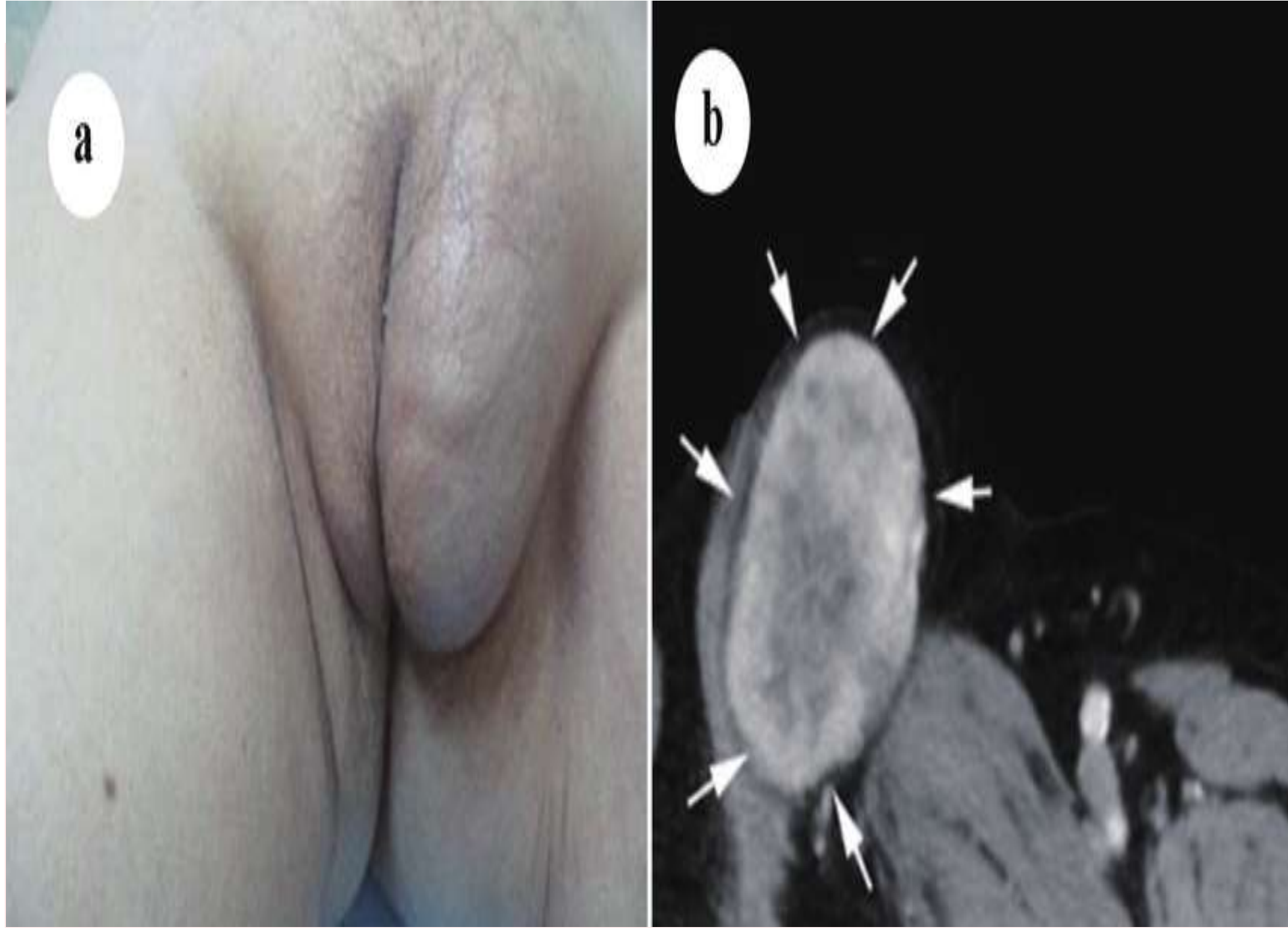
- **Trucut Biopsy : Suggestive of Solitary Fibrous Tumor**
- **Final Histopathology: Solitary Fibrous Tumor**
- **Immunohistochemistry: STAT6: Positive**



- (a) Hematoxylin and eosin stain (× 200). The tumor cells are focally positive for CD34
(b) and strongly positive for STAT6
(c) × 200 immunohistochemical staining.

MRI Findings

- **7.6 × 10.1 × 10.9 cm**
- Large lobulated left labia soft-tissue mass
- Homogeneous post-contrast enhancement
- No definite adjacent organ invasion



a) Soft Tissue mass in Left Labia

b) MRI Findings showing large lobulated soft tissue with post contrast enhancement

Key Message

Solitary fibrous tumor should be considered in the differential diagnosis of a large vulvar mass.

Diagnostic pathway:

Clinical examination
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MRI assessment
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Histopathology
↓
STAT6 confirmation
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Complete surgical excision
↓
Long-term surveillance

CONCLUSION

Vulvar solitary fibrous tumor is an exceptionally rare entity that may mimic more common vulvar lesions. Accurate diagnosis requires correlation of imaging, histopathology and STAT6 immunohistochemistry. Complete surgical excision remains the principal treatment, with long-term follow-up recommended because of the potential for recurrence.