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A STUDY OF MALIGNANT LESIONS OF VULVA

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ABSTRACT

INTRODUCTION: Vulvar cancer is uncommon and relatively rare. Vulvar cancers do not always go through the preinvasive stages before developing into invasive cancer. It represents 1-4% of malignancies of female genital tract. Most common among the valvar cancer is squamous cell carcinoma (90%). Less common is melanoma, basal cell carcinoma, Adenocarcinoma and sarcoma which account for 10%.

AIM: To determine the prevalence among genital tract malignancies, histopathological pattern, Staging, modality of treatment and post operative complications of malignant lesion of vulva.

METHODS: It is a Cross sectional study carried out in Madurai medical college. The medical records of all women with malignant lesion of vulve between January 2009 to September 2011 were reviewed. From the case record, the patient profile, complaints, associated medical complications were noted. The record of investigations, treatment modalities and postoperative complications were studied. The diagnosis was confirmed by biopsy and clinical staging was done and planned for treatment.

RESULTS: 10 cases of malignant lesions of vulva were noted during the period. Prevalence is about 0.8% of all genital tract malignancies. Age wise distribution reveals 60 % of our cases were above 60 years of age. 80% of our prevalence observed in postmenopausal women. Most patient had complaints of pruritis (100%), ulcer(70%), swelling(30%). Had associated medical complication of diabetic (40%), hypertensive (20%). Histopathologically the most predominant type is squamous cell carcinoma (60%), malignant melanoma (10%), basal cell carcinoma(10%), Baseloid squamous cell carcinoma(10%), Vulvar intraepithelial neoplasia (10%). Stage wise classification of squamous cell carcinoma –stage 0-12.5%, stage2- 37.5%, stage 3- 37.5%, stage 4 – 12.5%.

CONCLUSION: Most cases above 60 yrs of age and 80% of our cases shows squamous cell carcinoma. Prevalence is about 0.8% of all genital tract malignancies. Most of the cases reported in the advanced stage of vulvar cancer. Biopsy is the method to confirm the diagnosis, Early diagnosis has a good prognosis . five year survival in stage 1 is 90%.

KEYWORDS : Vulvar Carcinoma, Histopathological, Staging, Malignancies.

INTRODUCTION:

Vulvar cancer is uncommon and relatively rare. Vulvar cancers do not always go through the preinvasive stages before developing into invasive cancer. It represents 1-4% of malignancies of female genital tract. Most common among the valvar cancer is squamous cell carcinoma (90%). Less common is melanoma, basal cell carcinoma, Adenocarcinoma and sarcoma which account for 10%.. Human papillomavirus (HPV) causes cytological abnormalities and has high risk of developing vulval cancer.

AIM:

Todetermine the prevalence among genital tract malignancies, histopathological pattern, Staging, modality of treatment and post operative complications of malignant lesion of vulva.

METHODS:

It is a Cross sectional study carried out in Madurai medical college. The medical records of all women with malignant lesion of vulve between January 2009 to September 2011 were reviewed.

INCLUSION CRITERIA:

Previously diagnosed genital malignancies, patient having a ulcer, warty growth, bleeding in the vulva and the histopathology shows the carcinoma of genital tract

EXCLUSION CRITERIA:

Patient with symptoms but no histopathological finding.

From the case record, the patient profile, complaints, associated medical complications were noted. Patient coming to out patient department diagnosed to have genital malignancies confirmed by biopsy. The record of investigations, treatment modalities and postoperative complications were studied. The diagnosis was confirmed by biopsy, histopathological classification and clinical staging was done and planned for treatment.

Histopathological type of vulvar cancers:

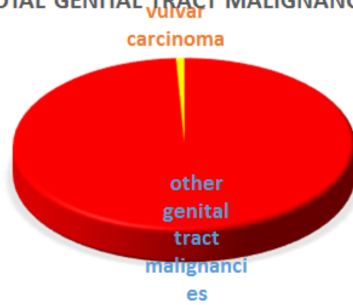
- Squamous cell carcinoma
- Malignant melanoma
- Basal cell carcinoma
- Adenocarcinoma
- Sarcoma
- Undifferentiated tumours
- Vulvar intraepithelial neoplasia

Staging of Carcinoma of Vulva:

- Stage 0: Carcinoma in situ, intraepithelial carcinoma
- Stage 1: Tumor < 2 cm confined to the vulva or perineum.
- Nodes are negative
- Stage 2: Tumor > 2 cm confined to the vulva or perineum. Nodes are negative
- Stage 3: Tumour of any size, adjuscent spread to urethra / vagina/ anus. Unilateral Nodes positive
- Stage 4: Tumour invade either upper urethra / bladder mucosa/ rectal mucosa/ pelvic bone. bilateral Nodes positive or distant metastasis.

RESULTS:

Fig 1: Genital tract Malignancies



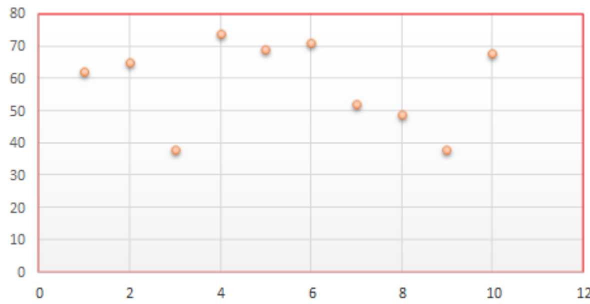


Fig 2: Age wise distribution

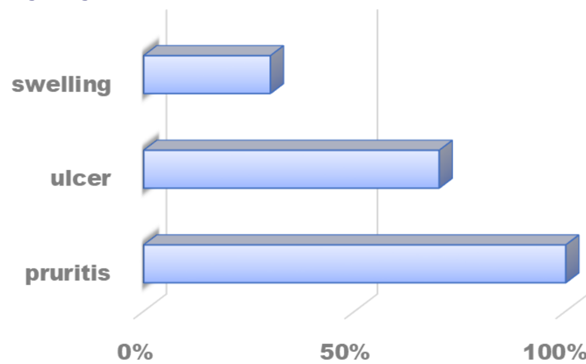


Fig 3: Presenting complaints

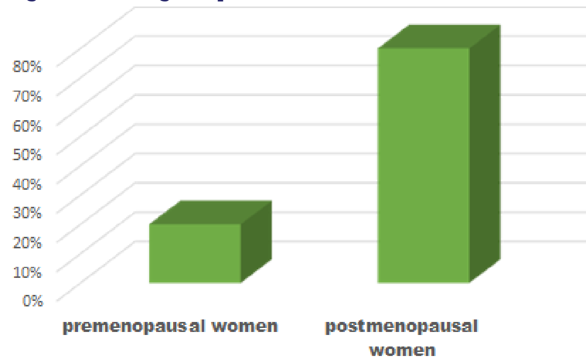


Fig 4: Distribution related to menopause

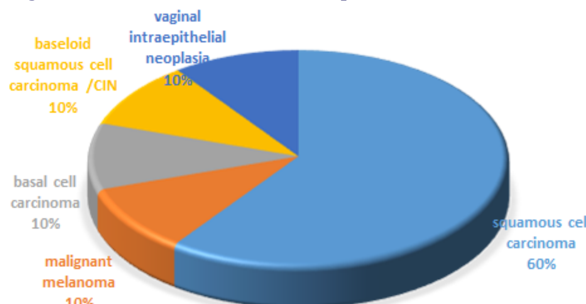


Fig 5: Histopathological pattern

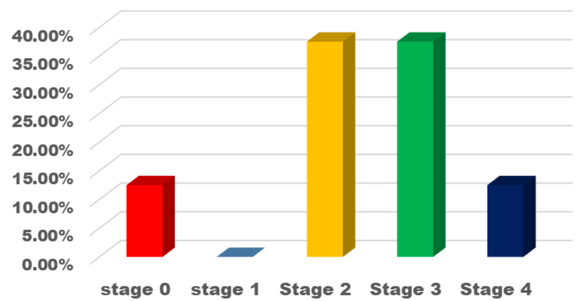


Fig 6: Stagewise presentation of Squamous cell carcinoma Vulva

DISCUSSION:

10 cases of malignant lesions of vulva were noted during the period. Prevalence is about 0.8% of all genital tract malignancies. Age wise distribution reveals 60 % of our cases were above 60 years of age. 80% of our prevalence observed in postmenopausal women. Most patient had complaints of pruritis (100%), ulcer(70%), swelling(30%). Had a associated medical complication of diabetic (40%), hypertensive (20%). Histopathologically the most predominant type is squamous cell carcinoma (60%), malignant melanoma (10%), basal cell carcinoma(10%), Baseloid squamous cell carcinoma and cervical intraepithelial neoplasia (10%), Vulvar intraepithelial neoplasia (10%). Stage wise classification of squamous cell carcinoma –stage 0-12.5%, stage2- 37.5%, stage 3- 37.5%, stage 4 – 12.5%. Treatment baseloid squamous cell carcinoma were sent for radiotherapy, vaginal intraepithelial neoplasia and basalcell carcinoma underwent simple vulvectomy, squamous cell carcinoma underwent radical vulvectomy with bilateral inguinal block dissection. Malignant melanoma underwent radical vulvectomy with bilateral inguinal block dissection with partial vaginectomy and partial urethrectomy. Postoperative complications of lymph node positivity – 60%, post operative mortality-10%, postoperative morbidity- lymph edema-50%, wound gaping-40%.

CONCLUSION:

Most cases above 60 yrs of age and 80% of our cases shows squamous cell carcinoma. Prevalence is about 0.8% of all genital tract malignancies. Most of the cases reported in the advanced stage of vulvar cancer. Biopsy is the method to confirm the diagnosis, Early diagnosis has a good prognosis five year survival in stage 1 is 90%. All post menopausal women should be encouraged to inspect the vulva regularly with the assistance of a mirror and more so women with intensive pruritis vulva should report to the gynaecologist immediately.

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